

**CURRENT  
WEARER  
REBATE UP TO  
\$200<sup>†</sup>**



Scan QR code or visit  
[CooperVisionPromotions.com](https://CooperVisionPromotions.com)

Enter offer code:

**CWMAILIN26**

<sup>†</sup>See full Terms and Conditions and minimum purchase requirements below

- 1 Submit claim at [CooperVisionPromotions.com](https://CooperVisionPromotions.com) by completing the online form
- 2 Track status using the claim number in the confirmation email from [CooperVisionPromos@360incentives.com](mailto:CooperVisionPromos@360incentives.com)
- 3 Redeem CooperVision® Prepaid Mastercard® using the instructions in the approval email from [Notification@CooperVisionDigitalRewards.com](mailto:Notification@CooperVisionDigitalRewards.com)

Purchase Dates:

**July 1, 2026 – December 31, 2026**

**SUBMISSIONS MUST BE MADE WITHIN 60 DAYS OF LENS PURCHASE. INTERNET RETAILER PURCHASES ARE NOT ELIGIBLE.**

**VISIT** an eye care practitioner for a contact lens fitting

**PURCHASE** the required number of products listed below in a single transaction

(All purchases must be from the same eye care practitioner who prescribed your contacts, or from an affiliated location with that practitioner)

**MAIL** required documents when submitting claim: **dated sales receipt with eligible lens purchase(s)**, and **two product box end panels** (one for each eye) showing prescription information

**DONATE** an optional gift of sight to millions. Learn more at [coopervision.com/ogs](https://coopervision.com/ogs)



**Questions? Visit us at  
[CooperVisionPromotions.com](https://CooperVisionPromotions.com)  
and click Help Center**

**Or call 1-877-875-6043**

CURRENT WEARER	6-MONTH SUPPLY	ANNUAL SUPPLY
<b>MiSight® 1 day*</b>	<b>\$75</b> (4) 90-packs or (2) 180-packs	<b>\$200</b> (8) 90-packs or (4) 180-packs
<b>Biofinity® / Biofinity® XR</b>	-	<b>\$30</b> (4) 6-packs
<b>Biofinity® toric / Biofinity® multifocal</b> (excludes Biofinity® XR toric and Biofinity® toric multifocal)	-	<b>\$50</b> (4) 6-packs
<b>Biofinity Energys®</b>	-	<b>\$75</b> (4) 6-packs
<b>clariti® 1 day brand</b> (includes clariti® 1 day multifocal 3 Add; excludes clariti® 1 day multifocal)	-	<b>\$75</b> (4) 180-packs, (8) 90-packs, or (24) 30-packs
<b>MyDay® brand</b>	-	<b>\$100</b> (4) 180-packs or (8) 90-packs

**\*INDICATIONS AND BRIEF SAFETY INFORMATION for MiSight® 1 day soft contact lens:** **INDICATIONS:** MiSight® 1 day (omafilcon A) Soft (Hydrophilic) Contact Lenses for Daily Wear are indicated for the correction of myopic astigmatism and for slowing the progression of myopia in children with non-diseased eyes, who at the initiation of treatment are 8-12 years of age and have a refraction of -0.75 D to -4.00 D (spherical equivalent) with ≤ 0.75 diopters of astigmatism. The lens is to be discarded after each removal. **BRIEF SAFETY INFORMATION:** Rx only; results may vary. **ATTENTION:** Reference the Patient Information Brochure or visit [misight.com/safety](https://misight.com/safety) for a complete listing of Indications and Important Safety Information. **WARNINGS:** Problems with contact lenses could result in serious injury to the eye. Do not expose contact lenses to water while wearing them. Under certain circumstances MiSight® lenses optical design can cause reduced image contrast/ghosting/halo/glare in some patients that may cause difficulty with certain visually-demanding tasks. **PRECAUTIONS:** Daily wear single use only. Patient should always dispose when lenses are removed. No overnight wear. Patients should exercise extra care if performing potentially hazardous activities. **ADVERSE EVENTS:** Including but not limited to infection/inflammation/ulceration/abrasion of the cornea, other parts of the eye or eyelids. Some of these adverse reactions can cause permanent or temporary loss of vision. If you notice any of the stated in your child, immediately have your child remove the lenses and contact your eye care professional.

