

Why are we confident that you will love your lenses?

Because ACUVUE® makes contact lenses that are unbeaten in comfort†.



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.

For more Information ask your eye care professional, or visit [ACUVUE.com](https://www.acuvue.com)



where **vision** meets **sight**™

ACUVUE®

† ACUVUE® 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

‡ Available on up to two opened boxes of contacts. Copy of purchase and fitting fee receipt required. Refund by email in 6-8 weeks. Cannot be combined with rewards. For information and terms, see back. Valid through 12/31/24.

1. JJV Data on File, 2022. Unbeaten in Comfort Claims for the family of ACUVUE® OASYS Brand Families of Contact Lenses Using Clinical Trials Posted on ClinicalTrials.gov. (October 31, 2022).

2. JJV Data on File, 2022. Unbeaten in Comfort Claims for the family of ACUVUE® 1-DAY MOIST Brand Contact Lenses Using Clinical Trials Posted on ClinicalTrials.gov. (October 31, 2022).

3. JJV Data on File, 2022. Unbeaten in Comfort Claims for the family of ACUVUE® VITA® Brand Contact Lenses Using Clinical Trials Posted on ClinicalTrials.gov. (October 31, 2022).

Reimbursement Certificate

Complete the below form and mail-in instructions for all opened ACUVUE® products. All unopened ACUVUE® products should be returned to the original place of purchase for refund or exchange in accordance with seller's policy.

We will use the information you provide for processing your reimbursement.
You can review our Privacy Policy at www.acuvue.com/privacy-policy

ALL FIELDS ARE REQUIRED

Patient's Name _____ Birth Date _____ Gender F M

Submitter's Name _____ Birth Date _____
A prepaid card cannot be issued directly to the patient if under the age of 18. If patient is under 18, please provide first and last name of parent or legal guardian. *Submitter's Birth Date if patient is under the age of 18.*

Email address: _____
Email will be used for status and payment communication

Patient's Address _____
PO Boxes not accepted

City _____ State _____ Zip _____

Date of Purchase ____/____/____ Fitting Fee Reimbursement (Up to \$60): _____

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

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

Why are you returning your ACUVUE® Brand Contact Lenses? _____

I agree that Johnson & Johnson Vision Care, Inc may contact me by email to provide information that may be of interest to me, including marketing communications. Your personal information will be governed by the Privacy Policy at www.acuvue.com. You can opt-out at any time.

You may return **up to 2** opened product boxes of ACUVUE® contact lenses **AND** all unopened contact lens blister packs within those boxes.

Indicate which ACUVUE® product you are returning:

Reusable Products	Box Size	Remaining Lenses	Daily Disposable Products	Box Size	Remaining Lenses
<input type="checkbox"/> ACUVUE® OASYS 2-WEEK	6	2	<input type="checkbox"/> ACUVUE® OASYS MAX 1-DAY for MULTIFOCAL	30	15
<input type="checkbox"/> ACUVUE® OASYS 2-WEEK	12	8	<input type="checkbox"/> ACUVUE® OASYS MAX 1-DAY for MULTIFOCAL	90	75
<input type="checkbox"/> ACUVUE® OASYS 2-WEEK	24	20	<input type="checkbox"/> ACUVUE® OASYS MAX 1-DAY	30	15
<input type="checkbox"/> ACUVUE® OASYS for ASTIGMATISM	6	2	<input type="checkbox"/> ACUVUE® OASYS MAX 1-DAY	90	75
<input type="checkbox"/> ACUVUE® OASYS MULTIFOCAL	6	2	<input type="checkbox"/> ACUVUE® OASYS 1-DAY	30	15
<input type="checkbox"/> ACUVUE® OASYS with Transitions™	6	2	<input type="checkbox"/> ACUVUE® OASYS 1-DAY	90	75
<input type="checkbox"/> ACUVUE® VITA®	6	4	<input type="checkbox"/> ACUVUE® OASYS 1-DAY for ASTIGMATISM	30	15
<input type="checkbox"/> ACUVUE® VITA®	12	10	<input type="checkbox"/> ACUVUE® OASYS 1-DAY for ASTIGMATISM	90	75
<input type="checkbox"/> ACUVUE® VITA® for ASTIGMATISM	6	4	<input type="checkbox"/> 1-DAY ACUVUE® MOIST	30	15
			<input type="checkbox"/> 1-DAY ACUVUE® MOIST	90	75
			<input type="checkbox"/> 1-DAY ACUVUE® MOIST for ASTIGMATISM	30	15
			<input type="checkbox"/> 1-DAY ACUVUE® MOIST for ASTIGMATISM	90	75
			<input type="checkbox"/> 1-DAY ACUVUE® MOIST MULTIFOCAL	30	15
			<input type="checkbox"/> 1-DAY ACUVUE® MOIST MULTIFOCAL	90	75

Mail this completed form, purchase receipts, fitting receipt and opened boxes and unopened lenses to:

ACUVUE® Comfort Promise
PO Box: 5025
Department: 856427
Kalamazoo MI 49003-5025

Please allow 6-8 weeks for delivery of mail and processing of refund.
Keep a copy of your paperwork for your records. See Terms and Conditions.

Terms and Conditions: Offer valid for U.S. residents only. Offer not valid where prohibited by law. Claim must be received within 90 days of product purchase date. Last valid date of purchase: 12/31/24. Limit one reimbursement claim per person. Maximum value of reimbursement equals U.S. \$325.00 for opened boxes. If you submit a claim for this Money Back Guarantee you may not submit for rewards. Due to safety and compliance reasons, we cannot return products back to the consumer if submission is rejected. Photocopy of certificate not valid. Allow 6-8 weeks for delivery of mail and processing of submission. No P.O. boxes, only street or rural addresses are acceptable. Fraudulent submission 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 or your doctor filed a claim for reimbursement from a third party (e.g., insurance company, employer group, etc.) for the purchase of this product, you must notify your payer about this refund. Johnson & Johnson Vision Care, Inc. reserve the right to cancel this program at any time without notice. For questions about the Money Back Guarantee, please email acuvuefulfillment@helloworldfulfillment.com.

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 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, remove the lens and 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 download the Patient Instruction Guide at <https://www.acuvue.com/en-us/patient-instruction-guides>.

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