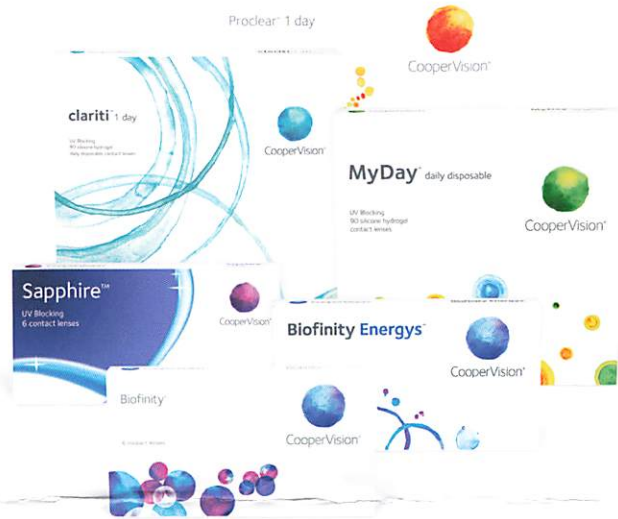


RECEIVE UP TO
\$180

on your CooperVision®
 contact lenses



Offer valid January 1 – June 30, 2020

To Qualify for a Rebate

- **Visit** your eye care professional for a contact lens fitting.
- **Purchase** the required number of qualifying products as listed on page two of this form.

Rebate must be postmarked within 60 days of lens purchase. Rebate paid in the form of a convenient CooperVision® Visa® Prepaid Card.

Online entry is easy! You can submit using your computer, tablet or mobile device.
CooperVisionRewards.ca

To Submit Rebate Online

- 1 Purchase qualifying CooperVision contact lenses between January 1 – June 30, 2020 from participating authorized eye care professionals.
- 2 Apply for your rebate online at CooperVisionRewards.ca. You will be prompted to upload images of the required documents and must have a valid accessible email address to receive your Visa Prepaid Card.
- 3 Once your online claim has been approved, you will receive an email from notification@coopervisiondigitalrewards.com with the details on how to redeem your choice of physical or virtual card.

Required Documents

To complete your submission, you will need to supply the following:

- Original dated sales receipt with eligible lens purchase(s).
- Two product box end panels (one for each eye) showing prescription information. Photos accepted.

End Panel Example:

COOPERVISION PRODUCT		
BC	DIA	PWR
8.7	14.4	-3.00

Get your rebate up to 4 weeks faster! Submit online at CooperVisionRewards.ca

REBATE TERMS & CONDITIONS: Offer valid in Canada only. Offer not valid where prohibited by law. Keep copies of all documents for your records. All submitted documents will become the property of CooperVision and will not be returned. Allow 6 – 8 weeks for processing. No P.O. Boxes, only street or rural addresses are acceptable. CooperVision is not responsible for any lost, late, damaged or undelivered responses. Late, noncompliant, fraudulent or duplicate submissions will not be honored. This rebate cannot be combined with any other offer. **Claims must be submitted online or postmarked within 60 days of lens purchase date. Rebate submission must be submitted online or postmarked no later than 08/31/2020.** Purchases from unauthorized, or online retailers are not eligible for this rebate promotion. For purchases of monthly contact lenses (Biofinity or Sapphire), limit of one (1) rebate per patient, per calendar year to a maximum of four (4) rebates per physical address/email address. For purchases of 1 Day contact lenses (clariti, Proclear, MyDay), limit of two (2) rebates per patient, per calendar year to a maximum of six (6) rebates per physical address/email address. Prepaid cards are issued in connection with the completion of a successful and valid rebate claim. The CooperVision Visa Prepaid Card is issued by Peoples Trust Company pursuant to licence by Visa Int. *Trademark of Visa International Service Association and used under licence by Peoples Trust Company. Use your Visa Prepaid Card anywhere Visa cards are accepted worldwide. Pay close attention to the expiration date on the card. Card is valid through the last day of the month. **You will not have access to the funds after expiration.** Full card rules and terms can be found once you receive your payment notification. Valid only for sales made between 01/01/2020 and 06/30/2020. CooperVision reserves the right, in its sole discretion, to withdraw or amend this offer in any way, or to amend these terms and conditions without prior notice or obligation. To receive your rebate, you must satisfy each of the requirements. Failure to follow each of these steps is a rejection of this rebate offer. **NOTICE TO CONSUMERS:** If you are personally filing a claim for reimbursement from a third-party payer (e.g., insurance company, employer group, etc.) for the purchase of this product, your claim must be based upon your payment less the amount of the rebate. **If your doctor is filing the claim,** you must notify the doctor's office of the need to deduct this rebate amount from the purchase price used in calculating the claim.

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COOPERVISION REBATE | OFFER CODE # 20-1NRN1
 Mail to: P.O. Box 360 Whitby, ON L1N 0L8

Personal Information

All fields marked with an asterisk (*) are required in order to process and approve your rebate.

