ESCO Change/Cancel Form

ESCO requires this form to be completed and signed before a policy is changed or canceled. The effective date will be from the date of the postmark or date of FAX transmission.

Please include copies of any corroborative documents (for example, an invoice showing the change of a serial number) along with this form.

Policy And Wearer Information

Please complete the information below:

Policy Information

ESCO Policy Number _____

Effective Date _____ Expiration Date _____

Wearer Information

Wearer Name _____

Wearer Date of Birth _____

Guardian Name _____
(If applicable)

Mailing Address _____

City/State/Zip _____

E-Mail Address _____

Phone Number _____

Cancellation Request

Check the box that best describes the reason for cancellation of this policy.

☐ Returned Device ☐ Wearer Request ☐ Wearer Deceased

☐ Other _____

Explanation _____

_____

Please sign below to indicate your authorization to cancel your policy.

_____
Wearer or Guardian Signature Date
(Signature required for cancellation.)

Change Request

Check the boxes that apply to the changes you would like made to this policy. Please provide the old information and new information in the chart below.

☐ Wearer Information (name, address, phone number, etc.)

☐ Device Serial Number

☐ Other _____

Old Information	New Information

Practitioner Information

Office Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

ESCO Center Number: _____
(Please call ESCO 800-992-3726 to obtain center number)

Please sign below to indicate your authorization to make the changes described on this form.

_____
Practitioner Signature Date

Please Mail completed form to:
ESCO
3215 Fernbrook Lane North
Plymouth, MN 55447-5325
OR
Fax completed form to ESCO at **763-559-4247.**

3215 Fernbrook Lane North • Plymouth, MN 55447-5325 • PHONE 800-992-3726 • FAX 763-559-4247
e-mail: info@earserv.com • web site: http://www.earserv.com

ear service corporation

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