



CooperVision®

Simply  Satisfied®
PATIENT GUARANTEE

At CooperVision®, your satisfaction is our guarantee.

We're confident that you're going to love your CooperVision® contact lenses.



If for any reason, you are not Simply Satisfied with your CooperVision® contact lenses, rest assured, you have options¹:



Return unopened boxes back to your eye care professional (the original place of purchase per their individual return policy). Unopened boxes returned directly to CooperVision® will not be credited or returned as part of the Simply Satisfied refund.

Tip: Be sure to share your concerns with your eye care professional and ask them if you can try a different CooperVision® contact lens.



Already opened some of your boxes? CooperVision® will refund you for up to two opened boxes. Simply mail us your boxes with at least one unopened contact lens blister per box and all required paperwork within 100 days from your date of purchase.

(This offer is not valid in conjunction with a product rebate. Please refer to Terms and Conditions for details.)

Tip: If you are dissatisfied with contact lenses altogether, you may also be eligible for a refund of your fitting exam fee.

To start your open box return, please gather the following:

- ✓ Original receipt itemizing contact lens exam/fitting exam fee
(Photocopy not accepted.)
- ✓ Original receipt for product purchase indicating number of boxes and purchase price
(Photocopy not accepted. Return must be postmarked within 100 days of product purchase date.)
- ✓ Up to two opened boxes with remaining contact lens blisters
(One or more unopened contact lens blister packs required per box. Empty boxes will not be accepted.)
- ✓ Completed form with personal information and reason for return

Mail the completed form found on page 2 with accompanying receipts and up to two open boxes of eligible products to:
Simply Satisfied Guarantee • P.O. Box 130020 • El Paso, TX 88513

OFFER #: SS-12324 | Program subject to change or end at any time

Personal Information

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

NAME TO APPEAR ON PREPAID CARD*:

PATIENT NAME*:

ADDRESS 1 (Number and Street Name)*:

ADDRESS 2 (Apt/Suite): STATE*:

CITY*: ZIP CODE*:

TELEPHONE*: - -

Product purchased:

- | | | |
|--|--|---|
| <input type="checkbox"/> Biofinity® | <input type="checkbox"/> Biofinity® multifocal | <input type="checkbox"/> MiSight® 1 day |
| <input type="checkbox"/> Biofinity® XR | <input type="checkbox"/> Biofinity® toric multifocal | <input type="checkbox"/> MyDay® daily disposable |
| <input type="checkbox"/> Biofinity Energys® | <input type="checkbox"/> clariti® 1 day | <input type="checkbox"/> MyDay Energys® daily disposable |
| <input type="checkbox"/> Biofinity® toric | <input type="checkbox"/> clariti® 1 day toric | <input type="checkbox"/> MyDay® daily disposable toric |
| <input type="checkbox"/> Biofinity® XR toric | <input type="checkbox"/> clariti® 1 day multifocal | <input type="checkbox"/> MyDay® daily disposable multifocal |

Purchase price \$ _____ # of boxes purchased _____ Date of purchase _____

Why are you returning your CooperVision® contact lenses?

- Comfort
- Cost
- Vision
- Other

What will be your form of vision correction?

- Different contact lens brand
- Glasses
- No vision correction

If you were a first-time wearer of contact lenses and are not satisfied with your CooperVision® contacts and are choosing to go to a different form of vision correction, you may also be eligible for up to \$60 reimbursement of your contact lens fitting exam fee.

Please be sure to include your original receipt showing the contact lens fitting fee. Enter fee paid here: \$ _____

Please allow 4-6 weeks to receive your Visa® Prepaid Card. Provide your email address below and once your claim is approved, you will receive an email to choose either a virtual or physical Visa® Prepaid Card.

EMAIL ADDRESS:



Mail this completed form with accompanying receipts and up to two open boxes of eligible products to:

Simply Satisfied Guarantee
P.O. Box 130020 • El Paso, TX 88513
OFFER #: SS-12324

1. Terms and Conditions: Offer valid for U.S. residents only. Offer not valid where prohibited by law. Claim must be received within 100 days of product purchase date. Available for Biofinity®, clariti® 1 day, MiSight® 1 day, and MyDay® daily disposable contact lenses. All returns must be for products purchased from the same eye care practitioner who prescribed your contacts, or from an affiliated location with that practitioner. Last valid date of purchase is 10/31/22. Limit one reimbursement claim per person per 12-month period. Maximum value of reimbursement equals U.S. \$250.00 for opened boxes and \$60 for contact lens fitting exam fee on amount not covered by insurance. Patient is responsible for shipping charges to return opened boxes. If you submitted a rebate for this product purchase, you are not eligible for reimbursement under the Simply Satisfied Guarantee. Subsequently, if you submit for the Simply Satisfied Guarantee, you are not eligible for a product rebate on the same purchase. Original copy of receipt required; photocopy not valid. No P.O. boxes, only street or rural addresses are acceptable. Fraudulent submission could result in federal prosecution under the U.S. Mail Fraud Statute 18 U.S.C. §§ 1341-1342. 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. Refund paid in the form of a CooperVision Visa® Prepaid card. Allow 4-6 weeks for delivery of Visa® Prepaid card. Your refund will be delivered via email with instructions for selecting your prepaid card. You must select your refund 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 anywhere. Visa debit cards are accepted in the United States and U.S. Territories. The card may not be used at any merchant, including internet and mail or telephone order merchants, outside of the United States and U.S. Territories. Card is issued by The Bancorp Bank, Member FDIC, pursuant to a license from Visa U.S.A. Inc. 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 on the card. 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 coopervision.com/privacypolicy once you receive your payment notification. CooperVision®, Inc. reserves the right to change or cancel this program at any time without notice. For questions about the Simply Satisfied Guarantee, please call 1-877-875-6043. Should you have any comments about the quality of CooperVision® contact lenses, please contact 1-855-5-COOPER.

Program subject to change or end at any time. The use of personal contact information gathered in connection with this program will be treated in accordance with CooperVision's Privacy Policy, which can be found at <https://coopervision.com/privacypolicy> and the California Privacy Policy, found at <https://coopervision.com/california-privacy-policy>.