To apply for your rebate by mail, please complete this form and send in with original copies of all required documents. **Do not staple.**

NAME TO APPEAR ON PREPAID CARD:

PATIENT NAME*:

EMAIL ADDRESS*:

A valid email address is required to access your claim and receive status notifications.

ADDRESS 1 (Street Name and Number)*:

ADDRESS 2 (Apt/Suite): Province*:

CITY*: POSTAL CODE*:

TELEPHONE*: - -

We request your express consent to allow CooperVision Canada Corp. to send via email important information about our latest products, promotions and contests.

By checking this box, you hereby expressly consent to receiving commercial electronic messages from CooperVision Canada Corp. You may change your mind and unsubscribe at any time by emailing us at coopervisionrewards@360incentives.com.

Please note that rebates sent in by mail will receive a physical Visa Prepaid card by mail, upon approval of claim. Please allow up to 15 business days from claim approval to receive your Visa Prepaid card by mail.

Eligible Products

Please check the number of boxes purchased next to the applicable type of lens.

Biofinity®	
\$40 Rebate Amount	Quantity
<input type="checkbox"/> Biofinity®	4
<input type="checkbox"/> Biofinity® toric	4
<input type="checkbox"/> Biofinity® multifocal	4
<input type="checkbox"/> Biofinity® XR	4
<input type="checkbox"/> Biofinity® XR toric	4
<input type="checkbox"/> Biofinity Energys™	4

Proclear®	
\$30 Rebate Amount	Quantity
<input type="checkbox"/> Proclear® 1 day 90-pk	4
<input type="checkbox"/> Proclear® 1 day multifocal 90-pk	4
\$70 Rebate Amount	
<input type="checkbox"/> Proclear® 1 day 90-pk	8
<input type="checkbox"/> Proclear® 1 day multifocal 90-pk	8

clariti™	
\$75 Rebate Amount	Quantity
<input type="checkbox"/> clariti™ 1 day 90-pk	4
<input type="checkbox"/> clariti™ 1 day toric 90-pk	4
<input type="checkbox"/> clariti™ 1 day multifocal 90-pk	4
<input type="checkbox"/> clariti™ 1 day 30-pk	12
<input type="checkbox"/> clariti™ 1 day toric 30-pk	12
<input type="checkbox"/> clariti™ 1 day multifocal 30-pk	12

\$150 Rebate Amount	
<input type="checkbox"/> clariti™ 1 day 90-pk	8
<input type="checkbox"/> clariti™ 1 day toric 90-pk	8
<input type="checkbox"/> clariti™ 1 day multifocal 90-pk	8
<input type="checkbox"/> clariti™ 1 day 30-pk	24
<input type="checkbox"/> clariti™ 1 day toric 30-pk	24
<input type="checkbox"/> clariti™ 1 day multifocal 30-pk	24

MyDay®	
\$80 Rebate Amount	Quantity
<input type="checkbox"/> MyDay® 90-pk	4
<input type="checkbox"/> MyDay® 180-pk	2
<input type="checkbox"/> MyDay® toric 90-pk	4
\$180 Rebate Amount	
<input type="checkbox"/> MyDay® 90-pk	8
<input type="checkbox"/> MyDay® 180-pk	4
<input type="checkbox"/> MyDay® toric 90-pk	8

Sapphire™	
\$25 Rebate Amount	Quantity
<input type="checkbox"/> Sapphire™	4
<input type="checkbox"/> Sapphire™ Toric	4

You can share some of your rebate to help provide sight to millions. You can help give the gift of sight by electing to share \$5, \$10 or all of your rebate and CooperVision will donate that amount to Optometry Giving Sight. If you'd like to help, just indicate the amount by selecting a box on the right and you'll receive your Visa prepaid card minus that amount. Please note that if you select "All", a Visa Prepaid card will not be sent to you.

None \$10
 \$5 All

OPTOMETRYGIVINGSIGHT

Transforming lives through the gift of vision

Survey Questions

Are you new to contact lenses? Yes No Are you new to CooperVision®? Yes No I don't know

Which lens did you PREVIOUSLY wear?

- | | | | |
|-----------------------------------------------|------------------------------------------|----------------------------------------------------|---------------------------------|
| <input type="checkbox"/> ACUVUE® OASYS® | <input type="checkbox"/> Biofinity® | <input type="checkbox"/> DAILIES AquaComfort Plus® | <input type="checkbox"/> Ultra® |
| <input type="checkbox"/> ACUVUE® VITA® | <input type="checkbox"/> Biotrue® ONEday | <input type="checkbox"/> MyDay® | <input type="checkbox"/> N/A |
| <input type="checkbox"/> 1-DAY ACUVUE® MOIST® | <input type="checkbox"/> clariti™ 1 day | <input type="checkbox"/> Oasys® 1 day | <input type="checkbox"/> Other |
| <input type="checkbox"/> Air Optix® | <input type="checkbox"/> DAILIES TOTAL1® | <input type="checkbox"/> Proclear® 1 day | |



TIP: When applying by mail, make a copy of your submission documents for your records.

COOPERVISION REBATE | OFFER CODE # **20-1NRN1**
Mail to: P.O. Box 360 Whitby, ON L1N 0L8