

ACUVUE®

1-DAY REBATE****OFFERS VALID JANUARY 1 - DECEMBER 31, 2024**

GET
\$ **200**
off an **Annual Supply****

OR

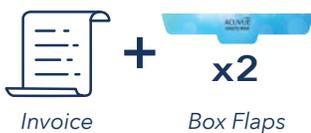
GET
\$ **100**
off a **6-Month Supply****

ACUVUE® OASYS MAX 1-Day
ACUVUE® OASYS 1-Day
1-DAY ACUVUE® MOIST
8 x 90-Packs or
24 x 30-Packs

ACUVUE® OASYS MAX 1-Day
ACUVUE® OASYS 1-Day
1-DAY ACUVUE® MOIST
4 x 90-Packs or
12 x 30-Packs

**HOW TO REDEEM****TWO WAYS TO SUBMIT****YOU WILL NEED:**

- ✓ original product purchase invoice
- ✓ two (2) box flaps

**1 ONLINE PORTAL**

For **FASTEST** redemption go to:
AcuvueCanadaRebates.ca
or scan the QR Code

**2 MAIL**

Turn over and complete this rebate form.
Send to **ACUVUE® Rebates, PO Box 3535,
Markham, ON L3R 6J5**
Please ensure all information is legible
Remember to include your email address
to receive rebate status updates

**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 and the circles design are registered trademarks 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.

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.

SELECT YOUR PREFERRED REBATE PAYMENT METHOD[§]** *If no selection is made, payment will be a Visa Prepaid Card*

- Virtual Prepaid Mastercard **AVAILABLE ONLINE ONLY**
- Visa Prepaid Card
- Cheque

- ACUVUE® OASYS MAX 1-Day
- ACUVUE® OASYS MAX 1-Day MULTIFOCAL
- 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

- 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)



REQUIRED FIELD

SUBMISSION MUST BE RECEIVED BY JANUARY 31, 2025

By submitting the required information and any optional information below, you agree to have your personal information transferred to Johnson & Johnson Vision Care, a division of Johnson & Johnson (Canada) 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 to countries outside of Canada, including the United States, which may have different data protection rules.

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 communications and promotions for which I am eligible from Johnson & Johnson Vision Care, a division of Johnson & Johnson (Canada) 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.

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 using your claim reference number at AcuvueCanadaRebates.ca and click on Check Existing Claim. 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

****REBATE TERMS AND CONDITIONS:** Purchases of participating ACUVUE® products **must be made in-office or in-store between January 1 to December 31, 2024**** with rebate submission postmarked on or before January 31, 2025. For annual supply rebates, limit one (1) rebate per customer, per product, per ACUVUE® purchase, per 12-month period. For 6-month supply rebates, limit two (2) rebates per customer, per product, on two (2) separate 6-month supply ACUVUE® purchases, per 12-month period. Rebate claims are limited to five (5) individuals per household in a 12-month period. 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 and provide you with a claim reference number. Johnson & Johnson Vision Care, a division of Johnson & Johnson (Canada) 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, a division of Johnson & Johnson (Canada) Inc. reserves the right to cancel this rebate program at any time without notice.

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