

DON'T SETTLE

GET A FULL MONTH OF SUPERIOR

COMFORT

FROM YOUR MONTHLY LENSES

TAKE THE

COMFORT CHALLENGE

WITH ACUVUE® VITA® BRAND CONTACT LENSES



SATISFACTION GUARANTEED OR YOUR

MONEY BACK

Important information for contact lens wearers: ACUVUE® VITA® Brand Contact Lenses are only available by prescription for vision correction as a daily wear lens with one-month recommended replacement. 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 lens care instructions provided by your eye doctor. 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 doctor immediately. For more information on proper wear, care and safety, talk to your eye care professional and ask for a Patient Instruction Guide, call 1-800-843-2020 or visit Acuvue.com.

STEP 1**PURCHASE ACUVUE® VITA® Brand Contact Lenses**

Get a contact lens evaluation/fitting and purchase an annual supply of ACUVUE® VITA® Brand or ACUVUE® VITA® Brand for ASTIGMATISM. An annual supply is two boxes (12 lenses per box) or four boxes (6 lenses per box).

STEP 2**COMPLETE THE FORM**

Just follow these quick and easy instructions to get your reimbursement. By submitting this required information and any optional information below, you agree that it will be governed by the Privacy Policy outlined on ACUVUE.com.

Which monthly product were you wearing before ACUVUE® VITA®?

- Air Optix® Aqua, Air Optix® plus HydraGlyde®, Air Optix® for Astigmatism
 Ultra® or Ultra® for Astigmatism
 Biofinity®, Biofinity Energys™, or Biofinity® toric
 Other Monthly Product
 PureVision® or PureVision® Toric
 New to Contact Lenses
 PureVision®2 or PureVision®2 for Astigmatism

Which ACUVUE® VITA® Brand product did you purchase? (Select all that apply)

- ACUVUE® VITA® Brand
 ACUVUE® VITA® Brand for ASTIGMATISM

Patient's Name Patient's Address City State Zip (PO Box not accepted)Birth Date Gender

(All fields above are required)

I agree that Johnson & Johnson Vision Care, Inc., may contact me by email to provide messages or other information that may be of interest to me.

Email Address **PICK ONE****\$40****CHALLENGE REBATE**

We are so happy that you are enjoying exceptional comfort and vision – all month long with ACUVUE® VITA® Brand Contact Lenses. Follow the instructions below to claim your \$40.

SATISFACTION GUARANTEED OR YOUR
MONEY BACK

If, for any reason, you are not 100% satisfied with ACUVUE® VITA®, return them within 90 days and get your money back, including up to \$60 towards your fitting fee.

(All fields below are required)Fitting Fee Reimbursement (Up to \$60): Why are you returning your ACUVUE® VITA® Brand Contact Lenses? **STEP 3****ATTACH PURCHASE RECEIPT**

Attach a copy of your product purchase receipt to your completed reimbursement form. Receipt must show purchase location name, patient name, product purchased, quantity purchased, and purchase date. Please ensure all information is legible.

STEP 4**SEND IN (Mail must be received by date is 1/31/18)**

Mail all documents to:

ACUVUE® VITA® \$40 Challenge Rebate 386-217
P.O. Box 3219
Grand Rapids, MN 55745-3219

Terms and Conditions: Offer valid for U.S. residents only. Offer not valid where prohibited by law. Purchases must be made 9/18/17 through 12/31/17 and rebate requests received at the mailing address on or before 1/31/18. Purchases made at internet retailers are not eligible for this rebate offer. Requires submission of product purchase receipt showing (a) purchase location name (b) patient name (c) product purchased (d) number of boxes purchased and (e) date of purchase. Limit one reimbursement claim per person. If you submit a claim for this rebate you may not submit for the Money Back Guarantee. This offer can be combined with MyACUVUE® Rewards. Photocopy of the certificate is not valid for redemption. Allow 8-10 weeks for delivery. No P.O. boxes, only street or rural route addresses are acceptable. Fraudulent submissions could result in federal prosecution under the U.S. Mail Fraud Statutes (18 U.S. Code Section 1341 and 1342). Not responsible for lost, late or undelivered responses.

Notice to Consumers: If you or your doctor filed a claim for reimbursement from a third party payer (e.g., insurance company, employer group, etc.) for the purchase of this product, the claim must be based upon your payment less the amount of this rebate. Johnson & Johnson Vision Care, Inc. reserves the right to cancel this program at any time without notice.

Rebate is in the form of a prepaid card issued by Sunrise Banks N.A., Member FDIC, pursuant to a license from MasterCard International Incorporated. MasterCard is a registered trademark of MasterCard International Incorporated. Use of this card constitutes acceptance of the terms and conditions stated in the Cardholder Agreement. Cards will not have cash access and can be used everywhere MasterCard debit cards are accepted.

STEP 3**ATTACH RECEIPTS & PRODUCT BOXES**

Attach a copy of your product purchase receipt and your fitting fee receipt to your completed reimbursement form. Include up to 2 opened product boxes AND unopened contact lens blister packs within those boxes of ACUVUE® VITA® Brand or ACUVUE® VITA® Brand for ASTIGMATISM. At least 4 lenses per 6 pack and 8 lenses per 12 pack are required. Unopened boxes of product must be returned to the original place of purchase for refund or exchange in accordance with the seller's policies.

STEP 4**SEND IN (Mail must be received by date is 1/31/18)**

Mail all documents and opened product boxes to:

ACUVUE® Money Back Guarantee 386-040
P.O. Box 4001
Grand Rapids, MN 55730-4001

Terms and Conditions: Offer valid for U.S. residents only. Offer not valid where prohibited by law. Claim must be received within 90 days of product purchase date. Last valid date of purchase: 12/31/17. Limit one reimbursement claim per person. Maximum value of reimbursement equals U.S. \$200.00 for opened boxes. If you submit a claim for this Money Back Guarantee you may not submit for a rebate. Photocopy of certificate not valid. Allow 4-6 weeks for delivery. No P.O. boxes, only street or rural addresses are acceptable. Fraudulent submission could result in federal prosecution under the U.S. Mail Fraud Statutes (18 U.S. Code, Section 1341 and 1342). Not responsible for lost, late, or undelivered responses.

Notice to Consumers: If you or your doctor filed a claim for reimbursement from a third party payer (e.g., insurance company, employer group, etc.) for the purchase of this product, you must notify your payer about this refund. Johnson & Johnson Vision Care, Inc. reserves the right to cancel this program at any time without notice.

For questions about the Money Back Guarantee, please call 1-888-565-8474. Should you have any comments about the quality of ACUVUE® Brand Contact Lenses, please contact Customer Relations toll free at 1-800-843-2020.

! Be sure to keep a copy of your paperwork for your records. See terms and conditions above. Please allow 8-10 weeks for delivery of your reimbursement.

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ACUVUE®
BRAND CONTACT LENSES