

2 MAIL THE COMPLETED FORM (ALONG WITH A COPY OF THE REQUIRED DOCUMENTATION BELOW)

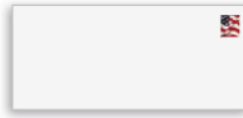


A) Receipt of Return *Proof that you returned the product to your original place of purchase.*



B) Eye Exam / Lens Fitting Receipt *A document from your doctor that shows the date of your eye exam / contact lens fitting.*

C) Sales Receipt *Your Eye Exam / Lens Fitting receipt may be the same as your Sales Receipt if you do not have an exam documentation.*



If this is the case, you are only required to submit the combined receipt demonstrating that a fit / exam and purchase occurred.

Mail in a stamped envelope to the following address:

Alcon Choice Rebates Program Headquarters
Platinum Total Satisfaction Guarantee
P.O. Box 130020
El Paso, Texas 88513

*TERMS AND CONDITIONS:

Offer valid for U.S. residents only. Offer not valid where prohibited by law. Maximum value of reimbursement claim for contact lens fit fee is \$60. Your reimbursement claim submission must be mailed (and postmarked) to the address above within ninety (90) days of your contact lens purchase. Limit one (1) reimbursement claim per patient. The eligibility requirements and procedures set forth above apply to this Platinum Total Satisfaction Guarantee and must be followed. This offer is not valid if you submitted a rebate claim for the same lens purchase under an Alcon consumer rebate program, including but not limited to the Alcon® Choice programs. Allow 8–10 weeks for delivery. No P.O. Boxes (except for residents of North Dakota and where required by law), only street and rural addresses are acceptable. Fraudulent submissions could result in prosecution. Alcon is not responsible for lost, late, damaged, illegible, undelivered, or postage-due Platinum Total Satisfaction Guarantee submissions, which will not be honored. Alcon reserves the right to modify or cancel this program at any time without notice or deny reimbursement where fraud is suspected. This Platinum Total Satisfaction Guarantee applies to Alcon lens purchases through January 31, 2024.

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 contact lens fitting, your claim must be based upon your payment less the amount of this reimbursement. If your doctor is filing the claim, you must notify the doctor's office of the need to deduct this rebate amount from the fitting fee used in calculating the claim.

We recommend you make photocopies of your entire submission for your records.

For questions about the Platinum Total Satisfaction Guarantee, please call 1-855-344-6871.

Reimbursement is in the form of an Alcon Visa® prepaid card. Your Alcon Visa® prepaid card is issued by The Bancorp Bank, Member FDIC, pursuant to a license from Visa® U.S.A., Inc. Cards can be used anywhere Visa® debit cards are accepted in the United States and U.S. Territories. This offer is not a The Bancorp Bank product or service. The Bancorp Bank does not endorse this offer. Prepaid card is not redeemable for cash or usable at any ATM.