

SAVE UP TO \$140

on your CooperVision® contact lenses from a doctor participating in the VSP® Global Premier Program.

EXCLUSIVE BONUS OFFER FOR VSP VISION CARE MEMBERS

CooperVision Offer: 01/01/2019 – 6/30/2019

clariti® 1 day brand: \$140 off (8) 90-packs or (24) 30-packs

MyDay® brand: \$130 off (8) 90-packs or (4) 180-packs

Biofinity Energys®: \$60 off (4) 6-packs

Biofinity®: \$40 off (4) 6-packs (excludes Biofinity® XR)

Biofinity® toric / Biofinity® multifocal: \$60 off (4) 6-packs
(excludes Biofinity® XR toric)



Submit your rebate online
now at CooperVisionPromotions.com



SEE BACK FOR DETAILS

Purchase Dates: 01/01/2019 – 6/30/2019

Submit Date: Within 60 days of lens purchase

Offer Code: 19-12105

To Qualify for a Rebate

- **Visit** your eye care professional for a contact lens fitting.
- **Purchase** the required number of products listed on the front of this form in a single transaction.

To Submit Rebate

- 1 Purchase qualifying CooperVision contact lenses in a single transaction between January 1 and June 30, 2019 from participating authorized eye care professionals.
- 2 Apply for your online rebate at CooperVisionPromotions.com within 60 days of your purchase. You will be prompted to upload images of the required documents and must have a valid accessible email address to receive your Visa Prepaid Card.
- 3 Once your claim has been approved, you will receive an email from notification@coopervisiondigitalrewards.com with the details on how to redeem your choice of physical or virtual card.

Required Documents

To complete your submission, you will need to upload the following:

- Original dated fitting fee exam receipt with date circled
- Original dated sales receipt with eligible lens purchase(s) and date circled
- Two product box end panels (one for each eye) showing prescription information

End Panel Example:

COOPERVISION PRODUCT		
BC	DIA	PWR
8.7	14.4	-3.00

OPTOMETRYGIVINGSIGHT

Transforming lives through the gift of vision

You can donate part of your rebate to provide sight to millions. Learn more at coopervision.com/ogs

REBATE TERMS & CONDITIONS: 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. Offer valid only for residents of the U.S., Puerto Rico and Virgin Islands. Offer not valid where prohibited by law and not valid with any other offer or rebates. Rebate not valid in combination with purchase at 1-800 CONTACTS. Allow up to 8 weeks for processing and payment of your rebate. CooperVision reserves the right to cancel, suspend, or modify part of or this entire rebate program at any time without notice, for any reason in its sole discretion. CooperVision is not responsible for lost, late, illegible, stolen, or incomplete requests; or postage-due, damaged, or separated mail. **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. All submitted materials become property of CooperVision and will not be returned. Limit one rebate per person per twelve (12) month period and five (5) rebates per address and/or email address per twelve (12) month period, except CT, RI and where prohibited by law. Excessive submissions and/or other fraudulent activities may result in federal prosecution under the U.S. mail fraud statutes (Title 18 United States Code Sections 1341 and 1342). Rebate paid in the form of a Visa Prepaid Card. Use your card anywhere Visa debit cards are accepted in the United States and U.S. Territories. The card may not be used at any merchant, including internet and mail or telephone order merchants, outside of the United States and U.S. Territories. Card is issued by The Bancorp Bank, Member FDIC, pursuant to a license from Visa U.S.A. Inc. Pay close attention to the expiration date printed on the front of the card. Card is valid through the last day of the month. You will not have access to the funds after expiration. Full rules and terms can be found at coopervisiondigitalrewards.com once you receive your payment notification. CooperVision reserves the right to substitute a check of equal value in lieu of a Visa Prepaid Card at its discretion. If you elect to donate a portion, or your entire rebate amount, all donated rebate money submitted between 01/01/2019 and 6/30/2019 will be contributed by CooperVision to Optometry Giving Sight. VSP and VSP Global are registered trademarks of Vision Service Plan. ©2019 CooperVision. If you don't have access to the internet, please call 1-877-875-6043.

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Questions? Visit us at
CooperVisionPromotions.com
for more information

Claims must be submitted within 60 days of lens purchase. All receipts must be from the same eye care practitioner who prescribed your contacts, or from an affiliated location with that practitioner. Rebate paid in the form of a convenient CooperVision Visa® Prepaid Card. Submissions made on behalf of a consumer by an eye care provider may result in the rejection of this rebate offer.

