



BREAK UP YOUR SINUS SYMPTOMS

WITH
JUST 1 DOSE
 OR YOUR MONEY BACK



Mail-In Rebate

Offer valid for products purchased between 2/27/2022 to 2/28/2024; must be postmarked by 3/11/2024



MUCINEX® SINUS-MAX® & MUCINEX® D MONEY BACK GUARANTEE

TERMS & CONDITIONS:

Buy: Any **ONE (1)** of the following products (each, a "Qualifying Product"):

1. Maximum Strength® **MUCINEX® SINUS-MAX®** Severe Congestion & Pain & **MUCINEX® Nightshift®** Sinus3/(2x6) oz. 3-63824-51067-5
2. **MUCINEX® Nightshift®** Sinus 6/6 oz. 3-63824-26268-0
3. **MUCINEX® Nightshift®** Sinus Caplets - 24/20 ct. 3-63824-26271-0
4. **MUCINEX® SINUS-MAX®** - Pressure, Pain & Cough 24/20 ct. 3-63824-24220-0
5. **MUCINEX® SINUS-MAX®** - Pressure, Pain & Cough Liquid Gels 24/8 ct. 3-63824-12504-6
6. **MUCINEX® SINUS-MAX®** - Severe Congestion & Pain 24/20 ct. 3-63824-20120-5
7. **MUCINEX® SINUS-MAX®** - Severe Congestion & Pain 24/8 ct. (4 sachets) 3-63824-20144-3
8. **MUCINEX® SINUS-MAX®** Adult Liquid - Max Strength Severe Congestion & Pain 6/6 oz. 3-63824-26166-9
9. **MUCINEX® SINUS-MAX®** Liquid Gels - Day & Night 24/24 ct. 3-63824-68824-4
10. **MUCINEX® SINUS-MAX®** Liquid Gels - Pressure, Pain and Cough 24/16 ct. 3-63824-68616-5
11. **MUCINEX® SINUS-MAX®** Liquid Gels - Severe Congestion & Pain 24/16 ct. 3-63824-69216-6
12. **MUCINEX® SINUS-MAX®** Nasal Spray - Clear & Cool 24/7.5 oz. 3-63824-83436-8
13. **MUCINEX® SINUS-MAX®** Nasal Spray - Clear and Cool 8/(3x.75) oz. 3-63824-99618-9
14. **MUCINEX® SINUS-MAX®** Nasal Spray - Sinus & Allergy 24/7.5 oz. 3-63824-99508-3
15. **MUCINEX® SINUS-MAX®** Pressure, Pain & Cough & Nightshift® Sinus Caplets - 24/20 ct. 3-63824-26273-4
16. **MUCINEX® SINUS-MAX®** Pressure, Pain & Cough & Nightshift® Sinus Caplets - 24/40 ct. 3-63824-26274-1
17. **MUCINEX® D** - 24/18 ct. 3-63824-05718-7
18. **MUCINEX® D** - 24/36 ct. 3-63824-05736-1
19. **MUCINEX® D** - Max Strength 24/24 ct. 3-63824-04124-7

SEND:

- a) The Money Back Guarantee form printed from www.mucinexsinusmax-guarantee.com; and
- b) The original UPC code removed from either the box or the bottle of the Qualifying Product (DO NOT return the actual bottle containing the Qualifying Product); and
- c) The original dated purchase receipt (in store or online) with the purchase price circled.

OR:

Complete the online form found at www.mucinexsinusmax-guarantee.com and upload a copy of your dated purchase receipt with the purchase price circled. Online orders require ship confirmation.

NOTE: PURCHASE RECEIPT MUST BE DATED A MINIMUM OF THIRTY (30) DAYS PRIOR TO THE POSTMARK DATE OF YOUR REQUEST; and MAIL TO:

Mucinex Sinus-Max Money Back Guarantee
 PO Box 2804
 Grand Rapids, MN 55745-2804

Only legal United States residents who are eighteen (18) years of age or older are eligible for this offer. Offer valid on any Sinus Max or Mucinex D product. Offer does not apply to: Mucinex caplet or liquid gel products in 10 count (or smaller) packages; any Mucinex 12hr products; any Mucinex cold and flu products; any Mucinex Children's products; any Mucinex FreeFrom products; or any Mucinex InstaSoothe products. Offer is valid for Qualifying Products purchased from February 27, 2022 to February 28, 2024. Requests must be postmarked by March 11, 2024 and received by March 25, 2024. Valid in the 50 U.S. and District of Columbia only. Void where prohibited, taxed or otherwise restricted. This Offer is not available to employees (and their immediate family members or members of the same household) of Sponsor and its affiliates, agents and advertising and promotion agencies. Only one (1) money back guarantee refund per household or address, regardless of Qualifying Product purchased. Multiple submissions will not be acknowledged or returned. No requests from groups, clubs or organizations will be honored. Eligible customers will be refunded only the actual amount spent on the Qualifying Product, not including sales tax or the amount of any coupon or discount received at the time of purchase. Allow 8 - 12 weeks for mailing of refund check. P.O. Box addresses will not be honored.

GENERAL: Participants assume all risk of loss, damage, destruction, delay or misdirection of materials/mail submitted to RB Health (US) LLC ("Sponsor"). Participant agrees to abide by the Terms and Conditions and to honor decisions of Sponsor, which are final and legally binding in all respects, and further agrees that all refunds are awarded upon the condition that RB Health (US) LLC, its promotion agencies, fulfillment partner, printers, suppliers of promotional materials, or any of their respective parent companies, subsidiaries, officers, directors, partners, principals, partnerships, employees or agents shall have no liability whatsoever, and shall be held harmless for any injuries, losses, or damages of any kind to persons or property, including death, sustained, in whole or in part, directly or indirectly, in connection with or resulting from acceptance, possession or use/misuse of any refund. Sponsor reserves the right, in its sole discretion, without prior notice and at any time, to cancel, terminate or suspend this offer should non-authorized human intervention or other causes corrupt or impair the administration, refund redemption, security, fairness or proper participation in the offer. Sponsor reserves the right to verify requests suspected of being invalid and to decline submissions that are inconsistent with these Terms and Conditions. All materials submitted become the property of Sponsor.

OFFERED BY: RB Health (US) LLC, 399 Interpace Parkway, Parsippany, NJ 07054

Mail-in form not payable at retail store. Please print clearly. Proper delivery depends on a complete and correct address.

NAME _____ ARE YOU OVER 18 YRS OLD? YES NO

ADDRESS _____

EMAIL (optional) _____

Please list individual UPCs with purchase price(s) in the space(s) below:

UPC (12 digits) - - - - - PRICE \$ _____

What does a UPC look like?

