

CURRENT WEARER REWARD



Scan the QR code or go to
CooperVisionPromotions.com
and enter
Offer Code: CWCV-1H24

*See full Terms and Conditions and minimum purchase requirements below

Up to \$100 in Rewards!*

For purchases made between
January 1, 2024 – June 30, 2024

- 1 Complete the online claim form at **CooperVisionPromotions.com**. You will be required to upload images of the required documents via either mobile device or computer and have a valid and accessible email address.
- 2 You will receive a confirmation email from **CooperVisionPromos@360incentives.com** with your claim number that you can use to track status anytime.
- 3 Once your claim has been reviewed and approved, you will receive an email from **Notification@CooperVisionDigitalRewards.com** with the details on how to redeem your physical or virtual CooperVision® Prepaid Mastercard®.

SUBMISSIONS MUST BE MADE WITHIN 60 DAYS OF PURCHASE. INTERNET RETAILER PURCHASES ARE NOT ELIGIBLE.

Purchase Dates:
01/01/2024 – 06/30/2024

Submit Date: Within 60 days of lens purchase

Offer Code: CWCV-1H24

VISIT your eye care practitioner for a contact lens fitting.

PURCHASE the required number of products listed below in a single transaction.

All purchases must be from the same eye care practitioner who prescribed your contacts, or from an affiliated location with that practitioner.

UPLOAD the required itemized documents (must be clear and legible): dated eye exam receipt with fitting fee and date circled, dated sales receipt with eligible lens purchase(s) and date circled, and two product box end panels (one for each eye) showing prescription information.

| CURRENT WEARER | REWARD | ANNUAL SUPPLY |
|---|--------------|-------------------------------|
| clariti® 1 day brand | \$100 | (8) 90-packs or (24) 30-packs |
| MyDay® brand | \$100 | (8) 90-packs or (4) 180-packs |
| Biofinity Energys® | \$60 | (4) 6-packs |
| Biofinity® / Biofinity® XR | \$30 | (4) 6-packs |
| Biofinity® toric / Biofinity® multifocal (excludes Biofinity® XR toric) | \$50 | (4) 6-packs |

**Questions? Visit us at
CooperVisionPromotions.com
and click Help Center
or call 1-877-875-6043**

REBATE TERMS & CONDITIONS: To receive your rebate, you must satisfy each of the rebate requirements and provide the following documentation: (A) an eye exam/lens fitting receipt with patient name; (B) a valid sales receipt for a qualifying contact lens purchase that includes: (i) patient name; (ii) purchase location; (iii) CooperVision contact lens product purchased; (iv) number of boxes purchased; and (v) date of purchase; and (C) a product box end panel (one for each eye). Failure to follow each of these steps is a rejection of this rebate offer. Offer valid only for residents of the U.S., Puerto Rico and U.S. Virgin Islands. Offer valid only when contact lenses are purchased from prescribing eye care professional or affiliated location. Offer not valid where prohibited by law and not valid with any other offer or rebates. Rebate not valid in combination with purchase at 1-800 CONTACTS, Costco or Internet Retailers. Allow up to 6 weeks to receive the payment email with instructions for redeeming a physical or virtual prepaid card. CooperVision reserves the right to cancel, suspend, or modify part of this entire rebate program at any time without notice, for any reason in its sole discretion including for fraud prevention measures. CooperVision is not responsible for lost, late, illegible, stolen, or incomplete requests. All submitted materials become property of CooperVision and will not be returned. Limit one rebate per person per (12) twelve-month period based on purchase date and five (5) rebates per address and/or email address per twelve (12) month period, except where prohibited by law. Excessive submissions and/or other fraudulent activities may result in federal prosecution under the U.S. mail fraud statutes (Title 18 United States Code Sections 1341 and 1342). You represent that you are legally competent and have the legal authority to submit this rebate application. Submissions made on behalf of a consumer by an eyecare provider may result in the rejection of this rebate offer. If you elect to donate all, or part, of your rebate amount, all donated rebate money submitted between 1/1/24-6/30/24 will be contributed by CooperVision to Optometry Giving Sight. © 2024 CooperVision.

• If you don't have access to the internet, please call 1-877-875-6043 for assistance.



You can donate part of your rebate to provide sight to millions. Learn more at coopervision.com/ogs.

***NOTICE TO CONSUMERS:** If you are personally filing a claim for reimbursement with 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.

