RECEIVE UP TO $250 on your CooperVision® contact lenses

OFFER VALID: January 1 - December 31, 2026

Submit your rebate online now at **CooperVisionRewards.ca**
SEE BACK FOR DETAILS

CooperVision®

To Qualify for a Rebate

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

Online entry is easy! You can submit using your computer, tablet or mobile device. **CooperVisionRewards.ca**

To Submit Rebate Online

1. Purchase qualifying CooperVision® contact lenses from participating eyecare professionals in a single transaction between January 1 - December 31, 2026.
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 – 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 honored. This rebate cannot be combined with any other offer. **Claims must be submitted online or postmarked within 60 days of lens purchase date. Rebate submission must be submitted online or postmarked no later than 2/28/2027.** Purchases from unauthorized, or online retailers are not eligible for this rebate promotion. For purchases of monthly contact lenses (Biofinity or Serenity), 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 1 Day contact lenses (clariti, MyDay or MiSight), limit of three (3) 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 debit cards are accepted. Virtual card can be used everywhere Mastercard debit 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 01/01/2026 and 12/31/2026. 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. The rebate amount cannot exceed the cost paid by the patient for their lenses. If the purchase amount is less, the claim will be declined.

COOPERVISION REBATE | OFFER CODE **26NATIONAL** Mail to: PO Box 3535, Markham ON, L3R 6J5

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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@hawkmarketplace.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 I OFFER CODE **26NATIONAL** 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.

Biofinity®	
$50 Rebate Amount	**Quantity**
❑ Biofinity®	4
❑ Biofinity® toric	4
❑ Biofinity® multifocal	4
❑ Biofinity® toric multifocal	4
❑ Biofinity® XR	4
❑ Biofinity® XR toric	4
❑ Biofinity Energys®	4

Serenity®	
$25 Rebate Amount	**Quantity**
❑ Serenity®	4
❑ Serenity® toric	4

MiSight®	
$50 Rebate Amount	**Quantity**
❑ MiSight® 1 day	4
$120 Rebate Amount	**Quantity**
❑ MiSight® 1 day	8

clariti®	
$40 Rebate Amount	**Quantity**
❑ clariti® 1 day 90-pk	2
❑ clariti® 1 day toric 90-pk	2
❑ clariti® 1 day multifocal 3 Add 90-pk	2
❑ clariti® 1 day 30-pk	6
❑ clariti® 1 day toric 30-pk	6
❑ clariti® 1 day multifocal 3 Add 30-pk	6
$120 Rebate Amount	**Quantity**
❑ clariti® 1 day 90-pk	4
❑ clariti® 1 day toric 90-pk	4
❑ clariti® 1 day multifocal 3 Add 90-pk	4
❑ clariti® 1 day 30-pk	12
❑ clariti® 1 day toric 30-pk	12
❑ clariti® 1 day multifocal 3 Add 30-pk	12
$250 Rebate Amount	**Quantity**
❑ clariti® 1 day 90-pk	8
❑ clariti® 1 day toric 90-pk	8
❑ clariti® 1 day multifocal 3 Add 90-pk	8
❑ clariti® 1 day 30-pk	24
❑ clariti® 1 day toric 30-pk	24
❑ clariti® 1 day multifocal 3 Add 30-pk	24

MyDay®	
$40 Rebate Amount	**Quantity**
❑ MyDay® 90-pk	2
❑ MyDay® toric 90-pk	2
❑ MyDay® multifocal 90-pk	2
❑ MyDay Energys ® 90-pk	2
$120 Rebate Amount	**Quantity**
❑ MyDay® 90-pk	4
❑ MyDay® 180-pk	2
❑ MyDay® toric 90-pk	4
❑ MyDay® multifocal 90-pk	4
❑ MyDay Energys ® 90-pk	4
$250 Rebate Amount	**Quantity**
❑ MyDay® 90-pk	8
❑ MyDay® 180-pk	4
❑ MyDay® toric 90-pk	8
❑ MyDay® multifocal 90-pk	8
❑ MyDay Energys ® 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 CooperVision® contact lenses? Select all that apply.

❑ Recommendation by my eye care 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®
❑ ACUVUE® VITA®
❑ 1-DAY ACUVUE® MOIST®
❑ Air Optix®
❑ Biofinity®
❑ Biotrue® ONEday
❑ clariti® 1 day
❑ DAILIES TOTAL1®
❑ DAILIES AquaComfort Plus®
❑ MyDay®
❑ Oasys® 1 day
❑ Precision1®
❑ Proclear® 1 day
❑ Ultra®
❑ N/A
❑ Other