

JANUARY - DECEMBER 2024

Receive up to
\$250
on your mediflex®
contact lenses

Offer valid
January 1
— to —
December 31,
2024

Online entry is easy!

You can submit using your computer, tablet or smartphone device. CooperVisionRewards.ca

To Qualify for a Rebate

- **Visit** your eyecare professional for a contact lens fitting.
- **Purchase** the required number of qualifying products as listed on page two of this form.

To Submit Rebate Online

1. Purchase qualifying mediflex® contact lenses from participating eyecare professionals in a single transaction between January 1 - December 31, 2024.

2. Apply for your rebate online at CooperVisionRewards.ca
You will be asked to upload the required documents and must have a valid email address to receive your CooperVision® Prepaid Mastercard®.

Online claims must be submitted within 60 days of lens purchase.

Rebate paid in the form of a convenient CooperVision® Prepaid Mastercard®.

Required Documents

To complete your submission, upload a copy of:

- Original dated sales receipt with eligible lens purchase(s).
- Two product box end panels (one for each eye) showing prescription information. Photos are accepted.

End Panel Example

COOPERVISION PRODUCT		
BC	DIA	PWR
8.7	14.4	-3.00

Get your rebate up to 4 weeks faster! Submit online at CooperVisionRewards.ca.

REBATE TERMS & CONDITIONS: Offer valid in Canada only. Offer not valid where prohibited by law. Keep copies of all documents for your records. All submitted documents will become the property of CooperVision® and will not be returned. Allow 6 to 8 weeks for processing. No P.O. Boxes, only street or rural addresses are acceptable. CooperVision® is not responsible for any lost, late, damaged or undelivered responses. Late, noncompliant, fraudulent or duplicate submissions will not be honoured. This rebate cannot be combined with any other offer. **Claims must be submitted online or postmarked within 60 days of lens purchase date. Rebate claim must be submitted online or postmarked no later than 2/28/2025.** Purchases from unauthorized, or online retailers are not eligible for this rebate promotion. For purchases of monthly contact lenses, limit of one (1) rebate per patient, per calendar year to a maximum of four (4) rebates per physical address/email address. For purchases of daily disposable contact lenses, limit of two (2) rebates per patient, per calendar year to a maximum of six (6) rebates per physical address/email address. Prepaid cards are issued in connection with the completion of a successful and valid rebate claim. Card / Virtual card is issued by Peoples Trust Company, Member FDIC, pursuant to a license from Mastercard® Inc. No cash access or recurring payments. Card can be used everywhere Mastercard® Prepaid Cards are accepted. Virtual card can be used everywhere Mastercard® Prepaid Cards are accepted online, or phone/mail orders. Card/Virtual card valid for up to 6 months; unused funds will forfeit after the valid thru date. Terms and conditions apply. **You will not have access to the funds after expiration.** Full card rules and terms can be found once you receive your payment notification. Valid only for sales made between 01/01/2024 and 12/31/2024. CooperVision® reserves the right, in its sole discretion, to withdraw or amend this offer in any way, or to amend these terms and conditions without prior notice or obligation. To receive your rebate, you must satisfy each of the requirements. Failure to follow each of these steps is a rejection of this rebate offer. **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.

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COOPERVISION® REBATE | OFFER CODE: **24-1MED1** Mail to: PO Box 3535, Markham ON, L3R 6J5

XLITERACAN11153



Questions? Visit us at CooperVisionRewards.ca for more information.

For additional help, email CooperVisionRewards@360incentives.com or call 1-866-415-7216.



Get your rebate up to 4 weeks faster! Submit online at **CooperVisionRewards.ca**

To apply for your rebate by mail, please complete this form and send in with original copies of all required documents. **Do not staple.**

Personal Information

All fields marked with an asterisk (*) are required in order to process and approve your rebate.

I AM SUBMITTING THIS CLAIM FOR*: MYSELF A FAMILY MEMBER OR SOMEONE ELSE

NAME TO APPEAR ON PREPAID CARD: _____

PATIENT NAME*: _____

EMAIL ADDRESS*: _____

A valid email address is required to access your claim and receive status notifications

ADDRESS 1 (Street Name and Number)*: _____

ADDRESS 2 (Apt/Suite): _____ PROVINCE*: _____

CITY*: _____ POSTAL CODE*: _____

TELEPHONE*: _____



We request your express consent to allow CooperVision Canada Corp. to send via email important information about our latest products, promotions and contests. By checking this box, you hereby expressly consent to receiving commercial electronic messages from CooperVision Canada Corp. You may change your mind and unsubscribe at any time by emailing us at coopervisionrewards@360incentives.com.