Rebate paid in the form of a CooperVision® Prepaid Mastercard®. Your rebate will be delivered via email with instructions for selecting your prepaid card. You must select your card within 3 months from the date these instructions are sent via email. Your right to the payment may expire after that time. If a valid email address is not provided, a physical prepaid card will be automatically selected and sent to your mailing address on file. Use your card everywhere Mastercard is accepted in the U.S. Issued by The Bancorp Bank, Member FDIC, pursuant to license by Mastercard International Incorporated. Mastercard is a registered trademark, and the circles design is a trademark of Mastercard International Incorporated. Your use of the prepaid card is governed by the Cardholder Agreement, and some fees may apply. This is not a gift card. Please note that prepaid cards are subject to expiration, so pay close attention to the expiration date of the card. Cards will not have cash access and can be used everywhere debit Mastercard is accepted. Card is valid through the last day of the expiration month. You will not have access to the funds after expiration. The Cardholder Agreement can be found at coopervisiondigitalrewards.com once you receive your payment notification.

Personal Information

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

NAME TO APPEAR ON PREPAID CARD:

PATIENT NAME*:

EMAIL ADDRESS*:

Please be advised that an email address is required to receive payment, for checking your claim status online and receiving claim status notifications.

ADDRESS 1 (Street Name and Number)*:

ADDRESS 2 (Apt/Suite): STATE*:

CITY*: ZIP CODE*:

TELEPHONE*: - -

Yes, I would like to receive offers from CooperVision.

Survey Questions

- Are you new to contact lenses? Yes No
- Are you new to CooperVision? Yes No I don't know
- What brand of contact lenses did you previously wear?

| | |
|--|--|
| <input type="checkbox"/> ACUVUE® Oasys® | <input type="checkbox"/> INFUSE™ |
| <input type="checkbox"/> ACUVUE® VITA® | <input type="checkbox"/> MyDay® |
| <input type="checkbox"/> AirOptix® Night & Day | <input type="checkbox"/> MiSight® |
| <input type="checkbox"/> 1-DAY ACUVUE® MOIST® | <input type="checkbox"/> PRECISION1® |
| <input type="checkbox"/> AirOptix® | <input type="checkbox"/> Proclear® 1 day |
| <input type="checkbox"/> Avaira Vitality™ | <input type="checkbox"/> Proclear® |
| <input type="checkbox"/> Biofinity® | <input type="checkbox"/> Soflens® |
| <input type="checkbox"/> Biomedics® | <input type="checkbox"/> TOTAL30® |
| <input type="checkbox"/> Biotrue® ONEday | <input type="checkbox"/> ULTRA® |
| <input type="checkbox"/> clariti® 1 day | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> DAILIES TOTAL1® | <input type="checkbox"/> N/A |
| <input type="checkbox"/> DAILIES AquaComfort Plus® | <input type="checkbox"/> I don't know |
- Please share the age of contact lens user

| |
|---------------------------------------|
| <input type="checkbox"/> 12 and under |
| <input type="checkbox"/> 13-17 |
| <input type="checkbox"/> 18-24 |
| <input type="checkbox"/> 25-34 |
| <input type="checkbox"/> 35-44 |
| <input type="checkbox"/> 45-54 |
| <input type="checkbox"/> 55+ |
- Please share your gender. Choose only one answer.

| |
|--|
| <input type="checkbox"/> Male |
| <input type="checkbox"/> Female |
| <input type="checkbox"/> Transgender |
| <input type="checkbox"/> Non-binary/non-conforming |
| <input type="checkbox"/> Prefer not to respond |

To apply for your rebate by mail please complete this form and send in with all required documents.

Eligible Products

Please note: An annual supply must be purchased to qualify. See box below for annual supply purchase quantities.

Biofinity®

If you wear the same lens in both eyes, check the box next to the eligible product below.

| \$30 Rebate | Qty of Boxes |
|---|--------------|
| <input type="checkbox"/> Biofinity®/Biofinity® XR | 4 |
| \$50 Rebate | |
| <input type="checkbox"/> Biofinity® toric | 4 |
| <input type="checkbox"/> Biofinity® multifocal | 4 |
| \$60 Rebate | |
| <input type="checkbox"/> Biofinity Energys® | 4 |

If you wear a different lens in each eye, check two boxes and the sum will be your rebate amount.

| Left Eye | Right Eye | \$15 Rebate Per Eye | Qty of Boxes |
|--------------------------|--------------------------|--------------------------|--------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Biofinity®/Biofinity® XR | 2 |
| | | \$25 Rebate Per Eye | |
| <input type="checkbox"/> | <input type="checkbox"/> | Biofinity® toric | 2 |
| <input type="checkbox"/> | <input type="checkbox"/> | Biofinity® multifocal | 2 |
| | | \$30 Rebate Per Eye | |
| <input type="checkbox"/> | <input type="checkbox"/> | Biofinity Energys® | 2 |

Total Rebate Amount: \$

MyDay®

If you wear the same lens in both eyes, check the box next to the eligible product below.

