



We are so confident that you will love the comfort ACUVUE® contact lenses provide that if you're not 100% satisfied within 90 days, we promise your money back, no questions asked.†



Why are we so confident that you will love your lenses?
Because ACUVUE® makes contact lenses that are unbeaten in comfort.◇

take **COMFORT** in
ACUVUE®

For more information ask your Eye Care Professional, or visit www.ACUVUE.com/en-ca/

† Other terms and restrictions apply. See back for details or visit acuvue.ca.

◇ ACUVUE® Brand families of contact lenses with unbeaten in comfort claims: ACUVUE® OASYS (including daily disposable families), 1-DAY ACUVUE® MOIST (within the category of hydrogel daily disposable), and ACUVUE® VITA®.^{1,2,3}

1. JJV Data on File, 2024. Unbeaten in Comfort Claims for the ACUVUE® OASYS Brand Families of Contact Lenses Using Clinical Trials Posted on ClinicalTrials.gov. (April 30, 2024).
2. JJV Data on File, 2024. Unbeaten in Comfort Claims for the family of ACUVUE® 1-DAY MOIST Brand Contact Lenses Using Clinical Trials Posted on ClinicalTrials.gov. (April 30, 2024)
3. JJV Data on File, 2024. Unbeaten in Comfort Claims for the family of ACUVUE® VITA® Brand Contact Lenses Using Clinical Trials Posted on ClinicalTrials.gov. (April 30, 2024).

Important Information For Contact Lens Wearers: ACUVUE® 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 eye care professional. 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, remove the lens and contact your eye care professional immediately. For more information on proper wear, care and safety, talk to your eye care professional and ask for a Patient Instruction Guide, call 1-800-267-5098 or visit www.acuvue.com/en-ca/.

Reimbursement Certificate



* Required information

Patient's Name * _____

Mailing Address * _____ P.O. Box * _____

Apt/Unit # * _____ City * _____ Province * _____ Postal Code * _____

YES, I would like to receive future emails with marketing communications and promotions for which I am eligible from Johnson & Johnson Vision or its service providers appointed on its behalf. I understand I can withdraw my consent at any time by clicking the unsubscribe link at the bottom of the email communication in question or by sending an email to RA-MEDCA-jjvisionca@ITS.JNJ.com to indicate my desire to be unsubscribed. If you checked YES, please also provide your email address below.

Email Address _____

A valid email address to receive status updates and check your reimbursement status online at AcuvueCanadaRebates.ca. Without a valid email, you will not be notified.

Birth Date (MM/DD/YY) _____ Gender M F

To help us better understand our customers, please indicate the following:

Is this the first time you have purchased ACUVUE® Contact Lenses? Yes No

What ACUVUE® product are you returning?

- | | | |
|---|--|--|
| <input type="radio"/> 1-DAY ACUVUE® MOIST | <input type="radio"/> ACUVUE® VITA® for ASTIGMATISM | <input type="radio"/> ACUVUE® OASYS with HYDRACLEAR® PLUS Technology |
| <input type="radio"/> 1-DAY ACUVUE® MOIST for ASTIGMATISM | <input type="radio"/> ACUVUE® OASYS 1-Day with HydraLuxe® Technology | <input type="radio"/> ACUVUE® OASYS for ASTIGMATISM |
| <input type="radio"/> 1-DAY ACUVUE® MOIST MULTIFOCAL | <input type="radio"/> ACUVUE® OASYS 1-Day for ASTIGMATISM | <input type="radio"/> ACUVUE® OASYS MULTIFOCAL |
| <input type="radio"/> 1-DAY ACUVUE® DEFINE® | <input type="radio"/> ACUVUE® OASYS MAX 1-Day | <input type="radio"/> ACUVUE® 2 |
| <input type="radio"/> ACUVUE® VITA® | <input type="radio"/> ACUVUE® OASYS MAX 1-Day MULTIFOCAL | <input type="radio"/> Other _____ |

What brand of contact lenses, if any, were you wearing before you purchased ACUVUE® Contact Lenses? _____

Why are you returning your ACUVUE® Contact Lenses? I prefer (Check all that apply):

- | | | |
|---|--|--|
| <input type="radio"/> The comfort of other contact lenses/glasses | <input type="radio"/> The vision of other contact lenses/glasses | <input type="radio"/> No longer wearing any contact lenses |
| <input type="radio"/> The ease of use of other contact lenses/glasses | <input type="radio"/> The cost of other contact lenses/glasses | <input type="radio"/> Other _____ |

Please complete all 6 steps within 90 days to receive your reimbursement cheque:

Step 1 Read the TERMS & CONDITIONS below

Step 2 Complete this original REIMBURSEMENT CERTIFICATE

Step 3 Include all 3 items below in your envelope:

- An original REIMBURSEMENT CERTIFICATE with all required information filled out
- A copy of your invoice (must show the number of boxes and valid purchase date)
- Up to 2 open boxes** with the appropriate number of unopened blister packs **being at least:**
 - 60 unopened blister packs per 90-pack for all 1-DAY ACUVUE® products
 - 15 unopened blister packs per 30-pack for all 1-DAY ACUVUE® products
 - 2 unopened blister packs per box for all other products

Step 4 For your records:

- Keep copies of the 3 items you are submitting
- Make a note when you mailed your original REIMBURSEMENT CERTIFICATE and the amount requested

Step 5 Mail to: ACUVUE® Rebates, 300 King St, Whitby, ON L1N 4Z4

Step 6 Return all **unopened boxes** to the original place of purchase for refund or exchange in accordance with seller's policies.

