

SAVE^{UP TO} \$130

on your annual supply of
CooperVision® contact lenses



CooperVision®



Offer valid January 1 – June 30, 2019

clariti® 1 day brand:

- **\$130 off** (8) 90-packs or (24) 30-packs

MyDay® brand:

- **\$130 off** (8) 90-packs or (4) 180-packs

Biofinity Energys®: \$60 off (4) 6-packs

- **Biofinity®: \$30 off** (4) 6-packs
(excludes Biofinity® XR)

Biofinity® toric / Biofinity® multifocal:

- **\$50 off** (4) 6-packs (excludes Biofinity® XR toric)

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.

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 in a single transaction between January 1 and June 30, 2019 from participating authorized eye care professionals.
- 2 Apply for your online rebate at CooperVisionPromotions.com within 60 days of your purchase. You will be prompted to upload images of the required documents and must have a valid accessible email address to receive your Visa Prepaid Card.
- 2 Once your claim has been approved, you will receive an email from notification@coopervisiondigitalrewards.com with the details on how to redeem your choice of physical or virtual 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 or Costco. 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. 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. 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. 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. Full rules and terms can be found at coopervisiondigitalrewards.com once you receive your payment notification. 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 01/01/2019 and 6/30/2019 will be contributed by CooperVision to Optometry Giving Sight.

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COOPERVISION REBATE | OFFER #19-12096
Mail to: PO Box 9106, Farmington Hills, MI 48333-9106



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.

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?

- ☐ ACUVUE® OASYS®
- ☐ ACUVUE® VITA®
- ☐ 1-DAY ACUVUE® MOIST®
- ☐ Air Optix®
- ☐ Avaira®
- ☐ Biofinity®
- ☐ Biomedics®
- ☐ Biotrue® ONEday
- ☐ clariti® 1 day

- ☐ DAILIES TOTAL1®
- ☐ DAILIES AquaComfort Plus®
- ☐ MyDay®
- ☐ Proclear® 1 day
- ☐ Soflens®
- ☐ Ultra®
- ☐ N/A
- ☐ Other:





CooperVision®

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

OPTOMETRYGIVINGSIGHT
Transforming lives through the gift of vision

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 2 (180) pack boxes

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