



Cochlear®

Hear now. And always

Hear, there and everywhere

Application form





Select your plan

Please indicate which plan of the Travel Programme you would like.

Plan name	Per person	Per family
Annual Cover Plan		
Single Trip Plan		
Full Backup Plan		

Select your sound processor

Please indicate on the table below what type of sound processor you use and how many you require. If you selected a family plan or you are a bilateral user, please update processor quantity accordingly.

Type	ESprit™ 3G		Freedom™		Nucleus® 5		Nucleus® 6	
								
Quantity	Beige		Beige		Beige		Beige	
	Brown		Brown		Brown		Brown	

Customer information

Patient name Surname

Name of parent/guardian (if applicable)

Home address

Shipping address (Please give an address where there will be someone available to sign for the delivery.)

For Single Trip Plan, this will be the address where you are staying when travelling. For Annual Plan, you may leave this blank. For Full Backup Plan, you may have the processor sent to you at home or complete a different address here.

Contact telephone number(s)

Contact email

Clinic

Are you a bilateral user? Yes No

Travel period from to

Payment card details (We accept all major credit and debit cards except Lazer (IE). Cheques are not accepted)

Card number

Cardholder name

Expiry date / / Security

Terms and conditions

1. Cochlear Europe Ltd ("Cochlear" or "we") will lend you a mapped sound processor, comprising a sound processor and (BTE) controller but excluding accessories ("Processor") for the fee set out in the request form, based on the plan of the Cochlear™ Travel Programme ("Plan") you have selected and subject to the following terms and conditions.
2. The Processor remains, at all times, the property of Cochlear.
3. Your card details will be used for payment of the Plan fee and for any late, damaged or lost Processor. A Processor will be dispatched to you via courier to the address given on the request form (for the Full Backup Plan). It is your responsibility to ensure that someone is available to receive the parcel at the address you specify. For Single Trip and Annual Cover Plans, the Processor will be dispatched to the address provided by you. You are responsible for the accuracy of the delivery address provided to Cochlear and it is your responsibility to ensure that someone is available to receive the parcel at that address. The parcel will contain the Processor loaded with your MAP.
4. The information provided by you on this request form will only be used for the purpose of supporting the services provided to you under a Plan.
5. We will require your request a minimum of two weeks before you travel so we can obtain an electronic copy of your map from your clinic. Please note (for the Annual Cover Plan) it is your responsibility to advise us of any updates made to your map during the period of cover. Any requests or changes to be communicated via uktravel@cochlear.com at least (2) weeks before you begin your trip. Failure to provide Cochlear with 2 weeks to obtain your MAP may result in your processor not being provided.
6. Your Plan is restricted to certain countries. It does not apply to travel destinations outside these restrictions. Location details can be found both on this form and by visiting our website www.cochlear.com/uk for the most up to date details. You will be advised once we receive your request form if any destination you are travelling to is not covered. While Cochlear will use all reasonable endeavours to deliver a Processor within the time period agreed with you, delivery dates cannot be guaranteed.
7. An Annual Cover Plan is valid for one (1) year from the date supplied by you on the request form and does not automatically renew. If you wish to continue with an Annual Cover Plan, you are required to submit a new request form to Cochlear.
8. You must return the Processor by courier or registered post to Cochlear within ten (10) days of completion of your travel period (as notified to Cochlear on the request form or, for the Annual Cover Plan, as notified to Cochlear by phone).
9. Late return of the Processor will incur a late payment charge of £10 per day up to a maximum of a further ten (10) days. Thereafter, the Processor will be deemed lost and Cochlear will charge £2000 from your payment card.
10. The Processor must be returned by courier or registered post, to Cochlear at the address on the request form and should be insured for a value of £2000. Proof of delivery will be required should a parcel be lost or damaged. All carriage and return charges to Cochlear are your responsibility.
11. Where the Processor has been damaged, misused or has been immersed in fluid, you will be liable to pay a fee of £2000 and this fee will be charged to your payment card by Cochlear. We strongly recommend that you take out the appropriate level of travel insurance to cover the Processor from theft, loss or damage before your travel departure. (Refer to your sound processor user guide)
12. Your use of the Processor is conditional upon your own sound processor being faulty, stolen or lost. Your Plan does not cover your elective use of the Processor.
13. If you use the loan processor because your own sound processor is faulty, on return from your trip, return your faulty processor to your clinic as per your usual process. Once a replacement is issued via your clinic, please return your 'loan' processor to Cochlear.
14. If you use the Processor because your sound processor has been stolen or lost, you must still return the Processor within ten (10) days of the end of your travel period (as notified to Cochlear on the request form or, for the Annual Cover Plan, as notified to Cochlear by phone).
15. All Plan prices are subject to applicable taxes. Pricing is effective from 1 July 2013 for twelve (12) months and will be reviewed annually by Cochlear.
16. Cochlear will not be held responsible for any delay or failure to comply with its obligations under these terms and conditions if the delay or failure arises from any cause which is beyond its reasonable control. This does not affect your statutory rights.
17. By completing and returning the request form you confirm that you have read, understood and agreed to these terms and conditions.

I have read and agree to Cochlear privacy policy online (www.cochlear.com) and the terms of use.

I have read, understood and agree to the terms and conditions for **Hear, there and everywhere service**. I authorise Cochlear Europe Ltd to deduct from my payment card the weekly or annual fee indicated overleaf as well as any other fees which may become due under the terms and conditions.

Print name

Date

Please post this form to:

Cochlear Europe Ltd
Cochlear Travel Programme
6 Dashwood Lang Road
Bourne Business Park
Addlestone
Surrey KT15 2HJ

Or email to: uktravel@cochlear.com

For more information, please contact Cochlear Customer Service
(Monday to Friday 9:00am–5:00pm excludes weekends and Bank Holidays)