

Claimant's (instrument user) information

Name		Date of Occurrence	
Hearing Aid Model		Serial Number(s)	
RIC only:	Receiver Type: <input type="checkbox"/> Standard <input type="checkbox"/> Power	<input type="checkbox"/> cShell*	
	Receiver Side: <input type="checkbox"/> Left <input type="checkbox"/> Right	cShell Receiver: <input type="checkbox"/> xS <input type="checkbox"/> xP <input type="checkbox"/> xSP	
	Receiver Length <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	cShell Material: <input type="checkbox"/> Hard <input type="checkbox"/> Soft	
	Rechargeable <input type="checkbox"/> Yes <input type="checkbox"/> No		

Description of how hearing instrument(s) was lost or damaged:

Dispenser information

Name		Acct#	
Address			
City	State	Zip	
Phone Number		Fax Number	

I certify that the above statements are correct and true:

Claimant's Signature _____
 (to be signed in the presence of notary)

Signed and sworn to before me on the _____ day of _____, _____ by _____
 (month) (year)

_____ who resides in _____, _____.
 (name of person making statement) (county) (state)

 (signature of notary) (title)

(Place Seal Here)

_____, _____
 (dispenser's signature) (date of claim)

Return to Unitron Customer Service via Fax: 800.521.5400

Note: All lost hearing instruments that have been replaced under Unitron's loss and damage one time replacement become the property of Unitron. Once a claim is made, instrument(s) may not be returned for credit. Processing fee is nonrefundable.