

FOR PATIENTS

Alcon

# Earn <sup>UP TO</sup> \$100 in Alcon Rewards

Experience the **comfort** and **convenience** of NEW TOTAL30®, DAILIES TOTAL1®, PRECISION1®, DAILIES® AQUACOMFORT® PLUS, and AIR OPTIX® contacts today.

**JANUARY 1<sup>ST</sup> – JUNE 30<sup>TH</sup>, 2022**



Scan the code  
now to claim  
your rebate!



\*Available Q1 2022



# Be Rewarded when you shop with Alcon

Earn up to \$100 in Alcon Rewards on an Alcon Prepaid Mastercard\* card when you buy your supply of either NEW TOTAL30®, DAILIES TOTAL1®, PRECISION1®, DAILIES® AQUACOMFORT® PLUS, or AIR OPTIX® contact lenses.

## DAILIES TOTAL1® PRECISION1® DAILIES® AQUACOMFORT® PLUS

DAILIES TOTAL1®  
DAILIES TOTAL1® Multifocal  
PRECISION1®  
DAILIES® AQUACOMFORT® PLUS  
DAILIES® AQUACOMFORT® PLUS Toric  
DAILIES® AQUACOMFORT® PLUS Multifocal



### How it Works

Purchase a Pack	Save
4 x 90 packs (or 12 x 30 packs)	\$40
8 x 90 packs (or 24 x 30 packs)	\$100
Alcon Rewards	

## TOTAL30® AIR OPTIX®

NEW TOTAL30®  
AIR OPTIX® PLUS HYDRAGLYDE®,  
AIR OPTIX® PLUS HYDRAGLYDE for Astigmatism,  
AIR OPTIX® PLUS HYDRAGLYDE® Multifocal,  
AIR OPTIX® NIGHT & DAY® AQUA, AIR OPTIX® COLORS

NEW \*Available Q1 2022



Purchase a Pack	Save
4 x 6 packs	\$40
Alcon Rewards	



Scan the code  
now to claim  
your rebate!

# How to Redeem Your Alcon Rewards

- 1 Register**  
Visit [AlconRewards.ca](https://AlconRewards.ca) and register for an account. You will receive a Welcome Email from no-reply@VerificationEmail.com confirming your enrollment.
- 2 Submit Claim**  
Follow the instructions on [AlconRewards.ca](https://AlconRewards.ca) to submit your claim for the Alcon Vision Care Rewards Program.

**Allow For 8-10 Weeks**  
For Delivery of Your Reward.\*\*

[AlconRewards.ca](https://AlconRewards.ca)

Alcon Rewards: 1-855-344-7006  
Email: [alconrewards@360incentives.com](mailto:alconrewards@360incentives.com)

\*Third party trademarks are the property of their respective owners or licensees.  
\*\*The Alcon Prepaid Mastercard\* is issued by Peoples Trust Company under licence from Mastercard International. Cards will not have cash access and can be used everywhere Mastercard is accepted.

**TERMS & CONDITIONS:** Visit [AlconRewards.ca](https://AlconRewards.ca) for program details. The Alcon Rewards Program runs from January 1<sup>st</sup> – June 30<sup>th</sup>, 2022. Offer is limited to one offer per person, per promotional period. Offer is void if not received within 30 days of offer expiration. Offer valid at participating eye care professionals in Canada. Costco or internet purchases are not eligible for this reward offer. Offer valid for Canadian residents only. Offer not valid where prohibited by law.

**YOUR PRIVACY:** By submitting the claim, you consent to the use by Alcon Canada Inc. of the personal information that you have provided on [AlconRewards.ca](https://AlconRewards.ca) for the purpose of a) sending you your reward card, b) sending you a reminder to purchase your next year supply if you have selected this option, and c) evaluating and developing our reward loyalty programs. We may transfer your personal information to third party service providers who assist us in administering this program. The information may be stored outside of Canada. We use contractual or other means to require such third party to protect your personal information and not use or disclose it for any purpose other than directed by us.

**CONTACT LENSES:** Ask your Eye Care Professional for complete wear, care, and safety information. **CONTACT LENS CARE:** Always read and follow the label.

Always read and follow the label prior to use.

\*Third party trademarks are the property of their respective owners or licensees.

Always read and follow the label prior to use. © 2021 Alcon Inc. CA-DT1-2100119

**Alcon**

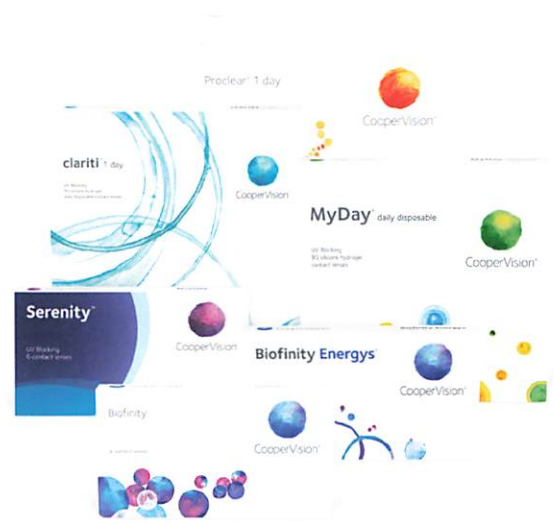


JANUARY - JUNE 2022



RECEIVE UP TO  
\$120  
on your CooperVision®  
contact lenses

Offer valid January 1 - June 30, 2022



#### 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, 2022 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 08/31/2022.** Purchases from unauthorized, or online retailers are not eligible for this rebate promotion. For purchases of monthly contact lenses (Biofinity or Serenity), 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 01/01/2022 and 06/30/2022. 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.

©2022 CooperVision, Inc., CooperVision, Biofinity, Biofinity Energys, clariti, MyDay and Proclear are registered trademarks; and Serenity is a trademark of The Cooper Companies, Inc., its subsidiaries or affiliates.

COOPERVISION REBATE | OFFER CODE **#22-1NRN1** Mail to: PO Box 3535, Markham ON, L3R 6J5

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Questions? Visit us at **CooperVisionRewards.ca** for more information.

For additional help, email **CooperVisionRewards@360incentives.com** or call **1-866-415-7216**.



