

MAKE THE ALCON CHOICE TODAY AND SAVE ON CONTACT LENSES

Alcon

SAVE
\$200*

on an annual supply
(eight 90-ct boxes)

DAILIES TOTAL1®

DAILIES TOTAL1® Multifocal

DAILIES® AquaComfort Plus®

DAILIES® AquaComfort Plus® Multifocal

DAILIES® AquaComfort Plus® Toric

DAILIES® COLORS

SAVE
\$75*

on an annual supply
(four 6-ct boxes)

AIR OPTIX® plus HydraGlyde®

AIR OPTIX® plus HydraGlyde® Multifocal

AIR OPTIX® plus HydraGlyde® for Astigmatism

AIR OPTIX® NIGHT & DAY® AQUA

AIR OPTIX® COLORS

AIR OPTIX® for Astigmatism

VALID ON PURCHASES MADE AUGUST 1, 2019 THROUGH JANUARY 31, 2020

Offer only valid on purchases made in-office through participating eye care providers.
Purchases made from internet retailers do not qualify for this offer.

Easy Submission,
Fast Processing, and
24/7 Tracking at
AlconChoice.com



Most claims are approved and paid in **less than 2 weeks**.



Get **access to your funds immediately** when you choose to receive a **virtual card** upon claim approval.



* Savings via online (or mail-in) rebate in the form of an Alcon VISA® prepaid card. See full Term and Conditions on the reverse side.

DAILIES®
brand lenses

AIR
OPTIX®
brand contact lenses

THANK YOU FOR PURCHASING AN ANNUAL SUPPLY OF ALCON CONTACT LENSES!



For fast processing, submit online at AlconChoice.com from your computer or mobile device.

YOUR UNIQUE REBATE CODE IS:

XXXXXXXXXXXXXX



Alcon Choice makes it easy to stay informed after your claim is submitted.

* Allow 24 hours to receive your confirmation email. If you do not receive a confirmation email, please check your junk or spam folder.

If you prefer to mail in your rebate submission, you may download an Official Rebate Form from www.AlconChoice.com. Mail-in submission must be postmarked within 60 days of your purchase.

You may call the support line at 1-855-344-6871 for assistance. Please note that rebate claims cannot be submitted by phone.

Please read the full Rebate Terms and Conditions below, and ensure:

- 1 You are submitting within 60 days of purchase and your purchase was made within 90 days of your exam/lens fitting.
- 2 You have your unique Rebate Code located at left of this form. This code is exclusive to you and cannot be duplicated.
- 3 You have clear and legible electronic copies of:
 - ✓ The UPC from one box of qualifying lenses
 - ✓ Your sales receipt showing lens purchase and purchase date
 - ✓ Your eye exam/lens fitting receipt from your eye care provider

- 1 You will receive a confirmation email from AlconChoice@360incentives.com with your claim number and a link to your exclusive claim tracker at AlconChoice.com.* Log in at any time, day or night, to track the progress of your claim in real time.

Note your claim number here:

- 2 Processing updates will be sent to your email address from AlconChoice@360incentives.com.
- 3 Once your rebate is reviewed and approved, you will receive an email from notifications@AlconChoicePayments.com with instructions on how to obtain your rebate payment.

PROMOTIONAL PERIOD: AUGUST 1, 2019 THROUGH JANUARY 31, 2020

PURCHASE MUST OCCUR DURING THE PROMOTIONAL PERIOD AND REBATE SUBMISSION MUST BE MADE WITHIN SIXTY (60) DAYS OF PURCHASE. PURCHASES MUST BE MADE WITHIN NINETY (90) DAYS OF CONTACT LENS FITTING/EXAM.

VALID ONLY ON PURCHASES THROUGH EYE CARE PROVIDERS: Offer only valid on purchases made in-office from participating Eye Care Providers. Offer not valid on purchases from Internet retailers or purchases made through large retailers including, but not limited to, Walmart® Vision Centers, Target® Optical, and Costco® Optical.

REBATE TERMS AND CONDITIONS 1. Purchase an annual supply of qualifying lenses from your participating eye care provider between August 1, 2019 and January 31, 2020. Purchase date is determined by the date on your sales receipt. No late submissions will be accepted. 2. Eye exam or lens fitting is required and must occur within 90 days prior to lens purchase. 3. Submissions must be made (and postmarked, if by mail) within sixty (60) days of lens purchase. All rebate submissions must be made by the patient or purchaser. 4. All rebate submissions require a valid rebate code and legible images of the following documentation: (A) a valid sales receipt that includes: (i) patient or purchaser name; (ii) Alcon contact lens product purchased; (iii) purchase location; (iv) number of boxes purchased; and (v) date of purchase; (B) an eye exam/lens fitting receipt with name of patient and date of exam/fitting; (C) a UPC/barcode label from one purchased product box; and (D) if submitting by mail, a completed Alcon Rebate Redemption Form. One (1) mail-in rebate per envelope. Alcon is not responsible for lost, late, illegible, postage-due or misdirected mail. We suggest that you make a copy of all rebate materials for your records. All material submitted becomes property of Alcon and will not be returned. 5. All rebate submissions are subject to purchase validation. Alcon reserves the right to request additional information in connection with each rebate submission. 6. Limit of one (1) Alcon rebate per person, per 12-month period and up to five (5) rebates per household per 12-month period except where prohibited by law. 7. Purchase must be made in a single transaction and cannot be combined with any other promotional offer, including any other rebate or instant savings promotion. 8. Valid only in the United States, and U.S. Territories (Puerto Rico, Guam and U.S. Virgin Islands). Void where prohibited by law. 9. Allow 2 to 6 weeks for delivery of your rebate following receipt and verification of all required rebate documentation. Rebates are payable in the form of a Visa® prepaid card.** No P.O. boxes (except in ND and where required by law). 10. Fraudulent submissions could result in federal prosecution under the U.S. Mail Fraud Statutes (18 U.S. Code Section 1341 and 1342). 11. Alcon reserves the right to cancel, modify or change this rebate program and institute fraud prevention measures at any time without notice.

NOTICE TO CONSUMERS: If you are personally filing a claim for reimbursement from a third-party payer (e.g., insurance company, employer group, flexible spending account, etc.) for the purchase of these contact lenses, your claim must be based upon your payment less the value of this rebate. If your doctor is filing the claim for reimbursement from a third-party payer on your behalf, you must notify the doctor's office of the need to deduct this rebate amount from the purchase price used in calculating the claim.

**Card issued by The Bancorp Bank, Member FDIC, pursuant to a license from Visa U.S.A., Inc. The Visa® prepaid card can be used at any merchant that accepts Visa® debit cards. The Visa® prepaid card is not redeemable for cash or usable at any ATM. Pay close attention to the expiration date of the prepaid card, which is valid through the last day of the month printed on the front of the prepaid card. You will not have access to any unused funds after expiration, subject to applicable law, and lost or expired cards will not be replaced. For complete terms, conditions and fees, see the Cardholder Agreement, which may include the imposition of certain fees.