Choose your reward type here. Receive your payment 5-10 days faster by email with a Virtual Card. Virtual Mastercard® Prepaid Cards can be used for online purchases and added to your Apple or Google Wallet. Or select a Physical Card to receive by mail.

If Virtual is selected: Your reward will be delivered within 2- 3 weeks to the email used for your rebate registration, if approved.

Please be sure to check your Spam and Junk folders. The payment email will be sent from CardServices@hawkmartplace.com.

If Physical is selected: Your reward will be delivered via Canada Post within 3 – 5 weeks, if approved.

Digital Prepaid Mastercard® eCard

Physical Prepaid Mastercard® Card

TIP: When applying by mail, make a copy of your submission documents for your records.

COOPERVISION® REBATE | OFFER CODE **24-1MED1** Mail to: PO Box 3535, Markham ON, L3R 6J5

Eligible Products

Please check the number of boxes purchased next to the applicable type of lens.

mediflex® aquafinity / e-comfort	
\$25 Rebate Amount	Quantity
<input type="checkbox"/> mediflex® aquafinity 110	4
\$50 Rebate Amount	Quantity
<input type="checkbox"/> mediflex® aquafinity 160	4
<input type="checkbox"/> mediflex® aquafinity 116 toric	4
<input type="checkbox"/> mediflex® aquafinity XR	4
<input type="checkbox"/> mediflex® aquafinity XR toric	4
<input type="checkbox"/> mediflex® aquafinity e-comfort	4

mediflex® elite 1 day	
\$40 Rebate Amount	Quantity
<input type="checkbox"/> mediflex® elite 1 day sphere 90-pk	2
<input type="checkbox"/> mediflex® elite 1 day toric 90-pk	2
<input type="checkbox"/> mediflex® elite 1 day multifocal 90-pk	2
\$120 Rebate Amount	Quantity
<input type="checkbox"/> mediflex® elite 1 day sphere 90-pk	4
<input type="checkbox"/> mediflex® elite 1 day toric 90-pk	4
<input type="checkbox"/> mediflex® elite 1 day multifocal 90-pk	4
\$250 Rebate Amount	Quantity
<input type="checkbox"/> mediflex® elite 1 day sphere 90-pk	8
<input type="checkbox"/> mediflex® elite 1 day toric 90-pk	8
<input type="checkbox"/> mediflex® elite 1 day multifocal 90-pk	8

mediflex® supreme 1 day	
\$40 Rebate Amount	Quantity
<input type="checkbox"/> mediflex® supreme 1 day 90-pk	2
<input type="checkbox"/> mediflex® supreme 1 day toric 90-pk	2
\$120 Rebate Amount	Quantity
<input type="checkbox"/> mediflex® supreme 1 day 90-pk	4
<input type="checkbox"/> mediflex® supreme 1 day toric 90-pk	4
\$250 Rebate Amount	Quantity
<input type="checkbox"/> mediflex® supreme 1 day 90-pk	8
<input type="checkbox"/> mediflex® supreme 1 day toric 90-pk	8



OPTOMETRY
giving sight

None \$5 \$10 All You can share some of your rebate to help provide sight to millions. You can help give the gift of sight by electing to share None, \$5, \$10 or all of your rebate and CooperVision will donate that amount to Optometry Giving Sight. If you'd like to help, just indicate the amount by selecting a box on the left and you'll receive your Mastercard prepaid card minus that amount. Please note that if you select "All", a Mastercard Prepaid card will not be sent to you. A tax receipt will be provided.

Survey Questions

Are you new to contact lenses?

- Yes
 No

What influenced your decision to purchase mediflex® contact lenses? Select all that apply.

- Recommendation by my eyecare professional
 Cost
 Value of the rebate offer
 Recommendation of a friend/family member
 Replacement schedule (1 day/Monthly)
 Brand name

Which lens did you PREVIOUSLY wear?

- ACUVUE® OASYS® clariti® 1 day Proclear® 1 day
 ACUVUE® VITA® DAILIES TOTAL1® Ultra®
 1-DAY ACUVUE® MOIST® DAILIES AquaComfort Plus® N/A
 Air Optix® MyDay® Other
 Biofinity® Oasys® 1 day
 Biotrue® ONEday Precision1®



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