

ACUVUE®

BRAND CONTACT LENSES

EASY REBATES

GET YOUR ACUVUE® BRAND REBATE* IN JUST 4 EASY STEPS

\$25 REFIT REBATE ON YOUR FITTING FEE

UPGRADE FROM:

- ACUVUE® 2® Brand Contact Lenses
- ACUVUE® Brand Contact Lenses
- 1-DAY ACUVUE® Brand Contact Lenses
- ACUVUE® Brand Contact Lenses BIFOCAL
- ACUVUE® ADVANCE® Brand Contact Lenses
- ACUVUE® ADVANCE® Brand Contact Lenses for ASTIGMATISM

TO:



ACUVUE® ADVANCE® PLUS Brand Contact Lenses
 ACUVUE® OASYS® Brand Contact Lens Family
 1-DAY ACUVUE® TruEye® Brand Contact Lenses
 1-DAY ACUVUE® MOIST® Brand Contact Lenses



STEP 1

GET AN EYE EXAM AND MAKE YOUR PURCHASE

You must have a recent eye exam, be fit for contact lenses, and purchase a minimum of two boxes of ACUVUE® Brand Contact Lenses (refer to the list of products on the reverse side). Product must be purchased within 90 days after the eye exam (eye exam receipt required). Limit one refit rebate per customer, per offer, per ACUVUE® Brand purchase, per yearly eye exam visit. This offer not valid in combination with any other offer or rebate.



STEP 2

COMPLETE REBATE FORMS AND ENROLL IN ACUMINDER® TOOL

We want to make it quick and easy to get your rebate! Just follow these quick and easy instructions to redeem your rebate offer from ACUVUE® Brand. By submitting this required information and any optional information below, you agree that it will be governed by the Privacy Policy outlined on ACUVUE.com.

WHO IT'S FOR: Me My Child

If you selected "Me":

First Name Last Name

Date of Birth Gender M F Mailing Address

City State ZIP

If you selected "My Child":

Parent's (your) First Name Parent's (your) Last Name

Parent's (your) DOB Gender M F Mailing Address

City State ZIP

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



TURN OVER TO COMPLETE STEPS 2-4

NO REBATE CHECKS TO CASH. SPEND REBATES INSTANTLY.
 Yours to use wherever Visa® Debit Cards are accepted.



DOCTOR INFORMATION:

Doctor's First Name	Doctor's Last Name	
Practice Name	Phone Number	
City	State	ZIP
Date Purchased		

ACUMINDER® TOOL SIGNUP:

I understand that, by requesting a rebate, I am agreeing to sign up for the ACUMINDER® Tool lens-change reminder service and to provide my email address for the purpose of receiving such reminders.

Email Address

- Optional:
I agree that Johnson & Johnson Vision Care, 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.

SELECT YOUR REBATE*

UPGRADING FROM: ACUVUE® 2® Brand Contact Lenses 1-DAY ACUVUE® Brand Contact Lenses ACUVUE® ADVANCE® Brand Contact Lenses
 ACUVUE® Brand Contact Lenses ACUVUE® Brand Contact Lenses BIFOCAL ACUVUE® ADVANCE® Brand Contact Lenses for ASTIGMATISM

UPGRADING TO:

- ACUVUE® OASYS® Brand Contact Lenses 1-DAY ACUVUE® TruEye® Brand Contact Lenses
 ACUVUE® OASYS® Brand Contact Lenses for ASTIGMATISM 1-DAY ACUVUE® MOIST® Brand Contact Lenses
 ACUVUE® OASYS® Brand Contact Lenses for PRESBYOPIA ACUVUE® ADVANCE® PLUS Brand Contact Lenses

 **STEP 3**

ATTACH BOX TOPS AND RECEIPTS

Attach two (2) eligible box tops, eye exam receipt, and product purchase receipt(s) to your completed rebate form.



Sample Box Top

 **STEP 4**

SEND IT IN (Mail must be received by 7/31/12**)

Mail this form, receipts, and your two eligible box tops to:

2012 ACUVUE® Brand \$25 Refit Rebate 386-190
P.O. Box 49149
Strongsville, OH 44149-0149

 **Be sure to keep a copy of your paperwork for your records.**
See rebate terms and conditions below. (Please allow 8–10 weeks for delivery of your Visa® prepaid card.)



Never forget when to change your contact lenses again with the ACUMINDER® Tool, a free contact lens-change reminder service.



ACUVUE® BRAND MONEY BACK GUARANTEE

We are so certain you will love your ACUVUE® Brand Contact Lenses that if, for any reason, you are not 100% satisfied, return them within 90 days and get your money back. Additional terms and conditions apply. Not valid in combination with any rebate. See acuvue.com for details, or call 1-888-565-8474.

ACUVUE®
BRAND CONTACT LENSES

SEE WHAT COULD BE®

IMPORTANT INFORMATION FOR CONTACT LENS WEARERS: ACUVUE® Brand Contact Lenses are available by prescription only for vision correction. An eye care professional will determine whether contact lenses are right for you. Although rare, serious eye problems can develop while wearing contact lenses. To help avoid these problems, follow the wear and replacement schedule and the lens care instructions provided by your doctor. Do not wear contact lenses if you have an eye infection, or experience eye discomfort, excessive tearing, vision changes, redness or other eye problems. If one of these conditions occurs, contact your eye doctor immediately. For more information on proper wear, care and safety, talk to your eye care professional and ask for a Patient Instruction Guide, call 1-800-843-2020 or visit acuvue.com.

REBATE TERMS AND CONDITIONS: Purchases of 1-DAY ACUVUE® MOIST®, 1-DAY ACUVUE® TruEye®, ACUVUE® OASYS®, ACUVUE® OASYS® for ASTIGMATISM, ACUVUE® OASYS® for PRESBYOPIA, ACUVUE® ADVANCE® PLUS, and ACUVUE® ADVANCE® for ASTIGMATISM must be made 4/15/12 through 6/30/12 and rebate requests received at the mailing address on or before 7/31/12**. Product purchase must be made within 90 days after eye exam. Limit one refit rebate per customer, per offer, per ACUVUE® Brand purchase, per yearly eye exam visit. You must enroll in the ACUMINDER® Tool, a free contact lens-change reminder service (after initial enrollment you may cancel at any time and still receive rebate). This offer not valid in combination with any other refit offer or rebate including Money Back Guarantee. Offer valid for U.S. residents only. Offer not valid where prohibited by law. Photocopy of the certificate is not valid for redemption. Allow 8–10 weeks for delivery. No P.O. boxes, only street or rural route addresses are acceptable. Fraudulent submissions could result in federal prosecution under the U.S. Mail Fraud Statutes (18 U.S. Code Section 1341 and 1342). Not responsible for lost, late, or undelivered responses.

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 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.

*Rebate is in the form of a Visa® prepaid card, which expires one year after issuance. Cards are issued by Citibank, N.A. pursuant to a license from Visa U.S.A. Inc. and managed by Citi® Prepaid Services. Cards will not have cash access and can be used everywhere Visa® debit cards are accepted.

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

ACUVUE®, ACUVUE® OASYS®, 1-DAY ACUVUE® MOIST®, 1-DAY ACUVUE® TruEye®, ACUVUE®2®, 1-DAY ACUVUE®, ACUVUE® ADVANCE®, SEE WHAT COULD BE®, HYDRACLEAR®, LACREON and ACUMINDER® are trademarks of Johnson & Johnson Vision Care, Inc.

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