

ACUVUE®

BRAND CONTACT LENSES

REBATES**

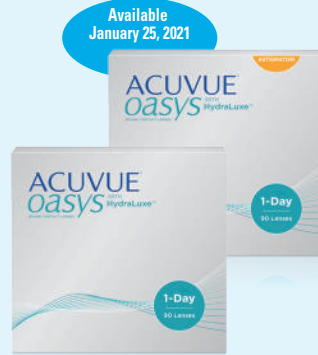
Offer code: H1NATIONAL21

OFFERS VALID
JANUARY 1 - JUNE 30, 2021

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 Rebate on an
ACUVUE® Visa* Prepaid Card
or Cheque

1
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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 receipt
✓ two (2) box flaps



Rebate Form



Receipt



Box Flaps

- Submit via mail or the online portal
- 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

\$40
ANNUAL
SUPPLY REBATE**



ACUVUE® VITA
ACUVUE® VITA
for ASTIGMATISM



ACUVUE® OASYS with HYDRACLEAR® PLUS Technology
ACUVUE® OASYS for ASTIGMATISM
ACUVUE® OASYS for PRESBYOPIA



ACUVUE® OASYS with Transitions™



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

**See reverse for full rebate terms and conditions. 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. Rebate provided on an ACUVUE® Visa Prepaid Card or cheque. 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. No cash access or recurring payments. Card valid for up to 6 months; unused funds will forfeit after the valid thru date. Card 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.
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 lenses. If you are allergic to any ingredient in ACUVUE® RevitaLens MPDS do not use this product. Problems with contact lenses and 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 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 If not selected, 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® VITA (2 x 12-Packs or 4 x 6-Packs)
- ACUVUE® VITA for ASTIGMATISM (4 x 6-Packs)
- ACUVUE® OASYS for ASTIGMATISM (8 x 6-Packs)
- ACUVUE® OASYS for PRESBYOPIA (8 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, 2021 and June 30, 2021** with rebate submission postmarked on or before July 31, 2021. 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 Satisfaction 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 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 has been requested 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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Submit required documentation to: **ACUVUE® Brand Rebates,**
PO Box 3535, Markham ON L3R 6J5 or **AcuvueCanadaRebates.ca**

Required Field

Offer code: H1NATIONAL21

By submitting the below required information, and any optional information below, you agree that it will be governed by the Privacy Policy outlined on ACUVUE.ca. Please allow 8 weeks for delivery of your Visa Prepaid Card or cheque from the time we receive your completed form and documentation. Your personal data will be shared with 360insights who manage the rebates on behalf of Johnson & Johnson Vision Care division of Johnson & Johnson Inc. Your information will be transferred to countries outside of your country of residence, including the United States, which may provide for different data protection rules than in your country.

REBATE DOCUMENTATION CHECKLIST: (Submission must be received by July 31, 2021)

- Completed Rebate Form for mail-in One (1) original product purchase receipt
- Two (2) box flaps (except for 6-pack ACUVUE® OASYS with Transitions™)

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.

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®?

WHERE SHOULD WE SEND YOUR VISA PREPAID CARD OR CHEQUE?

Mailing Address (No P.O. Boxes) 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. 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. 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 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