| \$100 Rebate | Qty of Boxes |
|--|--------------|
| <input type="checkbox"/> MyDay® 180-pk | 4 |
| <input type="checkbox"/> MyDay® 90-pk | 8 |
| <input type="checkbox"/> MyDay® toric 90-pk | 8 |
| <input type="checkbox"/> MyDay® multifocal 90-pk | 8 |
| <input type="checkbox"/> MyDay® Energys® 90-pk | 8 |

If you wear a different lens in each eye, check two boxes and the sum will be your rebate amount.

| Left Eye | Right Eye | \$50 Rebate Per Eye | Qty of Boxes |
|--------------------------|--------------------------|-------------------------|--------------|
| <input type="checkbox"/> | <input type="checkbox"/> | MyDay® 180-pk | 2 |
| <input type="checkbox"/> | <input type="checkbox"/> | MyDay® 90-pk | 4 |
| <input type="checkbox"/> | <input type="checkbox"/> | MyDay® toric 90-pk | 4 |
| <input type="checkbox"/> | <input type="checkbox"/> | MyDay® multifocal 90-pk | 4 |
| <input type="checkbox"/> | <input type="checkbox"/> | MyDay® Energys® 90-pk | 4 |

Total Rebate Amount: \$

clariti® 1 day

If you wear the same lens in both eyes, check the box next to the eligible product below.

| \$100 Rebate | Qty of Boxes |
|--|--------------|
| <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 |

If you wear a different lens in each eye, check two boxes and the sum will be your rebate amount.

| Left Eye | Right Eye | \$50 Rebate Per Eye | Qty of Boxes |
|--------------------------|--------------------------|---------------------------------|--------------|
| <input type="checkbox"/> | <input type="checkbox"/> | clariti® 1 day 90-pk | 4 |
| <input type="checkbox"/> | <input type="checkbox"/> | clariti® 1 day toric 90-pk | 4 |
| <input type="checkbox"/> | <input type="checkbox"/> | clariti® 1 day multifocal 90-pk | 4 |
| <input type="checkbox"/> | <input type="checkbox"/> | clariti® 1 day 30-pk | 12 |
| <input type="checkbox"/> | <input type="checkbox"/> | clariti® 1 day toric 30-pk | 12 |
| <input type="checkbox"/> | <input type="checkbox"/> | clariti® 1 day multifocal 30-pk | 12 |

Total Rebate Amount: \$

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 mailed to you. A tax receipt will be provided.

- None \$10
 \$5 All



OPTOMETRY
GIVINGSIGHT

Biofinity® Annual Supply = (4) 6-pack boxes
clariti® 1 day Annual Supply = (8) 90-pack boxes or (24) 30-pack boxes
MyDay® Annual Supply = (8) 90-pack boxes or (4) 180-pack boxes

COOPERVISION REBATE | OFFER # **CWCV-1H24**
Mail to: PO Box 787, Portsmouth NH 03801

Notice of Financial Incentive

This notice applies only to California residents. For more information about CooperVision's data handling practices and capitalized terms used in this notice, please see our California Privacy Policy, located at <https://coopervision.com/california-privacy-policy>.

We are providing you the opportunity to participate in our rebate program so that we may better understand you and your interests and to analyze and improve our product offerings and business. By participating in our rebate program, you may provide us certain personal information including:

- **Contact Data**, such as your first and last name, email address, mailing address, and telephone number.
- **Profile and Demographic Data**, such as your age, gender, city of residence, income, interests, and preferences.
- **Payments and Transactional Data**, such as your purchase history, including product information.
- **Research Data**, such as survey responses (including whether you are new to CooperVision, new to contact lenses, and prior contact lens brand, and how you heard about us and our products).
- **Device Data**, such as general information about your computer or mobile device, including IP address.
- **Online Activity Data**, such as your activity on a page or screen.

In addition to analyzing and improving our product offerings and business, we collect this information in order to send you your rebate and to prevent fraud. Additional information on how we may use your personal information can be found in our California Privacy Policy, located at <https://coopervision.com/california-privacy-policy>.

To thank you for participating in this program, we may provide you with a rebate on a qualifying contact lens purchase. The value of the rebate depends on various factors, including but not limited to the following, which collectively is reasonably related to the value of your data: the product you purchased; the benefit that we realize and expect to realize from your participation in our rebate program; your purchase history; and any increased goodwill towards us.

As part of your rebate application, you may choose to receive marketing and promotional communications from us. If you opt-in to receiving such communications, your name and email address will be added to our general marketing contact list. You may remove yourself from this list at any time by contacting us at 1-800-341-2020 or clicking on the 'Unsubscribe' button at the bottom of any email communication.