FOR COMFORT PROMISE GUARANTEE, DOCUMENTS MUST BE RECEIVED WITHIN 90 DAYS OF YOUR PRODUCT PURCHASE DATE

HAVE A QUESTION? Call 1-855-621-3981 to speak with a Customer Service representative or email AcuvueCanadaPromotions@360incentives.com. Please look out for an email with your claim reference number before checking your rebate status online. To verify the status of your rebate online, go to AcuvueRebateCanada.ca and click Check Existing Claim.

YOUR PRIVACY: By submitting the required information and any optional information above, you agree to have your personal information transferred to Johnson & Johnson Vision and 360Incentives.com Canada Inc. only for purposes of administering the rebates. Your personal information will be governed by the Privacy Policy outlined on ACUVUE.ca. Your information will be transferred to countries outside of Canada, including the United States, which may have different data protection rules.

Please allow 8 weeks for delivery of your Prepaid Card, cheque or Virtual Card from the time we receive your completed form and documentation.

***TERMS & CONDITIONS:** If you have submitted a rebate claim for the products in which you are seeking a refund, your reimbursement through the Comfort Promise shall be less the value of any previously paid rebate. You may not submit a rebate claim for this product purchase after seeking a refund through the Comfort Promise. Your Reimbursement Certificate must be received by ACUVUE® within 90 days of product purchase date. Limit of one (1) reimbursement per customer. Please allow 8 weeks for delivery of your cheque from the time we receive your Reimbursement Certificate and documentation. Once we have received your Reimbursement Certificate and have begun processing it, our service provider will email you on our behalf to let you know we are working on your reimbursement. Johnson & Johnson Vision is not responsible for lost, late or undelivered responses. This offer is valid for Canadian residents only and at participating Eye Care Professional retailers in Canada only. Purchases made through online retailers are not eligible for this offer. This offer is not valid where prohibited by law. Reimbursement will be sent in the form of a cheque. Maximum value of reimbursement for 2 open boxes is:

- | | |
|---|--|
| - 1-DAY ACUVUE® MOIST 90-pack - up to \$160 | - ACUVUE® OASYS MAX 1-Day 90-pack - up to \$235 |
| - 1-DAY ACUVUE® MOIST 30-pack - up to \$85 | - ACUVUE® OASYS MAX 1-Day 30-pack - up to \$115 |
| - 1-DAY ACUVUE® MOIST for ASTIGMATISM 90-pack - up to \$210 | - ACUVUE® OASYS MAX 1-Day MULTIFOCAL 90-pack - up to \$300 |
| - 1-DAY ACUVUE® MOIST for ASTIGMATISM 30-pack - up to \$85 | - ACUVUE® OASYS MAX 1-Day MULTIFOCAL 30-pack - up to \$175 |
| - 1-DAY ACUVUE® MOIST MULTIFOCAL 90-pack - up to \$225 | - ACUVUE® VITA® 12-pack - up to \$175 |
| - 1-DAY ACUVUE® MOIST MULTIFOCAL 30-pack - up to \$105 | - ACUVUE® VITA® 6-pack - up to \$110 |
| - 1-DAY ACUVUE® DEFINE® 30-pack - up to \$75 | - ACUVUE® VITA® for ASTIGMATISM 6-pack - up to \$125 |
| - ACUVUE® OASYS 1-Day 90-pack - up to \$210 | - ACUVUE® OASYS 24-pack - up to \$255 |
| - ACUVUE® OASYS 1-Day 30-pack - up to \$100 | - ACUVUE® OASYS 12-pack - up to \$165 |
| - ACUVUE® OASYS 1-Day for ASTIGMATISM 90-pack - up to \$260 | - ACUVUE® OASYS for ASTIGMATISM 6-pack - up to \$110 |
| - ACUVUE® OASYS 1-Day for ASTIGMATISM 30-pack - up to \$125 | - ACUVUE® OASYS MULTIFOCAL 6-pack - up to \$100 |
| - ACUVUE® 2 6-pack - up to \$75 | |

INSURANCE CLAIMS: If you or your Eye Care Professional filed a claim for reimbursement from a third party payer (e.g. insurance company, employer group, etc.) for the purchase of this product, you must notify your payer about this refund.

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ACUVUE®