



Onyx® Insurance Plan Replacement Claim Form

Exclusive to customers of select Nonin distributors only!

Today's Date _____/_____/_____

Date of Purchase _____/_____/_____

Offer good for one year from date of purchase
Attach original invoice from distributor

Facility: _____

Department Contact _____

Title _____

Department _____

Address _____

City _____

State _____ Zip _____

Country _____

Telephone _____ Ext. _____

Fax _____

Onyx Serial Number(s) _____

One replacement per original oximeter purchase

LOST

STOLEN

Please print and complete this form. Email the completed form to onyx.insurance@nonin.com, or mail to Nonin Medical. (Allow 3-4 weeks for processing.)

Return to: Nonin Medical, Inc.
Attn: Onyx Insurance Plan Administrator
13700 1st Avenue North
Plymouth MN 55441-5443

Telephone: 763-553-9968, Ext. 5526, or 1-800-356-8874