**\*REBATE TERMS & CONDITIONS:** To receive your rebate, you must satisfy each of the rebate requirements and provide the following documentation within 60 days of contact lens purchase: (A) a valid sales receipt for a qualifying contact lens purchase that includes: (i) patient name; (ii) purchase location; (iii) CooperVision® contact lens product purchased; (iv) number of boxes purchased; and (v) date of purchase; and (B) product box end panels (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. 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 twelve (12) month period based on purchase date and five (5) rebates per address and/or email address per twelve (12) month period, except where prohibited by law. Limit for 6-month supply purchase: two rebates per person per twelve (12) month period based on purchase date and ten (10) rebates per address and/or email address per twelve (12) month period, except 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). You represent that you are legally competent and have the legal authority to submit this rebate application. Submissions made on behalf of a consumer by an eyecare provider may result in the rejection of this rebate offer. If you elect to donate part of your rebate amount, all donated rebate money submitted between 7/1/26-12/31/26 will be contributed by CooperVision to Optometry Giving Sight.

• If you don't have access to the internet, please call 1-877-875-6043 for assistance.

**NOTICE TO CONSUMERS:** If you are personally filing a claim for reimbursement with 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. 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 the claim. The rebate amount cannot exceed the final purchase price. If the rebate amount exceeds the final purchase price, the claim will be denied, and no rebate will be paid.

Rebate paid in the form of a CooperVision® Prepaid Mastercard®. If a valid email address is not provided, a physical prepaid card will be automatically selected and sent to your mailing address on file. Card is issued by Pathward®, N.A., Member FDIC, pursuant to license by Mastercard International Incorporated. Mastercard and the circles design are registered trademarks of Mastercard International Incorporated.

Your use of the prepaid card is governed by the Cardholder Agreement, and some fees may apply. Card can be used everywhere Mastercard Prepaid Cards are accepted. Virtual card can be used everywhere Mastercard Prepaid Cards are accepted online, or phone/mail orders. Physical/Virtual card valid for up to 6 months; unused funds will forfeit after the valid thru date. Card is valid through the last day of the expiration month. You will not have access to the funds after expiration. **This is not a gift card.** Cards will not have cash access. Visit [myprepaidcenter.com](https://myprepaidcenter.com) to activate and manage your card.



CooperVision®

## Eligible Products

An annual supply purchase is required to qualify for a rebate.  
The only exception is a 6-month supply purchase of MiSight® 1 day lenses.

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

### MiSight® 1 day

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

\$200 Rebate for Annual Supply	Qty of Boxes
<input type="checkbox"/> MiSight® 1 day 180-pk	4
<input type="checkbox"/> MiSight® 1 day 90-pk	8
\$75 Rebate for 6-Month Supply	Qty of Boxes
<input type="checkbox"/> MiSight® 1 day 180-pk	2
<input type="checkbox"/> MiSight® 1 day 90-pk	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	\$100 Rebate Per Eye	Qty of Boxes
<input type="checkbox"/>	<input type="checkbox"/>	MiSight® 1 day 180-pk	2
<input type="checkbox"/>	<input type="checkbox"/>	MiSight® 1 day 90-pk	4
		\$37.50 Rebate Per Eye	Qty of Boxes
<input type="checkbox"/>	<input type="checkbox"/>	MiSight® 1 day 180-pk	1
<input type="checkbox"/>	<input type="checkbox"/>	MiSight® 1 day 90-pk	2

**Total Rebate Amount:**

\$

### Biofinity®

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

\$30 Rebate for Annual Supply	Qty of Boxes
<input type="checkbox"/> Biofinity®/Biofinity® XR	4
\$50 Rebate for Annual Supply	
<input type="checkbox"/> Biofinity® toric	4
<input type="checkbox"/> Biofinity® multifocal	4
\$75 Rebate for Annual Supply	
<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®/Biofinity® XR	2
		\$25 Rebate Per Eye	
<input type="checkbox"/>	<input type="checkbox"/>	Biofinity® toric	2
<input type="checkbox"/>	<input type="checkbox"/>	Biofinity® multifocal	2
		\$37.50 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.

\$100 Rebate for Annual Supply	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
<input type="checkbox"/> MyDay® multifocal 90-pk	8
<input type="checkbox"/> MyDay Energys® 180-pk	4
<input type="checkbox"/> MyDay Energys® 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	\$50 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
<input type="checkbox"/>	<input type="checkbox"/>	MyDay® multifocal 90-pk	4
<input type="checkbox"/>	<input type="checkbox"/>	MyDay Energys® 180-pk	2
<input type="checkbox"/>	<input type="checkbox"/>	MyDay Energys® 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.

