



LOSS or DAMAGE CLAIM FORM

LOCATION NO.	DISPENSER
MEMBER'S FULL NAME	ORIGINAL PURCHASE ORDER NO.
MEMBERSHIP NO.	TELEPHONE NO.
DISPENSING DATE	L / D WARRANTY EXPIRATION DATE
MANUFACTURER'S NAME	

WARRANTY POLICIES BEING EXERCISED PURSUANT TO YOUR PURCHASE AGREEMENT:

Hearing Aid [] LOSS [] DAMAGE

Components [] LOSS [] DAMAGE

Member's Acknowledgement: I hereby acknowledge that the dispenser has reminded me that:

- I will receive only one replacement of my hearing aid or component, whether that replacement is provided under the Loss Policy or the Damage Policy.
- The manufacturer's warranty policy will continue to apply to the replacement for the remainder of the manufacturer's warranty period indicated in my purchase agreement.
- If I find the lost or stolen hearing aid after replacement, it becomes the property of the manufacturer and I must return it to the Costco Hearing Aid Center.
- This loss or damage claim is incorporated into and made a part of my purchase agreement.
- The hearing aid replaced under the Loss Policy or Damage Policy cannot be returned for a refund.
- If I find the lost or stolen hearing aid, I understand that I cannot cancel this claim for replacement.

MEMBER SIGNATURE: _____ DATE OF CLAIM: _____

	Item #	Model/Description	Serial #
Right Ear	_____	_____	_____
Components	_____	_____	_____
Left Ear	_____	_____	_____
Components	_____	_____	_____
Comments	_____ _____		

Right Ear Replacement Aid:	_____	_____	_____
	(Serial No.)	(Received By Member)	(Date)
Right Ear Component Replacement:	_____	_____	_____
	(Description)	(Received By Member)	(Date)
Left Ear Replacement Aid:	_____	_____	_____
	(Serial No.)	(Received By Member)	(Date)
Left Ear Component Replacement:	_____	_____	_____
	(Description)	(Received By Member)	(Date)