## 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.**

I AM SUBMITTING THIS CLAIM FOR\*: ☐ MYSELF ☐ A FAMILY MEMBER OR SOMEONE ELSE

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](mailto: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® toric multifocal	4
<input type="checkbox"/> Biofinity® XR	4
<input type="checkbox"/> Biofinity® XR toric	4
<input type="checkbox"/> Biofinity Energys®	4

Proclear®	
\$50 Rebate Amount	Quantity
<input type="checkbox"/> Proclear® 1 day 90-pk	8
<input type="checkbox"/> Proclear® 1 day multifocal 90-pk	8

clariti®	
\$50 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
\$120 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®	
\$50 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
<input type="checkbox"/> MyDay® multifocal 90-pk	4
\$120 Rebate Amount	
<input type="checkbox"/> MyDay® 90-pk	8
<input type="checkbox"/> MyDay® 180-pk	4
<input type="checkbox"/> MyDay® toric 90-pk	8
<input type="checkbox"/> MyDay® multifocal 90-pk	8

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



OPTOMETRY

**giving sight**

More than 600 million people worldwide are blind or vision impaired because they cannot access eye exams and correction. Optometry Giving Sight (GivingSight.org) is the only global fundraising initiative that specifically targets this issue, helping train local professionals, establish sustainable vision centres and deliver eye care where it's needed most. CooperVision is proud to be a Global Platinum Sponsor of Optometry Giving Sight. To make a donation, please visit [www.givingsight.org/donate](http://www.givingsight.org/donate). A tax receipt will be provided.

☐ None ☐ \$10  
☐ \$5 ☐ All

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 None, \$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 left 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.

## Survey Questions

Are you new to contact lenses?

☐ Yes  
☐ No

What influenced your decision to purchase CooperVision® contact lenses? Select all that apply.

☐ Recommendation by my eye care professional  
☐ Cost  
☐ Value of the rebate offer  
☐ Recommendation of a friend/family member  
☐ Replacement schedule (1-Day/Monthly)  
☐ Brand name

Which lens did you PREVIOUSLY wear?

☐ ACUVUE® OASYS® ☐ clariti® 1 day ☐ Proclear® 1 day  
☐ ACUVUE® VITA® ☐ DAILIES TOTAL1® ☐ Ultra®  
☐ 1-DAY ACUVUE® MOIST® ☐ DAILIES AquaComfort Plus® ☐ N/A  
☐ Air Optix® ☐ MyDay® ☐ Other  
☐ Biofinity® ☐ Oasys® 1 day  
☐ Biotrue® ONEday ☐ Precision1®



**TIP:** When applying by mail, make a copy of your submission documents for your records.  
COOPERVISION REBATE | OFFER CODE **#22-1NRN1** Mail to: PO Box 3535, Markham ON, L3R 6J5



CooperVision®



JANUARY - JUNE 2022

Receive up to  
**\$120**  
on your Mediflex®  
contact lenses

Offer valid

January 1<sup>st</sup>  
— to —  
June 30<sup>th</sup>, 2022

Online entry is easy!

You can submit using  
your computer, tablet or  
smartphone device.

CooperVisionRewards.ca

#### To Qualify for a Rebate

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

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**1.** Purchase qualifying Mediflex® contact lenses between January 1 - June 30, 2022 from participating authorized eyecare professionals.

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#### 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**

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COOPERVISION REBATE | OFFER CODE # **22-1MRS3** Mail to: PO Box 3535, Markham ON, L3R 6J5

XLITERACAN10953



Questions? Visit us at **CooperVisionRewards.ca** for more information.

For additional help, email **CooperVisionRewards@360incentives.com** or call 1-866-415-7216.

**mediflex**  
Contact Lenses

**OSI GROUP**  
Partners in Your Success



## Personal Information

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

I AM SUBMITTING THIS CLAIM FOR\*: ☐ MYSELF ☐ A FAMILY MEMBER OR SOMEONE ELSE

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\*:  -  -

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## Eligible Products

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

Mediflex® Aquafinity / E-Comfort		Mediflex® Elite 1-Day		Mediflex® Supreme 1-Day	
\$25 Rebate Amount	Quantity	\$50 Rebate Amount	Quantity	\$50 Rebate Amount	Quantity
<input type="checkbox"/> Mediflex® Aquafinity 110	4	<input type="checkbox"/> Mediflex® Elite 1-Day sphere 90-pk	4	<input type="checkbox"/> Mediflex® Supreme 1-Day 90-pk	4
\$40 Rebate Amount		<input type="checkbox"/> Mediflex® Elite 1-Day toric 90-pk	4	<input type="checkbox"/> Mediflex® Supreme 1-Day toric 90-pk	4
<input type="checkbox"/> Mediflex® Aquafinity 160	4	<input type="checkbox"/> Mediflex® Elite 1-Day multifocal 90-pk	4	\$120 Rebate Amount	
<input type="checkbox"/> Mediflex® Aquafinity 116 toric	4	\$120 Rebate Amount		<input type="checkbox"/> Mediflex® Supreme 1-Day 90-pk	8
<input type="checkbox"/> Mediflex® Aquafinity XR	4	<input type="checkbox"/> Mediflex® Elite 1-Day sphere 90-pk	8	<input type="checkbox"/> Mediflex® Supreme 1-Day toric 90-pk	8
<input type="checkbox"/> Mediflex® Aquafinity XR toric	4	<input type="checkbox"/> Mediflex® Elite 1-Day toric 90-pk	8	Mediflex® Hydra 1-Day	
<input type="checkbox"/> Mediflex® Aquafinity E-comfort	4	<input type="checkbox"/> Mediflex® Elite 1-Day multifocal 90-pk	8	\$50 Rebate Amount	
				<input type="checkbox"/> Mediflex® Hydra 1-Day 90-pk	8



OPTOMETRY  
**giving sight**

More than 600 million people worldwide are blind or vision impaired because they cannot access eye exams and correction. Optometry Giving Sight (GivingSight.org) is the only global fundraising initiative that specifically targets this issue, helping train local professionals, establish sustainable vision centres and deliver eye care where it's needed most. CooperVision is proud to be a Global Platinum Sponsor of Optometry Giving Sight. To make a donation, please visit [www.givingsight.org/donate](http://www.givingsight.org/donate). A tax receipt will be provided.

☐ None ☐ \$10  
☐ \$5 ☐ All

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 None, \$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 left 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.

## Survey Questions

Are you new to contact lenses?

☐ Yes  
☐ No

What influenced your decision to purchase Mediflex® contact lenses? Select all that apply.

☐ Recommendation by my eyecare professional  
☐ Cost  
☐ Value of the rebate offer  
☐ Recommendation of a friend/family member  
☐ Replacement schedule (1-Day/Monthly)  
☐ Brand name

Which lens did you PREVIOUSLY wear?

