

*Required Field

By submitting this required information, and any optional information below, you agree that it will be governed by the Privacy Policy outlined on ACUVUE.ca.

SELECT YOUR REBATE

- 1-DAY ACUVUE® TruEye® BRAND CONTACT LENSES (8 90-PACKS or 24 30-PACKS)
- 1-DAY ACUVUE® MOIST® BRAND CONTACT LENSES (8 90-PACKS or 24 30-PACKS)
- 1-DAY ACUVUE® MOIST® BRAND CONTACT LENSES for ASTIGMATISM (24 30-PACKS)

\$100 ANNUAL SUPPLY REBATE*
(ONCE A YEAR)

- ACUVUE® OASYS® BRAND CONTACT LENSES for ASTIGMATISM (8 6-PACKS)
- ACUVUE® OASYS® BRAND CONTACT LENSES for PRESBYOPIA (8 6-PACKS)

\$50 ANNUAL SUPPLY REBATE*
(ONCE A YEAR)

- ACUVUE® OASYS® BRAND CONTACT LENSES with HYDRACLEAR® PLUS Technology (2 24-PACKS or 8 6-PACKS)

\$25 ANNUAL SUPPLY REBATE*
(ONCE A YEAR)

- 1-DAY ACUVUE® TruEye® BRAND CONTACT LENSES (4 90-PACKS or 12 30-PACKS)
- 1-DAY ACUVUE® MOIST® BRAND CONTACT LENSES (4 90-PACKS or 12 30-PACKS)
- 1-DAY ACUVUE® MOIST® BRAND CONTACT LENSES for ASTIGMATISM (12 30-PACKS)

\$40 SIX MONTH SUPPLY REBATE*
(UP TO TWICE A YEAR)

- ACUVUE® OASYS® BRAND CONTACT LENSES for ASTIGMATISM (4 6-PACKS)
- ACUVUE® OASYS® BRAND CONTACT LENSES for PRESBYOPIA (4 6-PACKS)

\$20 SIX MONTH SUPPLY REBATE*
(UP TO TWICE A YEAR)

FOR WHOM ARE YOU SUBMITTING THIS CLAIM FORM?

- Myself My Child

*Mailing Address (No P.O. Boxes)

*City *Province *Postal Code

*Phone Number

If you selected Myself:

*First Name *Last Name

*Date of Birth *Gender

If you selected My Child:

*Parent's First Name *Parent's Last Name

*Date of Birth (parent's) *Gender

*Child's (patient's) First Name *Child's (patient's) Last Name

INQUIRIES: Call 1-800-434-8506 to speak with a Customer Service representative or email jjvcrebates@promo-trak.com. Please allow 5 weeks for us to receive and process your claim before checking your status. To verify the status of your rebate online, go to www.promo-trak.com and click Check your Rebate Status. Enter P.O. Box 13274, promotion #274K4 and your telephone number.

REBATE TERMS AND CONDITIONS: Purchases of ACUVUE® OASYS®, ACUVUE® OASYS® for ASTIGMATISM, ACUVUE® OASYS® for PRESBYOPIA, 1-DAY ACUVUE® MOIST®, 1-DAY ACUVUE® MOIST® for ASTIGMATISM or 1-DAY ACUVUE® TruEye® must be made in-office or in-store between July 1, 2014 and December 31, 2014* with rebate submission received on or before January 31, 2015**. For annual supply rebates, limit one rebate per customer, per product, per ACUVUE® Brand purchase, per calendar year. For 6 month supply rebates, limit two rebates per customer, per product, on two separate 6 month supply ACUVUE® Brand purchases, per calendar year. Multiple purchases cannot be combined for higher value offers. This offer is not valid in combination with any other product offer or rebate including Satisfaction Guarantee. Offer valid for Canadian residents only. Offer not valid where prohibited by law. Allow 8 weeks for delivery. No P.O. boxes, only street or rural addresses are acceptable. Not responsible for lost, late or undelivered responses.

*Rebate valid on in-office and in-store purchases only. Not valid for purchases made through online retailers or non-participating eye care professional retailers. For the list of non-participating eye care professional retailers, please call 1-800-434-8506 to speak with a customer representative. Rebates include GST/QST/HST/PST where applicable and will be sent in the form of a cheque.

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 this rebate. If your eye care professional is filing the claim, you must notify them of the need to deduct this rebate amount from the purchase price used in calculating the claim.

**Johnson & Johnson, Inc. reserves the right to cancel this rebate program at any time without notice.

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EYE CARE PROFESSIONAL INFORMATION:

*Eye Care Professional's First Name *Eye Care Professional's Last Name

*Practice/Store Name *Phone Number

*Mailing Address

*City *Province *Postal Code

*Date Purchased

Optional: I agree that Johnson & Johnson, Inc. may contact me by mail or email at the addresses given to provide messages or other information that may be of interest to me.

*Email Address

SEND FORM TO (Mail must be received by January 31, 2015**)

Attach product purchase receipt and 2 box flaps with your completed rebate form, and mail to:

2014 ACUVUE® Brand Rebates
P.O. Box 13274
Saint John, NB E2L 5E7