

LISTERINE® SENSITIVITY
OFFICIAL MAIL-IN CERTIFICATE
PURCHASES MUST BE MADE BETWEEN 01/01/2018 through 12/31/2018

Your name, address, and any other identifying information you provide will be available to Johnson & Johnson Consumer Inc. We will not disclose your information to anyone else except upon governmental request. The information you submit will be governed by our privacy policy <https://www.listerine.com/privacy>

If you purchased LISTERINE® SENSITIVITY product between 01/01/2018 through 12/31/2018 and are not satisfied after using the product for two weeks, twice a day, and would like your purchase price refunded to you, please complete the following steps for your purchase price reimbursement (up to \$5.99USD plus tax).

SEND:

1. The original fully completed LISTERINE® SENSITIVITY Official Mail-In Certificate.
2. The original store identified sales receipt dated **01/01/18 through 12/31/18** indicating eligible LISTERINE® SENSITIVITY product purchased with purchase price circled. (**Product Exclusions apply; see offer Terms and Conditions)
3. The original LISTERINE® SENSITIVITY product UPC(s) from the package(s).

MAIL TO: LISTERINE® SENSITIVITY, PO BOX 767, Neenah, WI 54956

The information you submit will be governed by our Privacy Policy (<https://www.listerine.com/privacy>)

*First Name: _____ *Last Name: _____

*Mailing Address (No PO Boxes): _____

*City: _____ *State: _____ *Zip: _____

*Email Address: _____

By checking this box, I attest that I am at least 18 years of age:

*Product Name and UPC (write product size and UPC on corresponding line):

*Product Name: _____

*UPC _____

(*Required Fields)

TERMS AND CONDITIONS:

Offer limited to 50 U.S. states, D.C. and Puerto Rico residents only, 18 years of age or older. Must be actual purchaser of the qualifying product. Offer valid on eligible LISTERINE® SENSITIVITY purchases made **01/01/18 through 12/31/18** that were purchased with cash or cash equivalent (no points or other non-monetary purchase methods). All reimbursement requests must be received at the mailing address **on or before 02/28/19**. Requests received after 02/28/19 will not be honored or acknowledged. No P.O. boxes. Check with your local post office for street address. Maximum value of the reimbursement equals up to \$5.99USD, plus tax. Participants will receive a check by mail, upon claim acceptance. Please allow 6-8 weeks for processing and delivery. If 18 years or older requirement, UPC write-in, and valid original sales receipt (with retailer name, accurate product description, purchase price and date) are not included in the request, the purchase price (up to \$5.99USD) will not be reimbursed. Offer is limited to one (1) reimbursement claim for the purchase of one (1) LISTERINE® SENSITIVITY product per household street address. Multiple product reimbursement requests per household or street address will not be honored. UPCs or receipts obtained through unauthorized means or illegitimate channels will be void. UPCs and receipts cannot be sold, traded, auctioned or bartered; all of which will be void. Fraudulent submission including use of multiple addresses to obtain additional reimbursements may result in federal prosecution under the U.S. Mail Fraud Statutes (18 U.S. Code, Section 1342). Not responsible for lost, late, misdirected, mutilated, illegible, incomplete, postage due, or undelivered responses. Maximum value of the reimbursement equals up to \$5.99USD, plus tax. Actual value reimbursed will be based on individual purchase price paid plus tax, up to the maximum allowable amount. Participants will receive a refund check by mail.

****PRODUCT EXCLUSIONS:**

The following products are excluded from this offer: any LISTERINE® products that are not LISTERINE® SENSITIVITY products and all trial size products.