☐ ACUVUE® OASYS®  
☐ ACUVUE® VITA®  
☐ 1-DAY ACUVUE® MOIST®  
☐ Air Optix®  
☐ Biofinity®  
☐ Biotrue® ONEday  
☐ clariti® 1 day  
☐ DAILIES TOTAL1®  
☐ DAILIES AquaComfort Plus®  
☐ MyDay®  
☐ Oasys® 1 day  
☐ Precision1®  
☐ Proclear® 1 day  
☐ Ultra®  
☐ N/A  
☐ Other



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

COOPERVISION REBATE | OFFER CODE **#22-1MRS3**

Mail to: PO Box 3535, Markham ON, L3R 6J5



**OSI GROUP**  
Partners in Your Success



**ACUVUE®**  
BRAND CONTACT LENSES

**REBATES\*\***

Offer code: H1NATIONAL22

OFFERS VALID  
JANUARY 1 - JUNE 30, 2022

UP TO  
**\$140**  
ANNUAL  
SUPPLY REBATE\*\*

OR

UP TO  
**\$60**  
6-MONTH  
SUPPLY REBATE\*\*



ACUVUE® OASYS 1-Day  
ACUVUE® OASYS 1-Day  
for ASTIGMATISM



1-DAY ACUVUE® MOIST  
1-DAY ACUVUE® MOIST for ASTIGMATISM  
1-DAY ACUVUE® MOIST MULTIFOCAL



1-DAY ACUVUE® TruEye®



1-DAY ACUVUE® DEFINE®

## 3 EASY STEPS to get your ACUVUE® Rebate

**1**  
E  
H  
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D  
F  
N

**Visit** your Eye Care Professional  
for your annual eye exam and  
contact lens fitting

**2**

**Purchase** your eligible supply  
of ACUVUE® Contact Lenses\*\*

**3**

**Submit:**

- ✓ completed rebate form for mail-in
- ✓ original product purchase invoice
- ✓ two (2) box flaps



Rebate Form



Invoice



Box Flaps

- Submit via mail or the online portal  
**acuvuecanadarebates.ca**
- Please ensure all information is legible
- Remember to include your email address  
to receive rebate status updates
- Keep a copy of all paperwork for your records

**\$60**  
ANNUAL  
SUPPLY REBATE\*\*



ACUVUE® OASYS MULTIFOCAL



ACUVUE® OASYS for ASTIGMATISM

If HALF of your purchase is  
ACUVUE® OASYS with HYDRACLEAR® PLUS,  
you are eligible for this rebate.



ACUVUE® OASYS for PRESBYOPIA

**\$40**  
ANNUAL  
SUPPLY REBATE\*\*



ACUVUE® VITA®



ACUVUE® VITA®  
for ASTIGMATISM



ACUVUE® OASYS with  
HYDRACLEAR® PLUS



ACUVUE® OASYS  
with Transitions™



Ask your Eye Care Professional about **ACUVUE® RevitaLens**  
Contact Lens Solution

\*\*See reverse for full rebate terms and conditions. Rebate provided on a prepaid card or cheque. ACUVUE® Visa® Prepaid Card is issued by Peoples Trust Company pursuant to license by Visa Int. \*Trademark of Visa International Service Association and used under license by Peoples Trust Company. Card can be used everywhere Visa cards are accepted. ACUVUE® Prepaid Mastercard® Virtual Card is issued by Peoples Trust Company under license from Mastercard International Incorporated. Mastercard is a registered trademark, and the circles design is a trademark of Mastercard International Incorporated. Virtual card can be used online where Mastercard is accepted. Card/virtual card has no cash access and cannot be used for recurring payments. Card/virtual card valid for up to 6 months; unused funds will forfeit after the valid thru date. Terms and conditions apply.

**Important information for contact lens wearers:** ACUVUE® Contact Lenses are available by prescription only for vision correction. An eye care professional will determine whether contact lenses are right for you. Although rare, serious eye problems can develop while wearing contact lenses. To help avoid these problems, follow the wear and replacement schedule and the lens care instructions provided by your eye care professional. Do not wear contact lenses if you have an eye infection, or experience eye discomfort, excessive tearing, vision changes, redness or other eye problems. If one of these conditions occurs, remove the lens and contact your eye care professional immediately. For more information on proper wear, care and safety, talk to your eye care professional and ask for a Patient Instruction Guide, call 1-800-267-5098 or visit [acuvue.ca](http://acuvue.ca).

**Important information for contact lens wearers:** ACUVUE® RevitaLens Multi-Purpose Disinfecting Solution is indicated for the care of soft (hydrophilic) contact lenses, including silicone hydrogel lenses. Use this product, as recommended by your eye care professional, to disinfect, clean, rinse, store, remove protein and condition your contact lenses. If you are allergic to any ingredients in ACUVUE® RevitaLens MPDS, do not use this product. Problems with contact lenses and contact lens care products could result in corneal infection and/or ulcers and lead to loss of vision. It is essential that you follow your eye care professional's directions and all labeling instructions for proper use of lenses and lens care products, including the contact lens case.



**SELECT YOUR REBATE\*\*** Please indicate your selected rebate by filling in the appropriate circles. If purchasing a different product for each eye, mark both below and you will be eligible for the higher value rebate.

**SELECT YOUR PREFERRED REBATE\*\* PAYMENT METHOD\***

☐ Visa Prepaid Card ☐ Cheque ☐ Virtual Prepaid Mastercard AVAILABLE ONLINE ONLY

If no selection is made, payment will be a Visa Prepaid Card

## ANNUAL SUPPLY REBATE\*\*

**ACUVUE® OASYS 1-Day for ASTIGMATISM** (8 x 90-Packs or 24 x 30-Packs)  
**1-DAY ACUVUE® MOIST for ASTIGMATISM** (8 x 90-Packs or 24 x 30-Packs)  
**1-DAY ACUVUE® MOIST MULTIFOCAL** (8 x 90-Packs or 24 x 30-Packs)

**\$140** ANNUAL  
SUPPLY  
REBATE\*\*

**ACUVUE® OASYS 1-Day** (8 x 90-Packs or 24 x 30-Packs)  
**1-DAY ACUVUE® MOIST** (8 x 90-Packs or 24 x 30-Packs)  
**1-DAY ACUVUE® DEFINE®** (24 x 30-Packs)  
**1-DAY ACUVUE® TruEye®** (8 x 90-Packs or 24 x 30-Packs)

