NEW WEARER SAVINGS

PURCHASE DATES: 01/01/2021 – 06/30/2021

Savings are for patients who are new wearers to clariti[®] 1 day brand.

clariti[®] 1 day brand: \$150 off (8) 90-packs or (24) 30-packs



Submit your rebate now at **CooperVisionPromotions.com**Look for the padlock in your browser.





vision essentials

CooperVision[®]

SEE BACK FOR DETAILS

SUBMISSIONS MUST BE MADE WITHIN 60 DAYS OF PURCHASE. INTERNET RETAILER PURCHASES ARE NOT ELIGIBLE.

Purchase Dates: 01/01/2021 - 06/30/2021

Submit Date: Within 60 days of lens purchase

To Qualify for a Rebate

(read the full rebate terms and conditions below)

- **Visit** your eye care practitioner for a contact lens fitting.
- **Purchase** the required number of products listed on the front in a single transaction.
- Must be a new wearer to clariti® 1 day brand.

Rebate paid in the form of a convenient CooperVision[®] Visa[®] Prepaid Card.*

Required Documents

(must be clear and legible)

Upload the following itemized receipts:

- Dated sales receipt with eligible lens purchase(s) and date circled.
- Two product box end panels (one for each eye) showing prescription information.

End Panel Example:



To Submit a Rebate

(must be within 60 days of purchase)

- Complete the online claim form at CooperVisionPromotions.com. You will be required to upload images of the required documents via either mobile device or computer and have a valid and accessible email address.
- You will receive a confirmation email from <u>CooperVisionPromos@360incentives.com</u> with your claim number that you can use to track anytime.
- 3 Once your claim has been reviewed and approved, you will receive an email from <u>notification@coopervisiondigitalrewards.com</u> with the details on how to redeem your physical or virtual CooperVision Visa Prepaid Card.

Questions? Visit us at CooperVisionPromotions.com and click (2) Help Center

REBATE TERMS & CONDITIONS: To receive your rebate, you must satisfy each of the requirements and have the following documentation: (A) a valid sales receipt that includes: (i) patient name; (ii) purchase location; (iii) CooperVision contact lens product purchased; (iv) number of boxes purchased; and (v) date of purchase; (B) a product box end panel (one for each eye). Failure to follow each of these steps is a rejection of this rebate offer. Offer valid only for residents of the U.S., Puerto Rico and U.S. Virgin Islands. Offer valid only when contact lenses are purchased from prescribing eye care professional or affiliated location. Offer not valid where prohibited by law and not valid with any other offer or rebates. Rebate not valid in combination with purchase at 1-800 CONTACTS, Costco or Internet Retailers. Allow up to 8 weeks to receive the payment email with instructions for redeeming a physical or virtual Prepaid card. CooperVision reserves the right to cancel, suspend, or modify part of or this entire rebate program at any time without notice, for any reason in its sole discretion including for fraud prevention measures. CooperVision is not responsible for lost, late, illegible, stolen, or incomplete requests. All submitted materials become property of CooperVision and will not be returned. Limit one rebate per person per (12) twelve-month period based on purchase date and five (5) rebates per address and/or email address per twelve (12) month period, except CT, RI and where prohibited by law. Excessive submissions and/or other fraudulent activities may result in federal prosecution under the U.S. mail fraud statutes (Title 18 United States Code Sections 1341 and 1342). Submissions made on behalf of a consumer by an eye care provider may result in the rejection of this rebate offer. If you elect to donate a portion, or your entire rebate amount, all donated rebate money submitted between 01/01/2021-06/30/2021 will be contributed by CooperVision to Optometry Giving Sight. © 2021 CooperVision. If you do



You can donate part of your rebate to provide sight to millions. Learn more at **coopervision.com/ogs**.



*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 the 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 paid in the form of a CooperVision Visa Prepaid card. Your rebate will be delivered via email with instructions for selecting your prepaid card. You must select your card within 3 months from the date these instructions are sent via email. Your right to the payment may expire after that time. If a valid email address is not provided, a physical prepaid card will be automatically selected and sent to your mailing address on file. Use your card anywhere Visa debit cards are accepted in the United States and U.S. Territories. The card may not be used at any merchant, including internet and mail or telephone order merchants, outside of the United States and U.S. Territories. Card is lissued by The Bancorp Bank, Member FDIC, pursuant to a license from Visa U.S.A. Inc. Your use of the prepaid card is governed by the Cardholder Agreement, and some fees may apply. This is not a gift card. Please note that prepaid cards are subject to expiration, so pay close attention to the expiration date on the card. Card is valid through the last day of the expiration month. You will not have access to the funds after expiration. The Cardholder Agreement can be found at coopervisiondigitalrewards.com once you receive your payment notification.

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