



# SAVE UP TO \$130

on your CooperVision® contact lenses



## Offer valid January 1 – June 30, 2018

### 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 page two of this form.

Contact lenses must be purchased within 90 days of your eye exam, and 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

- 1 Purchase qualifying CooperVision contact lenses between January 1 – June 30, 2018 from participating authorized eye care professionals.
- 2 Complete the online claim form at **CooperVisionPromotions.com** or mail completed form to the address below. You will be prompted to upload images of the required documents and have a valid and accessible email address to get your CooperVision Visa® Prepaid card.

### Required Documents

To complete your submission, you will need to upload a copy or mail in the following:

- Original dated sales receipt with eligible lens purchase(s) and date circled.
- Two product box end panels (one for each eye) showing prescription information.
- Original dated exam or lens fitting receipt with date circled
- **Do not staple.**

End Panel Example:

COOPERVISION PRODUCT		
BC	DIA	PWR
8.7	14.4	-3.00

## Submit your rebate online at CooperVisionPromotions.com

**REBATE TERMS & CONDITIONS:** To receive your rebate, you must satisfy each of the requirements. 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 Virgin Islands. 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. Allow up to 8 weeks for processing and payment of your rebate. 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. CooperVision is not responsible for lost, late, illegible, stolen, or incomplete requests; or postage-due, damaged, or separated mail. PLEASE NOTE: If the product you have purchased will be reimbursed by an insurance company or other third-party payor, reimbursement may not be sought for costs already covered by this rebate. All submitted materials become property of CooperVision and will not be returned. Limit one rebate per person per twelve (12) month period 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). Rebate paid in the form of a Visa Prepaid card. 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. Pay close attention to the expiration date printed on the front of the card. Card is valid through the last day of the month. You will not have access to the funds after expiration. CooperVision reserves the right to substitute a check of equal value in lieu of a Visa Prepaid card at its discretion. If you elect to donate a portion, or your entire rebate amount, all donated rebate money submitted between 01/01/2018 and 06/30/2018 will be contributed by CooperVision to Optometry Giving Sight. ©2018 CooperVision. If you don't have access to the internet or need assistance with your rebate, please call 1-877-875-6043.

COOPERVISION REBATE | OFFER # **18-12054**  
Mail to: P.O. Box 2100 Wayne NJ, 07474-2100

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:

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.

## Eligible Products

Please check the number of boxes purchased next to the applicable type of lens. If you wear a different lens in each eye, check two boxes and the sum will be your rebate amount.

Avaira®	
\$15 Rebate	Quantity
<input type="checkbox"/> Avaira® toric	4
<input type="checkbox"/> Avaira® Vitality	4
<input type="checkbox"/> Avaira® Vitality toric	4
\$30 Rebate	Quantity
<input type="checkbox"/> Avaira® toric	8
<input type="checkbox"/> Avaira® Vitality	8
<input type="checkbox"/> Avaira® Vitality toric	8

Biofinity®	
\$15 Rebate	Quantity
<input type="checkbox"/> Biofinity®	2
\$25 Rebate	Quantity
<input type="checkbox"/> Biofinity® toric	2
<input type="checkbox"/> Biofinity® multifocal	2
\$30 Rebate	Quantity
<input type="checkbox"/> Biofinity® Energys	2
<input type="checkbox"/> Biofinity®	4
\$50 Rebate	Quantity
<input type="checkbox"/> Biofinity® toric	4
<input type="checkbox"/> Biofinity® multifocal	4
\$60 Rebate	Quantity
<input type="checkbox"/> Biofinity® Energys	4

clariti®	
\$65 Rebate	Quantity
<input type="checkbox"/> clariti® 1 day 90-pk	4
<input type="checkbox"/> clariti® 1 day toric 90-pk	4
<input type="checkbox"/> clariti® 1 day multifocal 90-pk	4
<input type="checkbox"/> clariti® 1 day toric 30-pk	12
<input type="checkbox"/> clariti® 1 day multifocal 30-pk	12
\$130 Rebate	Quantity
<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 toric 30-pk	24
<input type="checkbox"/> clariti® 1 day multifocal 30-pk	24

MyDay®	
\$65 Rebate	Quantity
<input type="checkbox"/> MyDay® 180-pk	2
<input type="checkbox"/> MyDay® 90-pk	4
<input type="checkbox"/> MyDay® toric 90-pk	4
\$130 Rebate	Quantity
<input type="checkbox"/> MyDay® 180-pk	4
<input type="checkbox"/> MyDay® 90-pk	8
<input type="checkbox"/> MyDay® toric 90-pk	8

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

**OPTOMETRYGIVINGSIGHT**  
*Transforming lives through the gift of vision*

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

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