**\$100** ANNUAL  
SUPPLY  
REBATE\*\*

**ACUVUE® OASYS MULTIFOCAL** (8 x 6-Packs)  
**ACUVUE® OASYS for ASTIGMATISM** (8 x 6-Packs)  
**ACUVUE® OASYS for PRESBYOPIA** (8 x 6-Packs)

**\$60** ANNUAL  
SUPPLY  
REBATE\*\*

**ACUVUE® VITA®** (2 x 12-Packs or 4 x 6-Packs)  
**ACUVUE® VITA® for ASTIGMATISM** (4 x 6-Packs)  
**ACUVUE® OASYS with Transitions™** (8 x 6-Packs or 2 x 25-Packs)  
**ACUVUE® OASYS with HYDRACLEAR® PLUS** (2 x 24-Packs or 4 x 12-Packs)

**\$40** ANNUAL  
SUPPLY  
REBATE\*\*

## 6-MONTH SUPPLY REBATE\*\*

**ACUVUE® OASYS 1-Day for ASTIGMATISM** (4 x 90-Packs or 12 x 30-Packs)  
**1-DAY ACUVUE® MOIST for ASTIGMATISM** (4 x 90-Packs or 12 x 30-Packs)  
**1-DAY ACUVUE® MOIST MULTIFOCAL** (4 x 90-Packs or 12 x 30-Packs)

**\$60** 6-MONTH  
SUPPLY  
REBATE\*\*

**ACUVUE® OASYS 1-Day** (4 x 90-Packs or 12 x 30-Packs)  
**1-DAY ACUVUE® MOIST** (4 x 90-Packs or 12 x 30-Packs)  
**1-DAY ACUVUE® DEFINE®** (12 x 30-Packs)  
**1-DAY ACUVUE® TruEye®** (4 x 90-Packs or 12 x 30-Packs)

**\$40** 6-MONTH  
SUPPLY  
REBATE\*\*

**\*\*REBATE TERMS AND CONDITIONS:** Purchases of ACUVUE® OASYS Family, ACUVUE® OASYS with Transitions™, 1-DAY ACUVUE® MOIST Family, 1-DAY ACUVUE® DEFINE®, 1-DAY ACUVUE® TruEye® or ACUVUE® VITA® Family must be made in-office or in-store between January 1, 2022 and June 30, 2022\*\* with rebate submission postmarked on or before July 31, 2022. For annual supply rebates, limit one (1) rebate per customer, per product, per ACUVUE® Brand purchase, per calendar year. For 6-month supply rebates, limit two (2) rebates per customer, per product, on two (2) separate 6-month supply ACUVUE® Brand purchases, per one (1) calendar year. Multiple purchases cannot be combined for higher value offers. If submitting a rebate for yourself and your child, you must complete two (2) rebate forms and supply a set of documentation for each claim. This offer is not valid in combination with any other product offer or rebate including the Comfort Promise Guarantee. Offer valid for Canadian residents only. Offer not valid where prohibited by law. Once we have received your claim and have begun processing it, our service provider will email you on our behalf to let you know we are working on your rebate. Johnson & Johnson Vision Care division of Johnson & Johnson Inc. is not responsible for lost, late or undelivered responses. Rebate valid on in-office and in-store purchases only. Not valid for purchases made through online retailers or non-participating Eye Care Professional retailers. For the list of non-participating Eye Care Professional retailers, please call 1-855-621-3981 to speak with a customer representative. Rebates include GST/ST/HST/PST where applicable and will be sent in the form of a Visa Prepaid Card, unless a cheque or a Virtual Prepaid Mastercard has been requested under the conditions outlined above. \*Any cheque reissue is subject to a \$25 reissue fee.

**INSURANCE CLAIMS:** 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 all rebates received, including this rebate. IF YOUR EYE CARE PROFESSIONAL IS FILING THE CLAIM ON YOUR BEHALF, you must notify them to deduct this rebate amount from the purchase price used in calculating the claim.

Johnson & Johnson Vision Care division of Johnson & Johnson Inc. reserves the right to cancel this rebate program at any time without notice. The third-party trademarks used herein are the intellectual property of their respective owners.

Transitions, the Transitions logo and Transitions Light Intelligent Technology are trademarks of Transitions Optical, Inc. used under license by Transitions Optical Limited and Johnson & Johnson Vision Care, Inc.

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Submit required documentation to: **ACUVUE® Brand Rebates,**  
**PO Box 3535, Markham ON L3R 6J5 or AcuvueCanadaRebates.ca**

## Required Field

Offer code: H1NATIONAL22

By submitting the below required information, and any optional information, you agree that your personal data shall be transferred to Johnson & Johnson Vision Care division of Johnson & Johnson Inc. and 360Incentives.com Canada Inc. only for purposes of administering the rebates. Your personal information will be governed by the Privacy Policy outlined on ACUVUE.ca. Your information will be transferred outside of your country of residence, including the United States, which may have different data protection rules than in your country. Please allow 8 weeks for delivery of your Prepaid Card, cheque or Virtual Card from the time we receive your completed form and documentation.

## REBATE DOCUMENTATION CHECKLIST: (Submission must be received by July 31, 2022)

- ☐ Completed Rebate Form for mail-in ☐ One (1) original product purchase invoice  
☐ Two (2) box flaps

## FOR WHOM ARE YOU SUBMITTING THIS CLAIM FORM?\*

☐ Myself ☐ My Child

## IF YOU SELECTED MYSELF:

First Name ▼

Last Name ▼

## IF YOU SELECTED MY CHILD:

Parent's First Name ▼

Parent's Last Name ▼

Child's First Name ▼

Child's Last Name ▼

☐ YES, I would like to receive future emails with marketing communication and promotions for which I am eligible from Johnson & Johnson Vision Care division of Johnson & Johnson Inc. or its service providers appointed on its behalf. I understand I can withdraw my consent at any time by clicking the unsubscribe link at the bottom of the email communication in question or by sending an email to RA-MEDCA-jjvisioncar@ITS.JNJ.com to indicate my desire to be unsubscribed.

To help us better understand our customers, please indicate the following:

What brand of contact lenses, if any, were you wearing before ACUVUE®?

## WHERE SHOULD WE SEND YOUR REBATE?

Mailing Address ▼

P.O. Box ▼

Apt/Unit # ▼

City ▼

Province ▼

Postal Code ▼

Phone Number ▼

Email Address ▼

A valid email address is required to receive rebate status updates and check your claim status online at [AcuvueCanadaRebates.ca](https://AcuvueCanadaRebates.ca). Without a valid email, you will not be notified.

