Alcon Choice Rebate Redemption Form

Valid on purchases made between 5/1/18 and 8/31/18.
Rebate claim must be submitted within sixty (60) days of your purchase.

Before you submit your rebate, be sure you have the following items to validate your purchase:

- ✓ A copy of one original UPC code from one purchased box of eligible contact lenses
- ✓ A copy of your eye exam receipt and/or contact lens fitting receipt
- ✓ A copy of your original sales receipt with the eligible contact lens product(s) circled
- ✓ Your Alcon Rebate Code (don't have a Rebate code? Get it at Rebate.AlconChoice.com)

Two convenient options to submit your Alcon Choice Rebate

Please allow 8-10 weeks for us to process your rebate. We recommend that you make photocopies of your entire submission for your records.

SUBMIT YOUR CLAIM ONLINE

1. Go to **AlconChoice.com**
2. Enter your unique Rebate Code (obtained from **Rebate.AlconChoice.com**)
3. Complete the rebate submission process on **AlconChoice.com** within sixty (60) days of your purchase. To complete the process, you will need to enter your Rebate Code and electronically upload the required proof-of-purchase documentation (a copy of the original sales receipt, a copy of one original UPC code, and a copy of your eye exam receipt and/or lens fitting receipt) as detailed above
4. Fill in the required contact Information and follow the directions to submit your rebate
5. Once the rebate documentation is received and verified, you will receive an email from Alcon with instructions on how to obtain your rebate reward
6. Rebate reward will be delivered by the method of your choice
7. If you would like assistance with your rebate, please call 1-855-344-6871

MAIL-IN YOUR CLAIM

1. Print our Mail-In Alcon Rebate Redemption Form (the second page of this document) and fill in the required information
2. Mail the completed Form, along with the required documentation (copies of UPC, eye exam receipt/contact lens fitting receipt, and sales receipt), as detailed above in a stamped envelope to the following address:

   Alcon Choice Rebates Program Headquarters
   PO Box 9106
   Farmington Hills, MI 48333-9106

   NOTE: Your Rebate claim must be mailed (and postmarked) within sixty (60) days of your purchase
3. Once the rebate documentation is received and verified, you will receive an email from Alcon with instructions on how to obtain your rebate reward
4. Rebate reward will be delivered by the method of your choice
5. If you have any questions or require assistance with your rebate, please call 1-855-344-6871

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PERSONAL INFORMATION

FIRST NAME: LAST NAME:

PATIENT FIRST NAME:
(If different from above)

PATIENT LAST NAME:
(If different from above)

STREET #: APT/SUITE #:

STATE: ZIP CODE: CITY:

EMAIL ADDRESS:

In order to receive updates on your claim status, please provide your email address

TELEPHONE: - -

PRODUCTS PURCHASED

Please check the box beside the applicable product. You can find this on your invoice or receipt.

DAILIES® Family	AIR OPTIX® Family
❑ DAILIES® AquaComfort PLUS® (sphere) / 30-ct box	❑ AIR OPTIX® AQUA MULTIFOCAL / 6-ct box
❑ DAILIES® AquaComfort PLUS® (sphere) / 90-ct box	❑ AIR OPTIX® COLORS / 6-ct box
❑ DAILIES® AquaComfort PLUS® Toric / 30-ct box	❑ AIR OPTIX® for ASTIGMATISM / 6-ct box
❑ DAILIES® AquaComfort PLUS® Toric / 90-ct box	❑ AIR OPTIX® NIGHT & DAY® AQUA/ 6-ct box
❑ DAILIES® AquaComfort PLUS® Multifocal / 30-ct box	❑ AIR OPTIX® plus HydraGlyde® (sphere) / 6-ct box
❑ DAILIES® AquaComfort PLUS® Multifocal / 90-ct box	
❑ DAILIES TOTAL1® (sphere) / 30-ct box	
❑ DAILIES TOTAL1® (sphere) / 90-ct box	
❑ DAILIES TOTAL1® Multifocal / 30-ct box	
❑ DAILIES TOTAL1® Multifocal / 90-ct box	

Required for each submission:

- ✔ A copy of one original UPC code from one purchased box of eligible lenses
- ✔ A copy of your eye exam receipt and/or contact lens fitting receipt
- ✔ A copy of your original sales receipt with the eligible contact lens product(s) circled

PURCHASE INFORMATION

Is this your first time purchasing this product? ❑ Yes ❑ No

PURCHASE PRICE: $ QUANTITY OF BOXES:

Total amount paid for Alcon lenses

PURCHASE LOCATION:

Please indicate the name of the doctor or retailer from whom you purchased your Alcon lenses

DATE OF EYE EXAM OR LENS FITTING: - - (month - day - year)

LENS PURCHASE DATE: - - (month - day - year) INVOICE #:

REBATE CODE

YOUR UNIQUE REBATE CODE IS:

Your rebate code should be 15 or 16 characters. Don't have a rebate code? Visit Rebate.AlconChoice.com to get your code before you submit this form!

