



PURCHASE DATES: 01/01/20 – 06/30/20

EARN UP TO \$130 on your CooperVision® contact lenses



- Simple mobile-friendly submission
- Quick processing
- Track status anytime at [CooperVisionPromotions.com](http://CooperVisionPromotions.com)

- **clariti® 1 day brand:**  
\$130 on (8) 90-packs or (24) 30-packs
- **MyDay® brand:**  
\$130 on (8) 90-packs or (4) 180-packs
- **Biofinity Energys®:** \$60 on (4) 6-packs (excludes Biofinity® XR)
- **Biofinity®:** \$30 on (4) 6-packs (excludes Biofinity® XR)
- **Biofinity® toric / Biofinity® multifocal:**  
\$50 on (4) 6-packs (excludes Biofinity® XR toric)

Submit your rebate now at [CooperVisionPromotions.com](http://CooperVisionPromotions.com)

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

### To Qualify for a Rebate

- **Visit** your eye care professional for a contact lens fitting.
- **Purchase** the required number of qualifying products as listed on this form.

All receipts must be from the same eye care practitioner who prescribed your contacts, or from a location affiliated with that practitioner. Online claims must be submitted within 60 days of lens purchase, mail-in submissions must be postmarked within 60 days of lens purchase. Rebate paid in the form of a convenient CooperVision Visa® Prepaid card. Submissions made on behalf of a consumer by an eye care provider may result in the rejection of this rebate offer.

**TIP:** When applying by mail, make a copy of your submission documents for your records.

### To Submit Rebate (must be within 60 days of purchase)

- 1 Complete the online claim form at [CooperVisionPromotions.com](http://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](mailto:CooperVisionPromos@360incentives.com) with your claim number that you can use to track anytime.
- 3 Once your claim has been reviewed and approved, you will receive an email from [notification@coopervisiondigitalrewards.com](mailto:notification@coopervisiondigitalrewards.com) with the details on how to redeem your physical or virtual CooperVision Visa Prepaid Card.

### Required Documents

(must be clear and legible)

Upload the following itemized receipts:

- Dated eye exam receipt with fitting fee exam and date circled
- Dated sales receipt with eligible lens purchase(s) and date circled
- Two product box end panels (one for each eye) showing prescription information

End Panel Example:

COOPERVISION PRODUCT		
BC	DIA	PWR
8.7	14.4	-3.00

Submit your rebate online at [CooperVisionPromotions.com](http://CooperVisionPromotions.com)

**REBATE TERMS & CONDITIONS:** To receive your rebate, you must satisfy each of the requirements and have the following documentation: (A) a valid sales receipt that includes: (i) patient name; (ii) purchase location; (iii) CooperVision contact lens product purchased; (iv) number of boxes purchased; and (v) date of purchase; (B) an eye exam/lens fitting receipt with name of patient and date of exam/fitting; (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 8 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 or 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 CT, RI and 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). Submissions made on behalf of a consumer by an eye care provider may result in the rejection of this rebate offer. If you elect to donate a portion, or your entire rebate amount, all donated rebate money submitted between 1/1/20 - 6/30/20 will be contributed by CooperVision to Optometry Giving Sight. © 2020 CooperVision.

COOPERVISION REBATE | OFFER # **20-12143**  
Mail to: PO Box 9106, Farmington Hills, MI 48333-9106

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

**Personal Information**

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

NAME TO APPEAR ON PREPAID CARD: \_\_\_\_\_

I AM SUBMITTING THE REBATE ON BEHALF OF:  MYSELF  A CHILD  SOMEONE ELSE

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 email offers from CooperVision.

