

NAME ON PRESCRIPTION

THE LENS THAT CHANGES

Everything[™]

MyACUVUE® REWARDS MAIL IN SUBMISSION FORM

COMPILE the following documents to complete your submission.	SELECT YOUR ACUVUE® BRAND
This submission form (completed)	Please mark the left (L) eye and right (R) eye brand corresponding to your purchase.
Copy of your receipt showing Eye Care Professional's name, patient name, ACUVUE® Brand purchased, quantity purchased, purchase date and purchase price. Please ensure all information is legible.	LR ACUVUE® VITA® LR ACUVUE OASYS® 2-Week
MAIL all documents to: HelloWorld, Inc. PO Box 5085 Kalamazoo MI 49003-5085	LR ACUVUE OASYS® 2-Week for ASTIGMATISM LR ACUVUE OASYS® 2-Week for PRESBYOPIA LR ACUVUE OASYS® 1-Day with HYDRALUXE™ Technolog LR ACUVUE OASYS® 1-Day for ASTIGMATISM
By submitting my information, I agree that Johnson & Johnson Vision Care, Inc., may use it to evaluate my Rewards Submission and to contact me about this program, and that it will be governed by the Johnson & Johnson Vision Care, Inc., Privacy Policy (https://www.acuvue.com/privacy-policy). I have read the Full Terms and Conditions. Reward requests must be received within 60 days of purchase. CONTACT INFORMATION	LR 1-DAY ACUVUE® MOIST LR 1-DAY ACUVUE® MOIST for ASTIGMATISM LR 1-DAY ACUVUE® MOIST Brand MULTIFOCAL LR 1-DAY ACUVUE® TruEye® LR 1-DAY ACUVUE® DEFINE®
All fields required. Please print clearly.	•
FIRST NAME LAST NAME	CELECT THE OHANTITY BUDGHACED
FIRST NAME LAST NAME	SELECT THE QUANTITY PURCHASED See next page for number of boxes required for each reward.
EMAIL ADDRESS	Please mark the left (L) eye and right (R) eye box corresponding to your purchase.
	L R 1 Box (12 Lenses per Box)
MOBILE PHONE	L R 1 Box (24 Lenses per box)
Physical gift card (if selected) will be shipped to this address.	L R 1 Box (90 Lenses per Box)
	L R 2 Boxes (6 Lenses per box)
SHIPPING ADDRESS (NO P.O. BOXES, PLEASE.)	L R 2 Boxes (12 Lenses per box)
	L R 2 Boxes (24 Lenses per box)
CITY STATE ZIP CODE	L R 2 Boxes (90 Lenses per box)
DIDTH DATE (MM/DD/WWV)	L R 3 Boxes (30 Lenses per Box)
BIRTH DATE (MM/DD/YYYY)	L R 4 Boxes (6 Lenses per box)
PURCHASE DETAILS	L R 4 Boxes (12 Lenses per box)
	L R 4 Boxes (90 Lenses per box)
REWARDS CODE	L R 6 Boxes (30 Lenses per box)
(From the Promotional Page provided by your Eye Care Professional)	L R 8 Boxes (6 Lenses per box)
	L R 8 Boxes (90 Lenses per box)
EYE CARE PROFESSIONAL (First and Last Name)	L R 12 Boxes (30 Lenses per box)
	L R 24 Boxes (30 Lenses per box)

