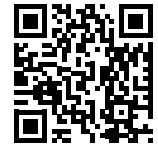


MiSight®

SPECIAL OFFER



Scan the QR code or go to
CooperVisionPromotions.com
and enter
Offer Code: MISO-1H24

*See full Terms and Conditions and minimum purchase requirements below

Up to \$300 in Rewards!*

For purchases made between
January 1, 2024 – June 30, 2024

- 1 Complete the online claim form at CooperVisionPromotions.com. You will be required to upload images of the required documents via either mobile device or computer and have a valid and accessible email address.
- 2 You will receive a confirmation email from CooperVisionPromos@360incentives.com with your claim number that you can use to track status anytime.
- 3 Once your claim has been reviewed and approved, you will receive an email from Notification@CooperVisionDigitalRewards.com with the details on how to redeem your physical or virtual CooperVision® Prepaid Mastercard®.

**SUBMISSIONS MUST BE MADE WITHIN 60 DAYS OF PURCHASE.
INTERNET RETAILER PURCHASES ARE NOT ELIGIBLE.**

Purchase Dates:
01/01/2024 – 06/30/2024

Submit Date: Within 60 days of lens purchase

Offer Code: MISO-1H24

VISIT your eye care practitioner for a contact lens fitting.
PURCHASE the required number of products listed below in a single transaction.
All purchases must be from the same eye care practitioner who prescribed your contacts, or from an affiliated location with that practitioner.

UPLOAD the required itemized documents (must be clear and legible): dated eye exam receipt with fitting fee and date circled, dated sales receipt with eligible lens purchase(s) and date circled, and two product box end panels (one for each eye) showing prescription information.

\$300

MiSight® 1 day brand
(8) 90-packs or (4) 180-packs

**Questions? Visit us at
CooperVisionPromotions.com
and click Help Center
or call 1-877-875-6043**

REBATE TERMS & CONDITIONS: To receive your rebate, you must satisfy each of the rebate requirements and provide the following documentation: (A) an eye exam/lens fitting receipt with patient name; (B) a valid sales receipt for a qualifying contact lens purchase that includes: (i) patient name; (ii) purchase location; (iii) CooperVision contact lens product purchased; (iv) number of boxes purchased; and (v) date of purchase; and (C) a product box end panel (one for each eye). 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 U.S. Virgin Islands. Offer valid only when contact lenses are purchased from prescribing eye care professional or affiliated location. 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, Costco or Internet Retailers. Allow up to 6 weeks to receive the payment email with instructions for redeeming a physical or virtual prepaid card. 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 including for fraud prevention measures. CooperVision is not responsible for lost, late, illegible, stolen, or incomplete requests. All submitted materials become property of CooperVision and will not be returned. Limit one rebate per person per (12) twelve-month period based on purchase date and five (5) rebates per address and/or email address per twelve (12) month period, except 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). You represent that you are legally competent and have the legal authority to submit this rebate application. Submissions made on behalf of a consumer by an eyecare provider may result in the rejection of this rebate offer. If you elect to donate all, or part, of your rebate amount, all donated rebate money submitted between 1/1/24-6/30/24 will be contributed by CooperVision to Optometry Giving Sight. © 2024 CooperVision.
• If you don't have access to the internet, please call 1-877-875-6043 for assistance.



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

***NOTICE TO CONSUMERS:** If you are personally filing a claim for reimbursement with 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.

Rebate paid in the form of a CooperVision® Prepaid Mastercard®. Your rebate will be delivered via email with instructions for selecting your prepaid card. You must select your card within 3 months from the date these instructions are sent via email. Your right to the payment may expire after that time. If a valid email address is not provided, a physical prepaid card will be automatically selected and sent to your mailing address on file. Use your card everywhere Mastercard is accepted in the U.S. Issued by The Bancorp Bank, Member FDIC, pursuant to license by Mastercard International Incorporated. Mastercard is a registered trademark, and the circles design is a trademark of Mastercard International Incorporated. Your use of the prepaid card is governed by the Cardholder Agreement, and some fees 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. Cards will not have cash access and can be used everywhere debit Mastercard is accepted. Card is valid through the last day of the expiration month. You will not have access to the funds after expiration. The Cardholder Agreement can be found at coopervisiondigitalrewards.com once you receive your payment notification.

Purchase Dates:
01/01/2024 – 06/30/2024

Submit Date:
Within 60 days of lens purchase

Offer Code:
MIST-1H24

VISIT your eye care practitioner for a contact lens fitting.
PURCHASE the required number of products listed below in a single transaction.
All purchases must be from the same eye care practitioner who prescribed your contacts, or from an affiliated location with that practitioner.

Scan QR code
to submit:



\$200

MiSight® 1 day
(8) 90-packs or (4) 180-packs

\$75

MiSight® 1 day
(4) 90-packs or (2) 180-packs

UPLOAD the required itemized documents (must be clear and legible): dated eye exam receipt with fitting fee and date circled, dated sales receipt with eligible lens purchase(s) and date circled, and two product box end panels (one for each eye) showing prescription information.

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or call **1-877-875-6043**

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