**HAVE A QUESTION? Call 1-855-621-3981 to speak with a rebate program Customer Service representative or email [AcuvueCanadaPromotions@360incentives.com](mailto:AcuvueCanadaPromotions@360incentives.com).** Please look out for an email with your claim reference number before checking your rebate status online. To verify the status of your rebate online, go to [AcuvueCanadaRebates.ca](https://AcuvueCanadaRebates.ca) and click Check Existing Claim.

## EYE CARE PROFESSIONAL INFORMATION:

Date Purchased ▼

DDMMYY

Eye Care Professional's First Name ▼

Eye Care Professional's Last Name ▼

Practice/Store Name ▼

Mailing Address ▼

Suite # ▼

City ▼

Province ▼

Postal Code ▼



# ACUVUE®

BRAND CONTACT LENSES

## NEW WEARER REBATES\*\*

OFFERS VALID JANUARY 1 - JUNE 30, 2022

Not valid in combination with any other ACUVUE® Rebate.

### EXCLUSIVE OFFER!

**\$240**

ANNUAL SUPPLY REBATE\*\*

OR **\$120**

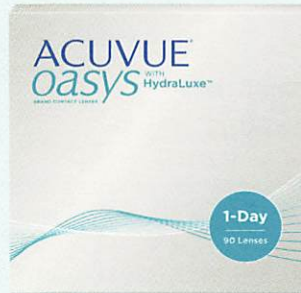
6-MONTH SUPPLY REBATE\*\*

OR **\$60**

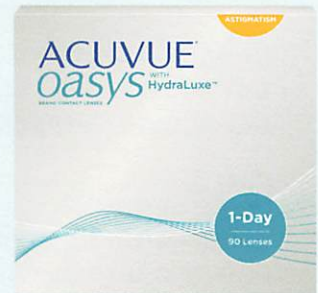
3-MONTH SUPPLY REBATE\*\*



\*\*This offer is valid if you have never worn ACUVUE® OASYS 1-Day before, even if you have previously worn any other ACUVUE® Contact Lens.



ACUVUE® OASYS 1-Day with HydraLuxe® Technology



ACUVUE® OASYS 1-Day with HydraLuxe® Technology for ASTIGMATISM

### New to ACUVUE® Contact Lenses

Choose one of the offers below

**\$200**

ANNUAL SUPPLY REBATE\*\*

OR **\$100**

6-MONTH SUPPLY REBATE\*\*

OR **\$50**

3-MONTH SUPPLY REBATE\*\*



1-DAY ACUVUE® MOIST

1-DAY ACUVUE® MOIST for ASTIGMATISM

1-DAY ACUVUE® MOIST MULTIFOCAL



ACUVUE® VITA®



ACUVUE® VITA® for ASTIGMATISM



ACUVUE® OASYS with HYDRACLEAR® PLUS



ACUVUE® OASYS for ASTIGMATISM



ACUVUE® OASYS MULTIFOCAL



ACUVUE® OASYS with Transitions™

### 3 EASY STEPS

to get your ACUVUE® Rebate

**1**  
E  
N  
D  
E

**Visit** your Eye Care Professional for your annual eye exam and contact lens fitting

**2**  
E  
N  
D  
E

**Purchase** your eligible supply of ACUVUE® Contact Lenses\*\*

**3**  
E  
N  
D  
E

**Submit:**

- ✓ Completed rebate form for mail-in
- ✓ Original product purchase invoice
- ✓ Two (2) box flaps



Rebate Form



Invoice



x2  
Box Flaps

- Submit via mail or the online portal [acuvecanadarebates.ca](http://acuvecanadarebates.ca)
- Please ensure all information is legible
- Remember to include your email address to receive rebate status updates
- Keep a copy of all paperwork for your records

\*\*See reverse for full rebate terms and conditions. Rebate provided on a prepaid card or cheque. ACUVUE® Visa® Prepaid Card is issued by Peoples Trust Company pursuant to license by Visa Int. \*Trademark of Visa International Service Association and used under license by Peoples Trust Company. Card can be used everywhere Visa cards are accepted. Virtual ACUVUE® Prepaid Mastercard® is issued by Peoples Trust Company under license from Mastercard International Incorporated. Mastercard is a registered trademark, and the circles design is a trademark of Mastercard International Incorporated. Virtual card can be used online where Mastercard is accepted. Card/virtual card has no cash access and cannot be used for recurring payments. Card/virtual card valid for up to 6 months; unused funds will forfeit after the valid thru date. Terms and conditions apply.

**Important information for contact lens wearers:** ACUVUE® Contact Lenses are available by prescription only for vision correction. An eye care professional will determine whether contact lenses are right for you. Although rare, serious eye problems can develop while wearing contact lenses. To help avoid these problems, follow the wear and replacement schedule and the lens care instructions provided by your eye care professional. Do not wear contact lenses if you have an eye infection, or experience eye discomfort, excessive tearing, vision changes, redness or other eye problems. If one of these conditions occurs, remove the lens and contact your eye care professional immediately. For more information on proper wear, care and safety, talk to your eye care professional and ask for a Patient Instruction Guide, call 1-800-267-5098 or visit [acuve.ca](http://acuve.ca).



**SELECT YOUR REBATE\*\*** Please indicate your selected rebate by filling in the appropriate circles. If purchasing a different product for each eye, mark both below.

Offer code: H1NWR2022

**SELECT YOUR PREFERRED REBATE\*\* PAYMENT METHOD~**

☐ Visa Prepaid Card ☐ Cheque ☐ Virtual Prepaid Mastercard AVAILABLE ONLINE ONLY

If no selection is made, payment will be a Visa Prepaid Card

**ACUVUE® OASYS 1-Day with HydraLuxe® Technology**  
**ACUVUE® OASYS 1-Day with HydraLuxe® Technology**  
**for ASTIGMATISM**

**1-DAY ACUVUE® MOIST**  
**1-DAY ACUVUE® MOIST for ASTIGMATISM**  
**1-DAY ACUVUE® MOIST MULTIFOCAL**

**ACUVUE® VITA® (2 x 12-packs or 4 x 6-Packs)**  
**ACUVUE® VITA® for ASTIGMATISM (4 x 6-Packs)**  
**ACUVUE® OASYS with HYDRACLEAR® PLUS (2 x 24-Packs or 4 x 12-Packs)**  
**ACUVUE® OASYS for ASTIGMATISM (8 x 6-Packs)**  
**ACUVUE® OASYS MULTIFOCAL (8 x 6-Packs)**  
**ACUVUE® OASYS with Transitions™ (8 x 6-Packs or 2 x 25-Packs)**

