Important information for contact lens wearers:

ACUVUE® VITA® Brand Contact Lenses are only available by prescription for vision correction as a daily wear lens with one-month recommended replacement. 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 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 Acuvue.com.

*Comfort claims specific ACUVUE® VITA® Spherical Contact Lenses

Switch and Save $30

TAKE THE COMFORT CHALLENGE WITH ACUVUE® VITA® BRAND CONTACT LENSES

ACUVUE® VITA® Outperforms the Competition*

Up to 24% more Comfort than Air Optix® with Hydraglyde®

Up to 21% more comfort than Biofinity®

Up to 21% more comfort than Ultra®

*Comfort claims specific ACUVUE® VITA® Spherical Contact Lenses
PURCHASE ACUVUE® VITA® Brand Contact Lenses
Get a contact lens evaluation/fitting and purchase an annual supply of ACUVUE® VITA® Brand or ACUVUE® VITA® for ASTIGMATISM. An annual supply is two boxes (12 lenses per box) or four boxes (6 lenses per box).

COMPLETE THE FORM
Just follow these quick and easy instructions to get your reimbursement. 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.

Which monthly product were you wearing before ACUVUE® VITA®?
- Air Optix® Aqua, Air Optix® plus HydraGlyde®, Air Optix® for Astigmatism (Alcon)
- Biofinity®, Biofinity Energys™, or Biofinity® toric (Cooper Vision)
- PureVision® or PureVision Toric
- PureVision®2 or PureVision®2 for Astigmatism

Which ACUVUE® VITA® Brand product did you purchase? (Select all that apply)
- ACUVUE® VITA® Brand
- ACUVUE® VITA® Brand for ASTIGMATISM

Patient’s Name

Patient’s Address

City

State

Zip

Gender M F

Birth Date MM/DD/YYYY

Email Address

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.

PICK ONE

ATTACH PURCHASE RECEIPT
Attach a copy of your product purchase receipt to your completed reimbursement form. Receipt must show purchase location name, patient name, product purchased, quantity purchased, and purchase date. Please ensure all information is legible.

ATTACH RECEIPTS & PRODUCT BOXES
Attach a copy of your product purchase receipt and your fitting fee receipt to your completed reimbursement form. Include up to 2 opened product boxes AND unopened contact lens blister packs within those boxes of ACUVUE® VITA® Brand or ACUVUE® VITA® Brand for ASTIGMATISM. At least 4 lenses per 6 pack and 8 lenses per 12 pack are required. Unopened boxes of product must be returned to the original place of purchase for refund or exchange in accordance with the seller's policies.

ÃO851902
The Best Lens in its category

FOR YOUNG PATIENTS

1-DAY ACUVUE® MOIST

Students can Save

Up to $200*

See back for details

*Save up to $200 with annual supply purchase with $100 mail in rebate plus $100 MyACUVUE® Rewards.
† As compared to the four-leading daily disposable brands – 1-Day ACUVUE® Moist, Biotrue ONEday, Clariti 1-Day, and DAILIES® AquaComfort Plus®. Survey conducted from 6/19 – 7/19. Sample comprised of 316 US optometrists. Entry-level/ category is defined as mid-tier daily disposable contact lenses based on manufacturer’s market positioning and pricing.
‡ Source: Euromonitor International Limited; based on research conducted in August 2018; “world” represents markets accounting for 80.8% of total daily disposable contact lenses in 2017 (retail sales). Claim effective as of September 24, 2018. | PP20191DAVM4012 M071900
### PURCHASE ACUVUE® MOIST Brand Contact Lenses
Get a contact lens evaluation/fitting and purchase an annual supply of 1-DAY ACUVUE® MOIST Brand Contact Lenses. An annual supply is eight 90-pack boxes or twenty-four 30-pack boxes.

### COMPLETE THE FORM
Follow these quick and easy instructions to get your reimbursement. By submitting this required information you agree that it will be governed by the Privacy Policy outlined on ACUVUE.com.

(All fields below are required to disburse rebate payment.)

<table>
<thead>
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<th>Field</th>
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<td>(If patient is under the age of 18)</td>
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<td>I confirm that as of August 15, 2019 I am a student.</td>
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### ATTACH PURCHASE RECEIPT
Attach a copy of your product purchase receipt to your completed reimbursement form. Receipt must show purchase location name, patient name, product purchased, quantity purchased, and purchase date. Please ensure all information is legible.

Terms and Conditions:
Purchases of 1-DAY ACUVUE® MOIST must be made in-office or in-store at select retail locations between August 15, 2019 and December 31, 2019. 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. Quantity requirements are based on typical purchase of lenses for two eyes. Reward (rebate) requests obtained from place of purchase must be received within 30 days of purchase. Offer valid for U.S. residents only. Offer not valid where prohibited by law. Rebate is not valid for internet purchases and purchases made at large retailers including (but not limited to) Costco® Optical, Sam’s Club® Optical, BJ’s® Optical, Walmart® Optical or Target® Optical, but other offers may be available for ACUVUE® Brand purchases at these retailers. Requires submission of product purchase receipt showing: (a) purchase location name, (b) patient name, (c) product purchased, (d) number of boxes purchased, and (e) date of purchase. Limit one reimbursement claim per person and three per household. Qualifying patients must be active students. If you submit a claim for this rebate you may not submit for the Money Back Guarantee. This offer can be combined with MyACUVUE® Rewards. Photocopy of this form is not valid for redemption. Allow 6–8 weeks for delivery. 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 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 rebate. Johnson & Johnson Vision Care, Inc. reserves the right to cancel this program at any time without notice.

Your rebate confirmation will be delivered via email. Follow the instructions provided to select between a virtual or physical Visa Prepaid card. Rebate is in the form of an ACUVUE® MOIST Brand Visa® Prepaid Card. Card is issued by the Bancorp Bank, Member FDIC, pursuant to a license from Visa U.S.A. Inc. Card type (physical or virtual) must be selected within three (3) months of receiving payment email or card will expire. Once card type is selected, the funds must be used within six (6) months or the card will expire. Use your Visa® Prepaid card anywhere Visa debit cards are accepted in the U.S.

Be sure to keep a copy of your paperwork for your records. See terms and conditions above. Please allow 6–8 weeks for delivery of your rebate.

IMPORTANT SAFETY INFORMATION: ACUVUE® Brand Contact Lenses are indicated for vision correction. As with any contact lens, eye problems, including corneal ulcers, can develop. Some wearers may experience mild irritation, itching or discomfort. Lenses should not be prescribed if patients have any eye infection, or experience eye discomfort, excessive tearing, vision changes, redness or other eye problems. Consult the package insert for complete information. Complete information is also available from Johnson & Johnson Vision Care, Inc. by calling 1-800-843-2020, or by visiting www.jnjvisionpro.com.

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