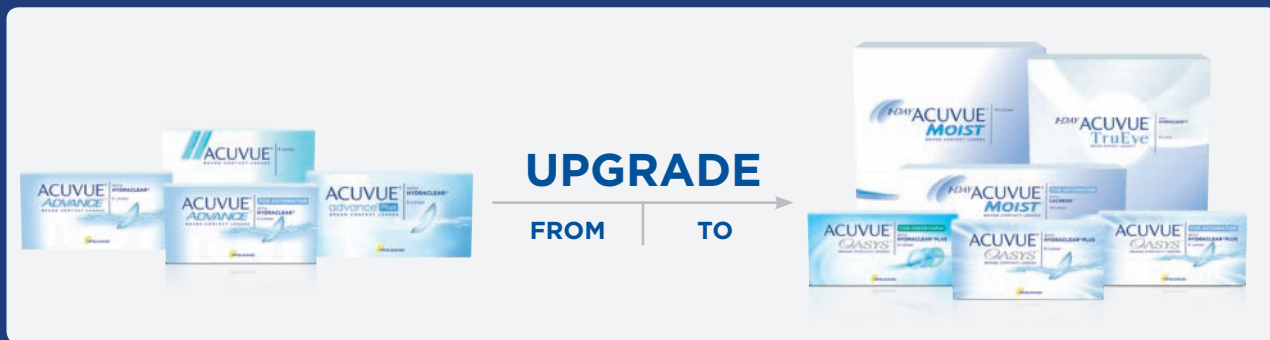


ACUVUE®

BRAND CONTACT LENSES

UPGRADE AND RECEIVE UP TO \$100 REIMBURSEMENT ON YOUR FITTING FEE

Offer valid only with annual supply* purchase made in store or in office. Not valid for internet purchases.



For current wearers of ACUVUE® ADVANCE® Brand Contact Lenses, ACUVUE® ADVANCE® Brand for ASTIGMATISM, ACUVUE® ADVANCE® Plus Brand, and ACUVUE® Brand Contact Lenses. These brands will be discontinued 3/31/2015.

STEP 1

GET A CONTACT LENS FITTING AND UPGRADE TO A NEW ACUVUE® BRAND

Get a contact lens evaluation/fitting and purchase an annual supply* of any of the following brands: ACUVUE® OASYS® Brand Contact Lenses, ACUVUE® OASYS® Brand for ASTIGMATISM, ACUVUE® OASYS® Brand for PRESBYOPIA, 1-DAY ACUVUE® MOIST® Brand Contact Lenses, 1-DAY ACUVUE® MOIST® for ASTIGMATISM, 1-DAY ACUVUE® TruEye® Brand Contact Lenses

STEP 2

COMPLETE REIMBURSEMENT FORM

We want to make it quick and easy to get your reimbursement! Just follow these quick and easy instructions. By submitting this required information and any optional information below, you agree that it will be governed by the Privacy Policy outlined on ACUVUE.com.

WHO IT'S FOR: Me My Child

If you selected "Me":

First Name		Last Name	
Date of Birth	Gender	Mailing Address	
MM/DD/YY	M F		
City	State	ZIP	
Contact Lens Evaluation/Fitting Fee Amount			
Brand You Are Upgrading To			

If you selected "My Child":

Parent's (your) First Name		Parent's (your) Last Name	
Parent's (your) DOB	Gender	Mailing Address	
MM/DD/YY	M F		
City	State	ZIP	
Child's (patient's) First Name		Child's (patient's) Last Name	
Contact Lens Evaluation/Fitting Fee Amount			
Brand Your Child is Upgrading To			

TURN OVER TO COMPLETE STEPS 3-4

YOU'RE JUST 2 EASY STEPS AWAY FROM YOUR REIMBURSEMENT.

Optional:

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

STEP 3

ATTACH RECEIPTS

Attach contact lens evaluation/fitting fee receipt, and product purchase receipt(s) to your completed reimbursement form.

STEP 4

SEND IN (Mail must be received by 1/31/15**)

Mail this form and receipts to:

2014 ACUVUE® Fit Fee Reimbursement Program 386-212
PO Box 2793
Grand Rapids, MN 55745-2793



Be sure to keep a copy of your paperwork for your records.

See terms and conditions below. Please allow 8-10 weeks for delivery of your reimbursement check.

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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 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, 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.

TERMS AND CONDITIONS: Offer valid only for current wearers of ACUVUE® ADVANCE®, ACUVUE® ADVANCE® for ASTIGMATISM, ACUVUE® ADVANCE® Plus, and ACUVUE® Brand who upgrade to one of newer eligible ACUVUE® Brands. Purchases must be made 7/1/14 through 12/31/14 and reimbursement requests received at the mailing address on or before 1/31/15**. Product purchase must be made within 90 days after contact lens evaluation/fitting. Limit one contact lens evaluation/fitting fee reimbursement per customer. This offer not valid in combination with any other contact lens evaluation/fitting fee offer. Offer valid for U.S. residents only. Offer not valid where prohibited by law. Photocopy of the certificate is not valid for redemption. Allow 8–10 weeks for delivery. No P.O. boxes, only street or rural route addresses are acceptable. 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, or undelivered responses. Offer valid only with in-office or in-store purchases. Not valid for internet purchases.

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 contact lens evaluation/fitting fee, your claim must be based upon your payment less the portion of the contact lens evaluation/fitting fee reimbursed by us through this offer. If your doctor is filing the claim, you must notify the doctor's office of the need to deduct the amount reimbursed by us from the claim.

* ACUVUE® OASYS® annual supply = 4 Six Month Supply Packs or 2 Annual Supply Packs. ACUVUE® OASYS® for ASTIGMATISM annual supply = 8 boxes. ACUVUE® OASYS® for PRESBYOPIA annual supply = 8 boxes. 1-DAY ACUVUE® MOIST® 90-pack annual supply = 8 boxes, 30-pack annual supply = 24 boxes. 1-DAY ACUVUE® MOIST® for ASTIGMATISM 30-pack annual supply = 24 boxes.

** Johnson & Johnson Vision Care, Inc., reserves the right to cancel this program at any time without notice.

ACUVUE®, ACUVUE® OASYS®, 1-DAY ACUVUE® TruEye®, 1-DAY ACUVUE® MOIST®, and ACUVUE® ADVANCE® are trademarks of Johnson & Johnson Vision Care, Inc.

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The third-party trademarks used herein are trademarks of their respective owners.
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