## See the Daily Difference



Terms and Conditions and minimum purchase requirements on back

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## Claim your \$40 reward (6-month supply) or \$100 reward (annual supply)\*



## **PURCHASE 1-DAY ACUVUE® MOIST BRAND CONTACT LENSES**

Get a contact lens evaluation/fitting and purchase an annual or 6-month supply of 1-DAY ACUVUE® MOIST Brand Contact Lenses from a participating Walmart retail location between July 10, 2023 and December 31, 2023. An annual supply is eight 90-pack boxes or twenty-four 30-pack boxes. A 6-month supply is four 90-pack boxes or twelve 30-pack boxes.



## **COMPLETE THE FORM**

Complete the fields below, along with steps 3 & 4 to redeem. By submitting this required information you agree that it will be governed by the Privacy Policy outlined on www.ACUVUE.com.

(All fields below are required to disburse reward p	payment.)					
Patient's Name						
Birth Date	Gender	Email Address (Requir	ed. Email will be used	d for status and pay	ment commu	nication.)
	M F	· ·		, ,		·
Patient's Address						
City		State	Zip (P.O. Box not accepted)			
Submitter's Name		Birth Date (Submitter's Birth Date if patient is under the age of 18.)				
A prepaid card cannot be issued directly to the patien If patient is under 18, please provide first and last name						
Purchase Date Store Number				EXAMPLE RE	CIEPT	
			ST# XXXXX	OP#XXXXXX	TE#XX	TR#XXXXX
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. I understand I can opt out at any time.  What brand of contact lenses, if any, were you wearing before you purchased ACUVUE® MOIST Contact Lenses?  □ I am new to contact lenses						
□ ACUVUE® OASYS 2-WEEK □ □ ACUVUE® OASYS 2-WEEK for ASTIGMATISM □ □ ACUVUE® OASYS 2-WEEK for PRESBYOPIA □ □ ACUVUE® OASYS 2-WEEK MULTIFOCAL □ □ ACUVUE® OASYS with Transitions™ □ □ ACUVUE® VITA® □ □ ACUVUE® VITA® for ASTIGMATISM □			ACUVUE® OASYS MAX 1-DAY ACUVUE® OASYS 1-DAY ACUVUE® OASYS 1-DAY for ASTIGMATISM 1-DAY ACUVUE® MOIST 1-DAY ACUVUE® MOIST for ASTIGMATISM 1-DAY ACUVUE® MOIST for ASTIGMATISM 1-DAY ACUVUE® TruEye®  I'm wearing another brand of contact lenses			
Attach an original purchase receipt to your completed rewards form. Receipt must show purchase location name, product purchased, quantity purchased, purchase date, and proof of purchase. Please ensure all information is legible.			SEND IN  (Mail must be received within 60 days of purchase)  Mail all documents to:  ACUVUE® MOIST New Wearer  P.O. Box 5008  Department 858373  Kalamazoo, MI 49003-5008			

**ACUVUE\* MOIST Rewards Terms and Conditions:** Applies to qualifying purchases of 1-DAY ACUVUE® MOIST, made by new wearers of contact lenses, made in-store at select Walmart retail locations between July 10, 2023 and December 31, 2023. Purchases made at other retailers and online, including at www.walmartcontacts.com, are ineligible. Purchase quantity of 1-DAY ACUVUE® MOIST must be either 8 boxes of 90 lenses per box or 24 boxes of 30 lenses per box to be eligible for an annual supply reward. Purchase quantity of 1-DAY ACUVUE® MOIST must be either 4 boxes of 90 lenses per box or 12 boxes of 30 lenses per box or 12 boxes of 30 lenses per box to be eligible for a 6 Month supply reward. Quantity requirements are based on purchase of lenses for two eyes. Reward requests obtained from place of purchase must be received within 60 days of purchase. Offer valid for U.S. residents only. Offer not valid where prohibited by law

Reward is available to New Wearers only: Only available through participating Walmart locations. but other offers may be available for ACUVUE® purchases at other retailers. Reward is not valid for internet purchases and purchases made at other retailers. Requires submission of completed Mail-In Form including (a) submitter's first and last name, (b) address, (c) date of birth, (d) email address, and (f) previous product purchased; and product purchase lecipit showing: purchase location name, patient name, product purchased, number of boxes purchased, and date of purchase. Limit one reimbursement daim per person and four per household. This offer is not valid in combination with any other product offer, including the Comfort Promise program. Allow 6-8 weeks for delivery of mail and processing of submissions. No P.O. boxes, only street or rural addresses are acceptable for mail-in requests. Fraudulent submissions 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, undelivered responses and/or incomplete forms. Johnson & Johnson Vision Care, Inc. reserves the right to cancel this rewards program and/or institute fraud prevention measures at any time without notice.

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, the claim must be based upon your payment less the amount of this reward. Johnson & Johnson Vision Care, Inc. reserves the right to cancel this program at any time without notice.

\* Reward is paid in the form of an ACUVUE® Prepaid Mastercard.® Your reward confirmation and payment will be delivered via email. Follow the instructions in the email to select between a virtual or physical Prepaid Mastercard. You must select your card type (virtual or physical) within three (3) months from the date these instructions are sent via email. Your right to the payment expires after that time. Once card type is selected, the funds must be used within six (6) months or the card will expire. Use your ACUVUE® Prepaid Mastercard everywhere Mastercard is accepted in the U.S. Issued by The Bancorp Bank, Member FDIC, pursuant to license by Mastercard International Incorporated. Your use of the prepaid card is governed by the Cardholder Agreement, and some fee's 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 of the card.

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 visit www.acuvue.com.

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