

Treatment Administration Rebate Program Patient Enrollment Form

Fields marked with an (*) are required.

Phone: 877-227-3728 Fax: 844-678-TARP (844-678-8277) Account.JNJwithMe.com

*SELECT ONE: ☐ Enrollment ☐ Update Information Only

Monday–Friday, 8:00 AM–8:00 PM ET

The information you provide will be used by Johnson & Johnson Health Care Systems Inc., our affiliates, and our service providers to enroll you in the J&J withMe Treatment Administration Rebate Program for SIMPONI ARIA[®]. Our [Privacy Policy](#) further governs the use of the information you provide.

☐ *By providing consent, you agree to the collection and use of your Sensitive Personal Information (SPI). Examples of SPI may include, but are not limited to, health-related information. We use this information consistent with our Privacy Policy, including to personalize the information you receive, fulfill any requests you submit, and to research, develop, and improve our products and services. By checking the box, you indicate that you read, understand, and agree to such collection and use of your SPI.

Patient Information (*Required)

*NAME _____ *SEX ☐ Male ☐ Female *DATE OF BIRTH (MM/DD/YYYY) _____

*ADDRESS _____ *CITY _____ *STATE _____ *ZIP CODE _____

*PRIMARY PHONE (Best number to call 8:00 AM–8:00 PM ET, weekdays) _____ EMAIL _____

*If you're unavailable when we call, is it ok for us to leave a message including the name of your medicine? ☐ Yes ☐ No

You may be eligible for the J&J withMe Savings Program if you meet the following requirements:

- I have commercial or private health insurance that I will use for my J&J medicine. Examples are commercial insurance from a former/current employer, government employee health insurance, or insurance you buy privately or through the Health Insurance Marketplace (Healthcare.gov).
- I will NOT seek payment from any government-funded healthcare program for my J&J medicine. Examples are Medicare Parts A, B, C (also known as Medicare Advantage Plan), D, and Medicare Supplement, Medicaid, TRICARE, Department of Defense, or Veterans Administration.
- I will NOT submit any costs paid by this program as a claim to any health plan, patient assistance foundation, flexible spending account, or healthcare savings account.

☐ Yes, I agree that I meet all of the requirements listed above

☐ No, I do not agree to all of the requirements listed above

I understand that I am responsible for submitting a rebate request including an Explanation of Benefits (EOB) and proof of provider payment for my out-of-pocket treatment administration costs to receive payment under the Treatment Administration Rebate Program. The Program will use the information I submit to determine the amount of treatment administration costs for SIMPONI ARIA[®] that Johnson & Johnson Health Care Systems Inc. will reimburse. That amount will be issued via check payable to me. I further understand that if I do not submit an EOB and proof of provider payment, the Program cannot process my rebate request.

MAIL completed enrollment form to: J&J withMe Treatment Administration Rebate Program, 2250 Perimeter Park Drive, Suite 300, Morrisville, NC 27560 or FAX to: 844-678-TARP (844-678-8277)

My signature below certifies that I have completed all of the above sections completely, accurately, and to the best of my knowledge. I understand, accept, and comply with all requirements and restrictions described in the eligibility requirements provided on the reverse side and I understand that redeeming this benefit is consistent with the requirements of my health plan.

PATIENT SIGNATURE

If the patient cannot sign, patient's personal representative must sign below

PATIENT NAME _____ DATE _____
(Please print)

PATIENT NAME _____ BY _____
(Signature of person signing for patient)

RELATIONSHIP TO PATIENT AND AUTHORITY TO MAKE MEDICAL DECISIONS FOR PATIENT _____

3 ways for patient to enroll:

Review the program requirements on the next page, then choose the enrollment option you prefer:



Online at Account.JNJwithMe.com
To access the enrollment site, you will need to create an account if you don't already have one.



Mail or Fax
Complete and sign this form above and mail or fax to:
Mail: J&J withMe Treatment Administration Rebate Program
2250 Perimeter Park Drive, Suite 300
Morrisville, NC 27560

OR
Fax: 844-678-TARP (844-678-8277)



Phone
877-227-3728
Monday–Friday, 8:00 AM–8:00 PM ET

For assistance or additional information, call 877-227-3728, Monday–Friday, 8:00 AM - 8:00 PM ET.

Please read the full [Prescribing Information](#), including Boxed Warning, and [Medication Guide](#) for SIMPONI ARIA[®] and discuss any questions you have with your doctor.

Patient Eligibility Requirements for J&J withMe Treatment Administration Rebate Program

You may be eligible for the J&J withMe Treatment Administration Rebate Program if you are age 2 or older and use commercial or private health insurance for treatment with SIMPONI ARIA[®].

J&J withMe Treatment Administration Rebate Program for SIMPONI ARIA[®] is based on infusion administration costs only and does not include costs for your medicine. To receive a rebate, you must have paid your treatment provider for your out-of-pocket infusion administration costs.

For medicine cost support, we offer J&J withMe Savings Program. Learn more at SimponiaAria.JNJwithMeSavings.com.

Other Requirements:

- This program is only for people age 2 or older using commercial or private health insurance for their prescribed SIMPONI ARIA[®] treatment. This includes plans from the Health Insurance Marketplace. This program is not for people who use any state or federal government-funded healthcare program. Examples of these programs are Medicare, Medicaid, TRICARE, Department of Defense, and Veterans Administration.
- You may not seek payment for the value received from this program from any health plan, patient assistance foundation, flexible spending account, or healthcare savings account.
- You must meet the program requirements every time you use the program.
- Program terms will expire at the end of each calendar year. The program may change or end without notice, including in specific states. Not valid for residents of MA, MN, or RI.
- To use this program, you must follow any health plan requirements, including telling your health plan how much co-payment support you get from this program. By getting a Treatment Administration Rebate Program benefit, you confirm that you have read, understood, and agree to the program requirements on this page.
- Before you complete enrollment, you will be asked to provide personal information that may include your name, address, phone number, email address, and information related to your healthcare insurance and treatment. This information is needed for Johnson & Johnson Health Care Systems Inc. and our service providers to enroll you in the J&J withMe Treatment Administration Rebate Program. We may also use the information you give us to learn more about the people who use SIMPONI ARIA[®], and to improve the information we give them. Johnson & Johnson will not share your information with anyone else except where legally allowed.
- You are responsible for submitting a rebate request with an Explanation of Benefits (EOB) and proof of provider payment to receive payment under the Treatment Administration Rebate Program. Rebate requests must be submitted within 365 days of the date of service.
- This program offer may not be used with any other coupon, discount, prescription savings card, free trial, or other offer. Offer good only in the United States and its territories, excluding states noted above. Void where prohibited, taxed, or limited by law.
- You may end your participation in J&J withMe at any time by calling 877-227-3728.

NOTE: Your signature on the prior page of this form certifies:

- That you understand, accept, and comply with all requirements described above, and that your participation in the Program is consistent with the requirements of your health plan.

Please read the full [Prescribing Information](#), including Boxed Warning, and [Medication Guide](#) for SIMPONI ARIA[®] and discuss any questions you have with your doctor.