

MONEY BACK GUARANTEE

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If, for any reason, you are not 100% satisfied with any ACUVUE® Brand Contact Lenses, return them within 90 days and get your money back†, including up to \$60 towards your fitting fee.



ACUVUE® BRAND PROMISE

Thank you for trusting ACUVUE® Brand Contact Lenses with your vision. We promise to honor your trust by providing a family of products that delivers the highest levels of vision care and comfort. You can feel confident knowing that every product must pass our extensive quality control process before it is packaged and sold. It is our way of giving you a lifetime of satisfaction with ACUVUE®, the world's leading brand of contact lenses.

For more information ask your eye care professional, or visit ACUVUE.com.

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

Important information for contact lens wearers: ACUVUE® Brand 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 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, 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 visit acuvue.com.

REIMBURSEMENT CERTIFICATE

With your consent, we will use the information you provide for processing reimbursement in accordance with our Privacy Policy found at www.acuvue.com

Patient's Name

Patient's Address (PO Box not accepted)

City State Zip

Birth Date Gender

(All fields above are required)

I agree that Johnson & Johnson Vision Care, Inc., may contact me by email to provide messages or other information that may be of interest to me.

Email address:

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

What ACUVUE® Brand product are you returning?

- ACUVUE® OASYS with HYDRACLEAR® PLUS Technology
- ACUVUE® OASYS for ASTIGMATISM
- ACUVUE® OASYS for PRESBYOPIA
- ACUVUE® OASYS 1-Day with HydraLuxe® Technology
- ACUVUE® OASYS 1-Day for ASTIGMATISM
- ACUVUE® OASYS with TRANSITIONS™
- ACUVUE® VITA®
- ACUVUE® VITA® for ASTIGMATISM
- 1-DAY ACUVUE®
- 1-DAY ACUVUE® MOIST
- 1-DAY ACUVUE® MOIST for ASTIGMATISM
- 1-DAY ACUVUE® Brand MULTIFOCAL
- 1-DAY ACUVUE® TruEye®
- OTHER _____

Fitting Fee Reimbursement (Up to \$60):

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?

Please complete all 5 steps within 90 days to receive your reimbursement check:

1. Complete this original reimbursement certificate and include up to 2 opened product boxes of ACUVUE® Contact Lenses AND unopened contact lens blister packs within those boxes (at least 2 lenses per 6 pack are required for ACUVUE® OASYS and ACUVUE® OASYS for ASTIGMATISM, ACUVUE® OASYS for PRESBYOPIA, ACUVUE® OASYS with Transitions™; at least 4 lenses per 6 pack are required for ACUVUE® VITA®, ACUVUE® VITA® Brand for ASTIGMATISM; at least 20 lenses per box are required for 24 packs of ACUVUE® OASYS; at least 40 lenses per box are required for the ACUVUE® OASYS Annual Supply Pack for 1-WEEK Overnight use; at least 15 lenses per box are required for 30 packs of ACUVUE® OASYS Brand 1-Day for ASTIGMATISM, 1-DAY ACUVUE® MOIST Brand, 1-DAY ACUVUE® MOIST for ASTIGMATISM, 1-DAY ACUVUE® MOIST MULTIFOCAL, 1-DAY ACUVUE®; at least 75 lenses per box are required for 90 packs of 1-DAY ACUVUE® MOIST, 1-DAY ACUVUE® MOIST MULTIFOCAL, ACUVUE® OASYS 1-Day with HydraLuxe™ Technology and 1-DAY ACUVUE® TruEye®).
2. Attach copies of receipts of purchase for product and fitting fee.
3. Unopened boxes of product must be returned to the original place of purchase for refund or exchange in accordance with seller's policies.
4. Mail to: ACUVUE® Money Back Guarantee 386-040
P.O. Box 4001, Grand Rapids, MN 55730-4001 (Please allow 4-6 weeks for delivery of your refund check)
5. 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: 12/31/20. Limit one reimbursement claim per person. Maximum value of reimbursement equals U.S. \$200.00 for opened boxes. If you submit a claim for this Money Back Guarantee you may not submit for a rebate. Photocopy of certificate not valid. Allow 4-6 weeks for delivery. 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 payer (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. reserves the right to cancel this program at any time without notice.

For questions about the Money Back Guarantee, please call 1-888-565-8474. Should you have any comments about the quality of ACUVUE® Brand Contact Lenses, please contact Customer Relations toll free at 1-800-843-2020.

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