\$75 Rebate for Annual Supply	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 3 Add 90-pk	8
<input type="checkbox"/> clariti® 1 day 30-pk	24
<input type="checkbox"/> clariti® 1 day toric 30-pk	24
<input type="checkbox"/> clariti® 1 day multifocal 3 Add 30-pk	24
<input type="checkbox"/> clariti® 1 day 180-pk	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	\$37.50 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 3 Add 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 3 Add 30-pk	12
<input type="checkbox"/>	<input type="checkbox"/>	clariti® 1 day 180-pk	2

**Total Rebate Amount:**

\$



COOPERVISION REBATE | OFFER # CWMAILIN26  
Mail to: PO Box 787, Portsmouth NH 03801

You can donate your rebate to help provide sight to millions. To participate, simply select a box on the right and CooperVision will donate the selected amount to Optometry Giving Sight. You'll then receive a Mastercard® Prepaid Card minus the donated amount. Learn more at [coopervision.com/ogs](http://coopervision.com/ogs).

None  \$10  
 \$5

### 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 a **Virtual Card**, and to check your claim status online and receive claim status notifications.

ADDRESS 1 (Street Name and Number)\*:

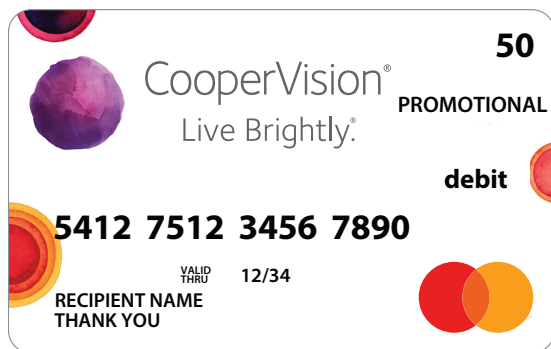
ADDRESS 2 (Apt/Suite):  STATE\*:

CITY\*:  ZIP CODE\*:

TELEPHONE\*:  -  -

I grant CooperVision, Inc. permission to add my contact information to its database to send me information and communications related to its products and services. The use of personal contact information will be treated in accordance with CooperVision's Privacy Policy [coopervision.com/legal/privacy-policy](http://coopervision.com/legal/privacy-policy)

### CooperVision® Prepaid Mastercard®



Please select your preferred CooperVision® Prepaid Mastercard® delivery option below:

#### Physical Card

Receive your rebate via a physical prepaid Mastercard® delivered by mail. Cards are shipped via USPS and typically arrive within 2-3 weeks.

Physical CooperVision® Prepaid Mastercard®

#### Virtual Card

Receive your rebate via a virtual prepaid Mastercard® delivered by email. Virtual cards are issued 5-10 days faster.

Virtual CooperVision® Prepaid Mastercard®

*If no option is selected, a physical card will be mailed via USPS to the address provided above.*

### Required Documents

Please include the following required documents with your rebate submission:

- Purchase receipt** with date of purchase, contact lens brand, box quantity, and price
- Two product box end panels** (one for each eye) showing prescription information
- Completed Eligible Products form** (page 2 of this document)
- Completed Personal Information and selection for CooperVision® Prepaid Mastercard® delivery option** (page 3 of this document)

#### Mail required documents to:

COOPERVISION REBATE  
PO Box 787  
Portsmouth, NH 03801



## Notice of Financial Incentive

*This notice applies only to California residents.* For more information about CooperVision's data handling practices and capitalized terms used in this notice, please see our California Privacy Policy, located at <https://coopervision.com/california-privacy-policy>.

We are providing you the opportunity to participate in our rebate program so that we may better understand you and your interests and to analyze and improve our product offerings and business.

By participating in our rebate program, you may provide us certain personal information including:

- **Contact Data**, such as your first and last name, email address, mailing address, and telephone number.
- **Profile and Demographic Data**, such as your age, gender, city of residence, income, interests, and preferences.
- **Payments and Transactional Data**, such as your purchase history, including product information.
- **Research Data**, such as survey responses (including whether you are new to CooperVision, new to contact lenses, and prior contact lens brand, and how you heard about us and our products).
- **Device Data**, such as general information about your computer or mobile device, including IP address.
- **Online Activity Data**, such as your activity on a page or screen.

In addition to analyzing and improving our product offerings and business, we collect this information in order to send you your rebate and to prevent fraud. Additional information on how we may use your personal information can be found in our California Privacy Policy, located at <https://coopervision.com/california-privacy-policy>.

To thank you for participating in this program, we may provide you with a rebate on a qualifying contact lens purchase. The value of the rebate depends on various factors, including but not limited to the following, which collectively is reasonably related to the value of your data: the product you purchased; the benefit that we realize and expect to realize from your participation in our rebate program; your purchase history; and any increased goodwill towards us.

As part of your rebate application, you may choose to receive marketing and promotional communications from us. If you opt-in to receiving such communications, your name and email address will be added to our general marketing contact list. You may remove yourself from this list at any time by contacting us at 1-800-341-2020 or clicking on the 'Unsubscribe' button at the bottom of any email communication.