**ANNUAL SUPPLY REBATE\*\*** **\$240**  
(8 x 90-Packs or 24 x 30-Packs)

**6-MONTH SUPPLY REBATE\*\*** **\$120**  
(4 x 90-Packs or 12 x 30-Packs)

**3-MONTH SUPPLY REBATE\*\*** **\$60**  
(2 x 90-Packs or 6 x 30-Packs)

**ANNUAL SUPPLY REBATE\*\*** **\$200**  
(8 x 90-Packs or 24 x 30-Packs)

**6-MONTH SUPPLY REBATE\*\*** **\$100**  
(4 x 90-Packs or 12 x 30-Packs)

**3-MONTH SUPPLY REBATE\*\*** **\$50**  
(2 x 90-Packs or 6 x 30-Packs)

By submitting the below required information, and any optional information, you agree that your personal data shall be transferred to Johnson & Johnson Vision Care division of Johnson & Johnson Inc. and 360Incentives.com Canada Inc. only for purposes of administering the rebates. Your personal information will be governed by the Privacy Policy outlined on ACUVUE.ca. Your information will be transferred outside of your country of residence, including the United States, which may have different data protection rules than in your country. Please allow 8 weeks for delivery of your Prepaid Card, cheque or Virtual Card from the time we receive your completed form and documentation.

**REBATE DOCUMENTATION CHECKLIST:** (Submission must be received by July 31, 2022)

- ☐ Completed Rebate Form for mail-in  
☐ One (1) original product purchase invoice  
☐ Two (2) box flaps

**FOR WHOM ARE YOU SUBMITTING THIS CLAIM FORM?**

- ☐ Myself ☐ My Child

**IF YOU SELECTED MYSELF:**

First Name  Last Name

**IF YOU SELECTED MY CHILD:**

Parent's First Name  Parent's Last Name

Child's First Name  Child's Last Name

☐ **YES**, I would like to receive future emails with marketing communication and promotions for which I am eligible from Johnson & Johnson Vision Care division of Johnson & Johnson Inc. or its service providers appointed on its behalf. I understand I can withdraw my consent at any time by clicking the unsubscribe link at the bottom of the email communication in question or by sending an email to RA-MEDCA-jvisioncar@ITS.JNJ.com to indicate my desire to be unsubscribed.

**To help us better understand our customers, please indicate the following:**

Would you be interested in donating a portion of your rebate to a charitable organization if that was a future option provided?

- ☐ Yes ☐ No

What brand of contact lenses, if any, were you wearing before ACUVUE®?

▼ Required Field

**WHERE SHOULD WE SEND YOUR REBATE?**

Mailing Address  P.O. Box

Apt/Unit #  City

Province  Postal Code  Phone Number

Email Address

A valid email address is required to receive rebate status updates and check your claim status online at [AcuvueCanadaRebates.ca](https://AcuvueCanadaRebates.ca). Without a valid email, you will not be notified.

**HAVE A QUESTION?** Call 1-855-621-3981 to speak with a rebate program Customer Service representative or email [AcuvueCanadaPromotions@360incentives.com](mailto:AcuvueCanadaPromotions@360incentives.com). Please look out for an email with your claim reference number before checking your rebate status online. To verify the status of your rebate online, go to [AcuvueCanadaRebates.ca](https://AcuvueCanadaRebates.ca) and click Check Existing Claim.

**EYE CARE PROFESSIONAL INFORMATION:**

Date Purchased

Eye Care Professional's First Name  Eye Care Professional's Last Name

Practice/Store Name

Mailing Address  Suite #

City  Province  Postal Code

Submit required documentation to: **ACUVUE® Brand Rebates, PO Box 3535, Markham ON L3R 6J5** or **[AcuvueCanadaRebates.ca](https://AcuvueCanadaRebates.ca)**

**\*\*REBATE TERMS AND CONDITIONS:** ACUVUE® OASYS 1-Day offer is valid for new wearers of this product only. All other offers are valid only for new wearers of ACUVUE® Contact Lenses. If you are not a new wearer, you will only get a portion of the rebate. Purchases of ACUVUE® OASYS Family, 1-DAY ACUVUE® MOIST Family, or ACUVUE® VITA® Family must be made in-office or in-store between January 1, 2022 to June 30, 2022\*\* with rebate submission postmarked on or before July 31, 2022. Limit one (1) New Wearer Rebate per customer. Photocopies of rebate form are not accepted. This offer CANNOT be combined with any other ACUVUE® Rebate. This offer is not valid in combination with the Comfort Promise Guarantee. If submitting a rebate for yourself and your child, you must complete two (2) rebate forms and supply a set of documentation for each claim. Offer valid for Canadian residents only. Offer not valid where prohibited by law. Once we have received your claim and have begun processing it, our service provider will email you on our behalf to let you know we are working on your rebate. Johnson & Johnson Vision Care division of Johnson & Johnson Inc. is not responsible for lost, late or undelivered responses. Rebate valid on in-office and in-store purchases only. Not valid for purchases made through online retailers or non-participating Eye Care Professional retailers. For the list of non-participating Eye Care Professional retailers, please call 1-855-621-3981 to speak with a customer representative. Rebates include GST/QST/HST/PST where applicable and will be sent in the form of a Visa Prepaid Card, unless a cheque or a Virtual Prepaid Mastercard has been requested under the conditions outlined above.

\*Any cheque reissue is subject to a \$25 reissue fee.

**INSURANCE CLAIMS:** 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 all rebates received, including this rebate. IF YOUR EYE CARE PROFESSIONAL IS FILING THE CLAIM ON YOUR BEHALF, you must notify them to deduct this rebate amount from the purchase price used in calculating the claim.

\*Johnson & Johnson Vision Care division of Johnson & Johnson Inc. reserves the right to cancel this rebate program at any time without notice.

