

Satisfaction Guarantee Money Back Claim Form



Because so many people choose to wear ACUVUE® Brand Contact Lenses, we are confident that you will also enjoy great vision, comfort and health, and appreciate their benefits. But if for some reason you're unhappy with your purchase, we will give you a full refund.

CLAIM FORM:

Please fill in this claim form and give it to the store manager with your original receipt from the purchase of the lenses and the remaining contact lenses in their original packaging. The optical store will then give you a refund on the value of the boxes purchased. Personal Information provided on the claim form will be kept confidential and only used for purposes of this claim.

Name:

City/Town:

Telephone number OR email address:

Name and address of your optical store:

Date of purchase:

Product purchased

- | | | |
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| <input type="checkbox"/> ACUVUE® OASYS | <input type="checkbox"/> ACUVUE® OASYS MAX 1-DAY | <input type="checkbox"/> 1-DAY ACUVUE® DEFINE® FRESH |
| <input type="checkbox"/> ACUVUE® OASYS MULTIFOCAL | <input type="checkbox"/> ACUVUE® OASYS MAX 1-DAY MULTIFOCAL | <input type="checkbox"/> 1-DAY ACUVUE® DEFINE® RADIANT BRIGHT™ |
| <input type="checkbox"/> ACUVUE® OASYS for ASTIGMATISM | <input type="checkbox"/> 1-DAY ACUVUE® MOIST | <input type="checkbox"/> 1-DAY ACUVUE® DEFINE® VIVID STYLE |
| <input type="checkbox"/> ACUVUE® OASYS 1-DAY | <input type="checkbox"/> 1-DAY ACUVUE® MOIST for ASTIGMATISM | <input type="checkbox"/> 1-DAY ACUVUE® DEFINE® NATURAL SHINE™ |
| <input type="checkbox"/> ACUVUE® OASYS 1-DAY for ASTIGMATISM | <input type="checkbox"/> 1-DAY ACUVUE® MOIST MULTIFOCAL | |
| | <input type="checkbox"/> ACUVUE®2 | |

I confirm that I have enclosed a minimum of:

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| <input type="checkbox"/> 75% of the original quantity of ACUVUE® daily disposable contact lenses (see Condition 5.) | <input type="checkbox"/> 65% of the original quantity of ACUVUE® reusable contact lenses (see Condition 5.) |
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Reason for dissatisfaction:

Yes, I have discussed my dissatisfaction with my Eye Care Practitioner*

Number of contact lens boxes purchased:

Amount claimed

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Consent form for processing your personal information

I hereby, by providing consent through this claim submission process, authorize the collection, use, retention above and disclosure of my personal information, by the optical store from which the product(s) related to this claim were purchased (name and address of which are specified above) as well as by Johnson & Johnson (Middle East) Inc. and its affiliates, business partners, service providers and local authorized distributor in the country of purchase. My personal information will only be used for the purposes set out this form and no other purpose, without my consent. This authorization is granted for auditing and submitting this claim pursuant to the Satisfaction Guarantee Program (the "Program") rolled out by Johnson & Johnson (Middle East) Inc. and its local authorized distributor, for the purposes of a) audit and verification of the claim validity and process and b) responding to inquiries on my dissatisfaction with the product related to this claim.

By ticking the belowbox, I consent to:

Be contacted by (Johnson & Johnson Middle East) Inc. in accordance with the contact method I have provided above (telephone number/email), for the purposes of verifying the validity of my claim as well as responding to any inquiries on the reason of my dissatisfaction with the product related to this claim. This consent is granted for 1 year of the claim submission date, as specified on the claim form below

I understand that, with respect to this consent:

- I sign this consent voluntarily. I understand that I may refuse to sign this consent, and that I do not need to sign this consent to receive services from my current and future healthcare providers and insurers. However, if I refuse to sign this consent, I will not be able to raise and submit a claim or participate in the Satisfaction Guarantee Program.
 - I understand that I have the right to review, correct and update my personal information, by submitting a written request to acuvuecl@its.jnj.com
- By providing consent, you agree to the transfer of your information to countries outside your country of residence, to be processed by Johnson & Johnson (Middle East) Inc., its local authorized distributor, its business partners and service providers, which apply appropriate, reasonable technical and organizational measures to protect the integrity and confidentiality of your personal information and will process them in accordance with local laws and regulations. We will retain your information for as long as needed or permitted in light of the purposes for which it was obtained and in accordance with applicable laws and regulations. By providing consent you also confirm that you are legally not a minor.

Date:

Name:

Signature:

Patient Terms and Conditions:

1. This Satisfaction Guarantee only applies to ACUVUE® Brand Contact Lenses and is valid only at participating stores. Please confirm if the store is a participant. 2. All refunds are 100% of the cost of the lenses. Professional fees for eye examinations or other services are not included in his offer and will not be refunded. 3. Before submitting a claim, you will need to visit your Eye Care Practitioner to discuss your dissatisfaction with the contact lenses, as it may be related to eye health or vision. If after this you still wish to claim for a refund, your Eye Care Practitioner will need to validate your claim form with their stamp, date and signature in the allocated box. 4. All claims must be made within 30 days from the date of purchase. 5. All claims must be accompanied by: • an original proof of purchase indicating the price paid for the lenses • a completed claim form (this can be downloaded from acuvue.com) • All claims for Daily Disposable contact lenses must be accompanied by a minimum of 75% of the quantity of contact lenses purchased in their unopened and undamaged blisters (e.g. 23 lenses out of 30 pack must be unopened and undamaged). All claims for Reusable contact lenses must be accompanied by a minimum of 65% of the quantity of contact lenses purchased in their unopened and undamaged blisters (e.g. 4 lenses out of a pack of 6's must be unopened and undamaged). 6. Only one claim per person. Only claims made using an official claim form will be accepted. 7. A maximum of 1 year's supply of lenses can be returned. The claim must be for the amount mentioned on the invoice and up to a maximum of one year's supply of lenses (730 daily disposable lenses or 52 two-week lenses). 8. Expired lenses will not be accepted for return. 9. This offer is applicable to purchases made from January 2025 to December 2026. This offer can be terminated at any time, without prior notice. 10. This Satisfaction Guarantee is in addition to your rights arising from local laws regarding defective products and nothing contained herein shall affect your statutory rights. # 2024PP17349

For Optical Store Internal Use Only

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| <input type="checkbox"/> Patient discussed dissatisfaction with Eye Care Practitioner | <input type="checkbox"/> Patient filled in a complete Satisfaction Guarantee Money Back Claim Form |
| <input type="checkbox"/> Patient provided valid proof of purchase | <input type="checkbox"/> Patient ticked consent box |
| <input type="checkbox"/> Patient provided minimum quantity of unopened blisters | <input type="checkbox"/> Patient signed the form |
| <input type="checkbox"/> I confirm that this is not related to product complain | |

Eye Care Practitioner Signature, Date & Stamp