
Concierge Club Agreement

Innisfil Hearing Centre Inc. ("we") and the person named below ("you") agree as follows. We have written this in plain language on purpose. If anything is unclear, please ask us before you sign.

1. What this is

You rent a new pair of Premium hearing aids from us for 30 months, with the care that goes with them. The hearing aids belong to us unless you choose to keep them at the end (section 6).

Your name	_____
Agreement date	_____
Hearing aids (make and model)	_____
Serial numbers	_____
Pair or one hearing aid	☐ A pair ☐ One hearing aid
Start date (fitting day)	_____
End date (30 months later)	_____
Monthly payment	\$175 for a pair, or \$140 for one hearing aid
Total over the 30 months	\$5,250 for a pair, or \$4,200 for one hearing aid
If you choose to keep them at the end	\$1,495 more for a pair (\$6,745 in all), or \$895 more for one hearing aid (\$5,095 in all)

Your prescription. In Ontario, hearing aids are fitted on a prescription. We send your hearing test results to your family doctor, who signs the prescription, so there is usually nothing for you to do. Some doctors charge a fee for this. If yours does, you pay that fee to the doctor.

2. What is included

- Fitting, and as many follow-up visits and adjustments as you need during the 30 months, built up gradually so it stays comfortable
- Real-ear measurement, so we can see what the hearing aids are delivering in your ears
- Cleaning, checks and repairs. Loss and damage are covered as set out in section 4.
- The 90-Day Hearing Advantage, our 12-week program, and LACE AI Pro listening exercises, at no extra cost

3. What you pay

Your payment is due each month on the same day of the month as your fitting, by credit card. If that day does not exist in a month, it is due on the last day of that month. Your first payment is due at fitting. There is no deposit. We keep a credit card on file for your payments, and automatic payment by card is a condition of this plan. The payment stays the same for all 30 months. There are no other charges for anything listed in section 2.

Government funding, including ADP, is not used with this agreement.

4. Looking after the hearing aids

Please use the hearing aids yourself, and do not lend, sell or pledge them. Bring them to us for any repair. Tell us right away if they are lost, damaged or stolen. If a hearing aid is lost or damaged beyond repair, there is a one-time replacement fee of \$500 per hearing aid while the manufacturer's loss and damage cover applies. If that cover has already been used or has ended, the replacement fee is \$750 per hearing aid. Your home insurance may cover this, and we will give you a receipt to claim.

5. Leaving the plan

In the first 90 days. You can return the hearing aids and end the agreement with no fee. We keep the payments already made, and there is no refund. Think of these first 90 days as your time to be sure.

Ending early, after day 90. You can end the agreement early by returning the hearing aids. There is an early end charge of three monthly payments (\$525 for a pair, \$420 for one hearing aid), or the payments left in your 30 months if that is less. We keep what you have already paid, and there is no refund. Any payment that was already due and unpaid is still owed.

If life changes. If you move into long-term care or pass away, tell us (or have your family tell us) and return the hearing aids. The early end charge does not apply, and nothing further is owed.

6. At the end of the 30 months

You choose one of three things:

- 1 Move into new technology, on a new agreement, on the terms we offer at that time.
- 2 Return the hearing aids. Nothing further is owed.
- 3 Keep them for \$1,495 for a pair, or \$895 for one hearing aid, after which they are yours.

We will contact you before the end to talk it through. Please let us know your choice by 30 days before the end date. Monthly payments stop after payment 30. If you have not told us your choice or returned the hearing aids within 30 days after the end date, we will contact you twice, once in writing. If we still have not heard from you, we will take it that you have chosen to keep them, and charge \$1,495 for a pair, or \$895 for one hearing aid, to the card on file. Once they are yours, we keep looking after them the same way we care for hearing aids bought from us, for as long as you wear them.

7. If a payment is missed

If a payment does not go through, we will contact you and try to sort it out together. You will need to catch up on the missed payment.

If a payment is still unpaid 30 days after its due date, we will send you written notice. If it is still unpaid 10 days after that notice, we may end the agreement and ask you to return the hearing aids. We keep what you have paid. Payments that were due and unpaid before the agreement ended are still owed, and we will make reasonable efforts to collect them.

We do not charge late fees. If your card declines a payment, there is a \$25 returned-payment fee.

If money is tight, please call us before you miss a payment. Once during the plan, we can pause up to two monthly payments. Paused payments are not forgiven: they are added to your following payments, so that all 30 are paid by your end date. The plan stays 30 months.

8. Returning the hearing aids

Please return them to our clinic within 10 days of the agreement ending. We will clear your personal settings and information from them. Normal wear is expected. If the hearing aids are not returned within that time, we will contact you first, and then we may charge the card on file the price of keeping them: the payments left in your 30 months, plus \$1,495 for a pair or \$895 for one hearing aid. The early end charge does not apply on top of this.

9. Your information

We keep your hearing and payment information private, as the law requires. You can request our privacy policy at any time.

10. The rest

This agreement is the whole agreement between us. Changes must be in writing and signed by both of us. Ontario law applies. Nothing in this agreement limits any right you have under Ontario consumer protection law.

Your signature _____ **Date** _____

**For Innisfil Hearing
Centre Inc.** _____ **Date** _____