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# ACUVUE®

BRAND CONTACT LENSES

# REBATES\*\*

OFFERS VALID JANUARY 1 - JUNE 30, 2022

## NEW WEARER INTRODUCTORY OFFER

**\$40**  
2-MONTH  
SUPPLY REBATE\*\*



**FIRST  
AND  
ONLY†**

**ONE TIME OFFER**  
Offer valid for  
first time purchasers of  
ACUVUE® Theravision®

## 6-MONTH OFFERS

**\$75** 6-MONTH COMBO  
SUPPLY REBATE\*\*



**3-MONTH supply of ACUVUE® Theravision®**

**+ 3-MONTH supply of ANY ONE  
of the products below**



OR



OR



OR



ACUVUE® OASYS 1-Day  
with HydraLuxe® Technology

1-DAY ACUVUE®  
MOIST

1-DAY ACUVUE®  
TruEye®

1-DAY ACUVUE®  
DEFINE®

**\$100**  
6-MONTH  
SUPPLY REBATE\*\*



ACUVUE® Theravision®

## 3 EASY STEPS to get your ACUVUE® Rebate

**1**  
E  
N  
F

**Visit** your Eye Care Professional  
for your annual eye exam and  
contact lens fitting

**2**

**Purchase** your eligible supply  
of ACUVUE® Contact Lenses\*\*

**3**

**Submit:**

- ✓ completed rebate form for mail-in
- ✓ original product purchase invoice
- ✓ two (2) box flaps



Rebate Form



Invoice



Box Flaps

- Submit via mail or the online portal [acuvuecanadarebates.ca](http://acuvuecanadarebates.ca)
- Please ensure all information is legible
- Remember to include your email address to receive rebate status updates
- Keep a copy of all paperwork for your records

\*\*See reverse for full rebate terms and conditions. Rebate provided on a prepaid card or cheque. ACUVUE® Visa® Prepaid Card is issued by Peoples Trust Company pursuant to license by Visa Int. \*Trademark of Visa International Service Association and used under license by Peoples Trust Company. Card can be used everywhere Visa cards are accepted. Virtual ACUVUE® Prepaid Mastercard® is issued by Peoples Trust Company under license from Mastercard International Incorporated. Mastercard is a registered trademark, and the circles design is a trademark of Mastercard International Incorporated. Virtual card can be used online where Mastercard is accepted. Card/virtual card has no cash access and cannot be used for recurring payments. Card/virtual card valid for up to 6 months; unused funds will forfeit after the valid thru date. Terms and conditions apply.

†Commercially available medication-releasing contact lens.

**Important information for contact lens wearers:** ACUVUE® Theravision® with Ketotifen contact lenses are available by prescription only for people who require vision correction and experience ocular allergic itch due to allergic conjunctivitis. An eye care professional will determine whether these contact lenses are right for you. Although rare, serious eye problems can develop while wearing contact lenses. To help avoid these problems, follow the wear and replacement schedule and the lens care instructions provided by your eye care professional. Do not wear contact lenses if you have an eye infection, or experience eye discomfort, excessive tearing, vision changes, redness or other eye problems. If one of these conditions occurs, remove the lens and contact your eye care professional immediately. For more information on proper wear, care and safety, talk to your eye care professional and ask for a Patient Instruction Guide, call 1-800-267-5098 or visit [acuvue.ca](http://acuvue.ca).

**Important information for contact lens wearers:** ACUVUE® Contact Lenses are available by prescription only for vision correction. An eye care professional will determine whether contact lenses are right for you. Although rare, serious eye problems can develop while wearing contact lenses. To help avoid these problems, follow the wear and replacement schedule and the lens care instructions provided by your eye care professional. Do not wear contact lenses if you have an eye infection, or experience eye discomfort, excessive tearing, vision changes, redness or other eye problems. If one of these conditions occurs, remove the lens and contact your eye care professional immediately. For more information on proper wear, care and safety, talk to your eye care professional and ask for a Patient Instruction Guide, call 1-800-267-5098 or visit [acuvue.ca](http://acuvue.ca).




**SELECT YOUR PREFERRED REBATE\*\* PAYMENT METHOD~**
☐ Visa Prepaid Card    ☐ Cheque    ☐ Virtual Prepaid Mastercard **AVAILABLE ONLINE ONLY**
*If no selection is made, payment will be a Visa Prepaid Card*
**SELECT YOUR REBATE\*\*** Please indicate your selected rebate by filling in the appropriate circles.

**2-MONTH SUPPLY REBATE\*\***

ACUVUE® Theravision® (4 x 30-Packs)

**\$40** 2-MONTH SUPPLY REBATE\*\*

**6-MONTH COMBO SUPPLY REBATE\*\***

 ACUVUE® Theravision® (6 x 30-Packs) + **ONE of the products below**

- ☐ ACUVUE® OASYS 1-Day (2 x 90-Packs or 6 x 30-Packs)
- ☐ 1-DAY ACUVUE® MOIST (2 x 90-Packs or 6 x 30-Packs)
- ☐ 1-DAY ACUVUE® DEFINE® (6 x 30-Packs)
- ☐ 1-DAY ACUVUE® TruEye® (2 x 90-Packs or 6 x 30-Packs)

**\$75** 6-MONTH COMBO SUPPLY REBATE\*\*

**6-MONTH SUPPLY REBATE\*\***

ACUVUE® Theravision® (12 x 30-Packs)

**\$100** 6-MONTH SUPPLY REBATE\*\*

By submitting the below required information, and any optional information, you agree that your personal data shall be transferred to Johnson & Johnson Vision Care division of Johnson & Johnson Inc. and 360Incentives.com Canada Inc. only for purposes of administering the rebates. Your personal information will be governed by the Privacy Policy outlined on ACUVUE.ca. Your information will be transferred outside of your country of residence, including the United States, which may have different data protection rules than in your country. Please allow 8 weeks for delivery of your Prepaid Card, cheque or Virtual Card from the time we receive your completed form and documentation.

**REBATE DOCUMENTATION CHECKLIST:** (Submission must be received by July 31, 2022)

- ☐ Completed Rebate Form for mail-in    ☐ One (1) original product purchase invoice
- ☐ Two (2) box flags

**FOR WHOM ARE YOU SUBMITTING THIS CLAIM FORM?\***

- ☐ Myself    ☐ My Child

**IF YOU SELECTED MYSELF:**

 First Name  Last Name 
**IF YOU SELECTED MY CHILD:**

 Parent's First Name  Parent's Last Name 

 Child's First Name  Child's Last Name 

☐ **YES**, I would like to receive future emails with marketing communication and promotions for which I am eligible from Johnson & Johnson Vision Care division of Johnson & Johnson Inc. or its service providers appointed on its behalf. I understand I can withdraw my consent at any time by clicking the unsubscribe link at the bottom of the email communication in question or by sending an email to RA-MEDCA-jvisioncar@ITS.JNJ.com to indicate my desire to be unsubscribed.

**TO HELP US BETTER UNDERSTAND OUR CUSTOMERS, PLEASE INDICATE THE FOLLOWING:**

What brand of contact lenses, if any, were you wearing before ACUVUE®?