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REBATE TERMS AND CONDITIONS

1. Purchase an annual supply of eligible contact lenses from the corresponding product family: DAILIES TOTAL1®, DAILIES® AquaComfort Plus®, or AIR OPTIX® between May 1, 2018 and August 31, 2018 from your eye care professional or participating retailer. Purchases made before or after these dates will not be eligible for this rebate. (Purchases made prior to May 1, 2018 may qualify for a prior Alcon rebate, subject to terms and conditions of that offer.) Purchase date is determined by sales receipt date. Offer only valid on purchases made in-office and at participating retail locations. Offer not valid for purchases made through Walmart® Vision Centers, Target® Optical, and 1-800 CONTACTS. Other offers may be available for Alcon lens purchases at these and other retailers. To determine if your proposed retailer is participating in this offer, please call 1-855-344-6871.
2. Eye exam or lens fitting is required and must occur within 90 days prior to lens purchase.
3. Rebate Submissions must be made (and postmarked, if by mail) within sixty (60) days of lens purchase. All rebate submissions must be made by the patient or purchaser. Rebate submissions by an eye care professional or staff member on behalf of a patient or purchaser are not eligible.
4. All rebate submissions require a valid rebate code (obtained from www.rebate.alconchoice.com) and the following documentation:
   (a) a valid sales receipt that includes:
      (i) patient or purchaser name;
      (ii) Alcon contact lens product purchased;
      (iii) purchase location;
      (iv) number of boxes purchased; and
      (v) date of purchase;

   (b) an eye exam or lens fitting receipt with name of patient and date of exam/fitting;

   (c) a UPC/barcode label from one purchased product box; and

   (d) if submitting by mail, a completed Alcon Rebate Redemption Form.

   One (1) mail-in rebate per envelope. Alcon is not responsible for lost, late, illegible, postage-due or misdirected mail. We suggest that you make a copy of all rebate materials for your records. All material submitted becomes property of Alcon and will not be returned. Online rebate submissions must contain legible images of required documentation.
5. All rebate submissions are subject to purchase validation. Alcon reserves the right to request additional information in connection with each rebate submission.
6. Limit of one (1) Alcon rebate per person, per 12-month period.
7. Limit of five (5) rebates per household and/or e-mail address per 12-month period, except where prohibited by law.
8. Not valid on purchases made on a subscription basis (i.e., when payment is made in installments) and cannot be combined with any other promotional offer, including any other rebate or instant savings promotion.
9. Valid only in the fifty (50) United States, District of Columbia ("U.S.") and U.S. Territories (Puerto Rico, Guam and U.S. Virgin Islands). Void where prohibited by law.
10. If these terms and conditions are not met, a rebate will not be issued.
11. Allow approximately eight (8) weeks for delivery of your rebate following receipt and verification of all required rebate documentation. Rebates are payable in U.S. dollars in in the form of a Visa® Prepaid Card.** No P.O. boxes (except ND and where required by law).
12. State and federal laws prohibit acts devised to defraud or to obtain money or property by false or fraudulent means, including, among other things, the use of fictitious names or addresses.
13. Alcon reserves the right to cancel, modify or change this rebate program and institute fraud prevention measures at any time without notice.
14. You may call the support line at 1-855-344-6871 for assistance. Please note that rebate claims cannot be submitted by phone.

**Rebate is in the form of a Visa® prepaid card issued by The Bancorp Bank, Member FDIC, pursuant to a license from Visa U.S.A., Inc. The Visa® prepaid card can be used at any merchant that accepts Visa® debit cards. The Visa® prepaid card is not redeemable for cash or usable at any ATM. Pay close attention to the expiration date of the prepaid card, which is valid through the last day of the month printed on the front of the prepaid card. You will not have access to any unused funds after expiration, subject to applicable law, and lost or expired cards will not be replaced. For complete terms, conditions and fees, see the Cardholder Agreement, which may include the imposition of certain fees.

NOTICE TO CONSUMERS: If you are personally filing a claim for reimbursement from a third-party payer (e.g., insurance company, employer group, flexible spending account, etc.) for the purchase of these contact lenses, your claim must be based upon your payment less the value of this rebate. If your doctor is filing the claim for reimbursement from a third-party payer on your behalf, 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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