**Survey Questions**

Are you new to contact lenses?  Yes  No

Are you new to CooperVision?  Yes  No  I don't know

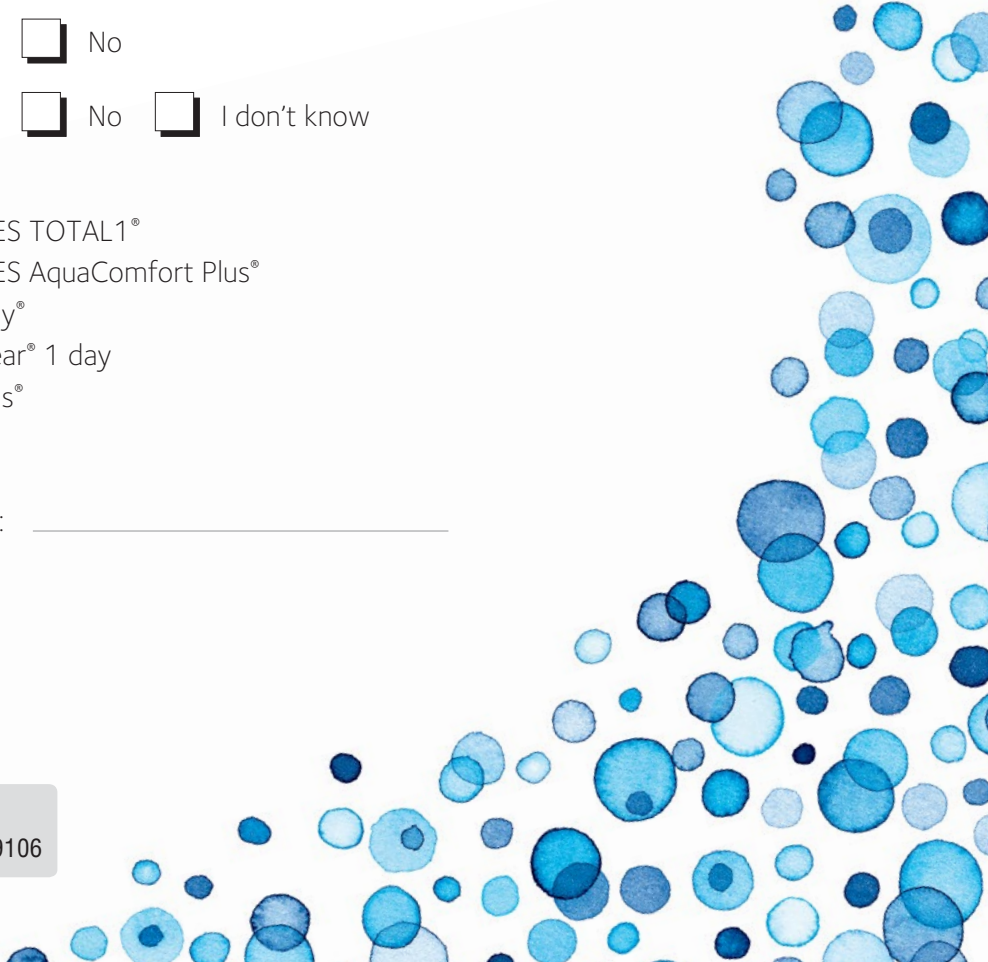
Which lens did you PREVIOUSLY wear?

- |   |  |
|---|--|
| <input type="checkbox"/> ACUVUE® OASYS®       | <input type="checkbox"/> DAILIES TOTAL1®           |
| <input type="checkbox"/> ACUVUE® VITA®        | <input type="checkbox"/> DAILIES AquaComfort Plus® |
| <input type="checkbox"/> 1-DAY ACUVUE® MOIST® | <input type="checkbox"/> MyDay®                    |
| <input type="checkbox"/> Air Optix®           | <input type="checkbox"/> Proclear® 1 day           |
| <input type="checkbox"/> Avaira®              | <input type="checkbox"/> Soflens®                  |
| <input type="checkbox"/> Biofinity®           | <input type="checkbox"/> Ultra®                    |
| <input type="checkbox"/> Biomedics®           | <input type="checkbox"/> N/A                       |
| <input type="checkbox"/> Biotrue® ONEday      | <input type="checkbox"/> Other: _____              |
| <input type="checkbox"/> clariti® 1 day       |  |

Are you submitting this claim on behalf of:

- Myself  
 Family member

COOPERVISION REBATE | OFFER # **20-12143**  
 Mail to: PO Box 9106, Farmington Hills, MI 48333-9106



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®	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®	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.

\$130 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

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

Left Eye	Right Eye	\$65 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

**Total Rebate Amount:** \$

### clariti® 1 day

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

\$130 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	12
<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	\$65 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.

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 # **20-12143**  
 Mail to: PO Box 9106, Farmington Hills, MI 48333-9106