What type is your allergy? (Select all that apply)

- ☐ Indoor (Pets, Dust mites, Mold)    ☐ Seasonal (Tree pollens, Grass pollens, Weed pollens)

How many months do you suffer allergy symptoms per year?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

**REQUIRED FIELD**
**WHERE SHOULD WE SEND YOUR REBATE?**

 Mailing Address  P.O. Box 

 Apt/Unit #  City 

 Province  Postal Code  Phone Number 

 Email Address 

A valid email address is required to receive rebate status updates and check your claim status online at [AcuvueCanadaRebates.ca](http://AcuvueCanadaRebates.ca). Without a valid email, you will not be notified.

**HAVE A QUESTION?** Call 1-855-621-3981 to speak with a rebate program Customer Service representative or email [AcuvueCanadaPromotions@360incentives.com](mailto:AcuvueCanadaPromotions@360incentives.com). Please look out for an email with your claim reference number before checking your rebate status online. To verify the status of your rebate online, go to [AcuvueCanadaRebates.ca](http://AcuvueCanadaRebates.ca) and click Check Existing Claim.

**EYE CARE PROFESSIONAL INFORMATION:**

 Date Purchased 

 Eye Care Professional's First Name  Eye Care Professional's Last Name 

 Practice/Store Name 

 Mailing Address  Suite # 

 City  Province  Postal Code 

 Submit required documentation to: **ACUVUE® Brand Rebates, PO Box 3535, Markham ON L3R 6J5** or **AcuvueCanadaRebates.ca**

**\*\*REBATE TERMS AND CONDITIONS:** Purchases of ACUVUE® Theravision®, ACUVUE® OASYS Family, 1-DAY ACUVUE® MOIST Family, 1-DAY ACUVUE® DEFINE® or 1-DAY ACUVUE® TruEye® must be made in-office or in-store between January 1, 2022 and June 30, 2022\*\* with rebate submission postmarked on or before July 31, 2022. For 2-month Supply Rebate, limit one (1) rebate per customer and is valid for first time purchasers of ACUVUE® Theravision® only. For 6-Month Combo Supply Rebate and 6-Month Supply Rebate, limit two (2) rebates per customer, on two (2) separate ACUVUE® Theravision® purchases, per one (1) calendar year. Photocopies of rebate form are not accepted. Multiple purchases cannot be combined for higher value offers. If submitting a rebate for yourself and your child you must complete two (2) rebate forms and supply a set of documentation for each claim. This offer is not valid in combination with any other product offer or other rebate including the Comfort Promise Guarantee. Offer valid for Canadian residents only. Offer not valid where prohibited by law. Once we have received your claim and have begun processing it, our service provider on our behalf will email you to let you know we are working on your rebate. Johnson & Johnson Vision Care division of Johnson & Johnson Inc. is not responsible for lost, late or undelivered responses. Rebate only valid on in-office and in-store purchases at participating Eye Care Professionals. Not valid for purchases made through online retailers or non-participating Eye Care Professional retailers. Rebates include GST/QST/HST/PPST where applicable and will be sent in the form of a Visa Prepaid Card, unless a cheque or a Virtual Prepaid Mastercard has been requested under the conditions outlined above.

\*Any cheque reissue is subject to a \$25 reissue fee.

**INSURANCE CLAIMS:** 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 all rebates received, including this rebate. IF YOUR EYE CARE PROFESSIONAL IS FILING THE CLAIM ON YOUR BEHALF, you must notify them to deduct this rebate amount from the purchase price used in calculating the claim.

Johnson & Johnson Vision Care division of Johnson & Johnson Inc. reserves the right to cancel this rebate program at any time without notice.

The third-party trademarks used herein are the intellectual property of their respective owners.

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# SAVE UP TO \$200

on your CooperVision® **clariti**®,  
**MyDay**® or **Biofinity Energys**®  
contact lenses

## NEW WEARER SAVINGS

Savings for patients who are new  
wearers to **clariti**® 1 day, **MyDay**® and  
**Biofinity Energys**® brands.

### **clariti**® 1 day Brand:

**\$200** on (8) 90-packs or  
(24) 30-packs or

**\$80** on (4) 90-packs or  
(12) 30-packs

### **MyDay**®: Brand:

**\$200** on (8) 90-packs or  
(4) 180-packs or

**\$80** on (4) 90-packs or  
(2) 180-packs

### **Biofinity Energys**®:

**\$50** on (4) 6-packs

**COOPERVISION®  
OFFER:  
01/01/2022 -  
06/30/2022**



CooperVision®

Submit your rebate online now at **CooperVisionRewards.ca** | SEE BACK FOR DETAILS



**To Qualify for a Rebate**

- **Visit** your eye care professional for a contact lens fitting.
- **Purchase** the required number of products listed on the front of this form in a single transaction.
- **Must be a new wearer** to CooperVision® clariti®, MyDay® or Biofinity Energys® contact lenses. Current wearers of clariti®, MyDay® or Biofinity Energys® are not eligible.

**To Submit Rebate**

- 1 Purchase qualifying CooperVision contact lenses in a single transaction between January 1 - June 30, 2022 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 CooperVision 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 CooperVision Visa Prepaid card.

**Required Documents**

To complete your submission, you will need to upload a copy:

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

**End Panel Example:**

COOPERVISION PRODUCT		
SC	DIA	PWR
8.7	14.4	-3.00



More than 600 million people worldwide are blind or vision impaired because they cannot access eye exams and correction. Optometry Giving Sight (GivingSight.org) is the only global fundraising initiative that specifically targets this issue, helping train local professionals, establish sustainable vision centres and deliver eye care where it's needed most. CooperVision is proud to be a Global Platinum Sponsor of Optometry Giving Sight. To make a donation, please visit **www.givingsight.org/donate**. A tax receipt will be provided.



**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 within 60 days of lens purchase date. Rebate submission must be submitted online no later than 08/31/2022.** Purchases from unauthorized, or online retailers are not eligible for this rebate promotion. Limit of two (2) rebates per patient, per calendar year to a maximum of six (6) rebates per physical address/email address. New Wearer Savings rebate can only be redeemed for first claim. Second claim will be at National Rebate value. Current clariti, MyDay or Biofinity Energys wearers are not eligible for the New Wearer Savings offer. Patient will receive National Rebate value. 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 Int., 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 01/01/2022 and 06/30/2022. 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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**Questions? Visit us at CooperVisionRewards.ca for more information.**

**For additional help, email CooperVisionRewards@360incentives.com or call 1-866-415-7216.**

Online claims must be submitted within **60 days** of lens purchase. Rebate paid in the form of a convenient CooperVision Visa Prepaid card.

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