Available Rewards

ACUVUE OAS		\$200 ANNUAL SUPPLY 24 boxes (30 Lenses per Box	\$75 6 MONTH SUPPLY 12 boxes (30 Lenses per Box)	\$10 3 MONTH SUPPLY 6 boxes (30 Lenses per Box)	
ACUVUE OAS 1-Day with HydraLux		\$200 ANNUAL SUPPLY 8 boxes (90 Lenses per Box)	\$75 6 MONTH SUPPLY 4 boxes (90 Lenses per Box)	\$10 3 MONTH SUPPLY 2 boxes (90 Lenses per Box)	
1-DAY ACUVUE° T Contact Lo	_				
1-DAY ACUVUE® N Contact Le		\$120	\$50	\$1 0	
1-DAY ACUVUE® MOIST Brand MULTIFOCAL		ANNUAL SUPPLY 8 boxes (90 Lenses per Box)	6 MONTH SUPPLY 4 boxes (90 Lenses per Box)	3 MONTH SUPPLY 2 boxes (90 Lenses per Box)	
1-DAY ACUVUE® N for ASTIGM		24 boxes (30 Lenses per Box)	12 boxes (30 Lenses per Box)	6 boxes (30 Lenses per Box)	
1-DAY ACUVUE® D Contact Lo					
ACUVUE OASYS® Brand 2-Week for ASTIGMATISM		\$55			
ACUVUE OASYS® Brand 2-Week for PRESBYOPIA				NTH SUPPLY (6 Lenses per Box)	
ACUVUE OASYS® Brand Contact Lenses 2-Week		\$40 ANNUAL SUPPLY 2 boxes (24 Lenses per Box) 4 boxes (12 Lenses per Box) 2 boxes (12 Lenses per Box) 2 boxes (12 Lenses per Box)			
ACUVUE® VITA® Brand Contact Lenses		\$40 ANNUAL SUPPLY 2 boxes (12 Lenses per Box) 4 boxes (6 Lenses per Box) \$10 6 MONTH SUPPLY 2 boxes (6 Lenses per Box)			
NEW ACUVUE VILLA" VILLA" BRAND CONTACT LEMSES	ACUVUE CASYS BRAND CONTACT LENSES	1-DAYACUVUE* MOIST BRAND CONTACT LENSES	1-DAYACUVUE* TruEye*	define	

For questions or comments, please contact us at 1-888-998-6290.

TERMS & CONDITIONS. Purchases of ACUVUE OASYS® Family, 1-Day ACUVUE® MOIST Family, 1-Day ACUVUE® TruEye®, ACUVUE® VITA® and 1-Day ACUVUE® DEFINE® must be made in-office or in-store between April 1, 2017 and June 30, 2017* Reward (rebate) requests with valid Reward Code obtained from place of purchase must be received within 60 days of purchase.** Product purchase must be made within 90 days after contact lens fit/exam. Requires submission of product purchase receipt showing (a) patient name, (b) doctor first/last name, (c) ACUVUE brand purchased, (d) number of boxes/lenses purchased, (e) date of purchase. Limit one reward per customer, per offer, per yearly eye exam visit. Limit four (4) reward requests per household per year. This offer is not valid in combination with any other product offer including Money Back Guarantee. Offer valid for U.S. residents only. Offer not valid where prohibited by law. Allow 14 days for delivery for electronic submissions, 6-8 weeks for alternative mail-in requests. No PO. boxes, only street or rural addresses are acceptable for mail-in requests. 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.

ACUVUE® Rewards are only valid on invoice purchases and purchases made at select retail locations. Rewards are not valid for internet purchases and purchases made at large retailers including (but not limited to) Costco® Optical, Sam's Club® Optical, BJs® Optical, Walmart® Optical or Target® Optical, but other offers may be available for ACUVUE® Brand purchases at these retailers.

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 amount. 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

*Rewards are in the form of an ACUVUE® Brand Visa Prepaid card. Card is issued by the Bancorp Bank, Member FDIC, pursuant to a license from Visa U.S.A. Inc.

**Johnson & Johnson Vision Care, Inc., reserves the right to cancel this rewards program and institute fraud prevention measures at any time without notice.

Quantity requirements are based on typical purchase of lenses for two eyes.

 $A CUVUE^{\circ}, A CUVUE^{\circ} \ OASYS^{\circ}, 1-DAY \ A CUVUE^{\circ} \ MOIST^{\circ}, 1-DAY \ A CUVUE^{\circ} \ VITA^{\circ}, 1-DAY \ A CUVUE^{\circ} \ DEFINE^{\circ} \ are \ trademarks \ of \ Johnson \ \& \ Johnson \ Vision \ Care, Inc.$

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