

PROPASS

ENROLLMENT APPLICATION

▼ **BC Transit**

PROPASS NUMBER

DATE (MM/DD/YY)

▼ **Employee Information**

Important Note:

BC Transit will contact you once we receive this form from your administrator.

COMPANY NAME

EMPLOYEE NUMBER (ISLAND HEALTH AND BC GOV ONLY)

EMPLOYEE LAST NAME

EMPLOYEE FIRST NAME

PREFERRED PHONE NUMBER ^X LOCAL PREFERRED CONTACT EMAIL

INITIAL

Non- Transferrable – the PROPASS must remain in the owner's possession during travel and cannot be used by anyone other than the owner of the pass.

INITIAL

I understand the terms and conditions of this agreement (second page)

▼ **Family Pass**

Note: This option is currently not available to BC Government employees

NAME (MUST BE BETWEEN 19-65 YRS OF AGE)

START DATE (MM/DD/YY)

▼ **Administrator**

PAYROLL PERIOD START DATE (MM/DD/YY)

Registration verified with Payroll
and program rules understood?

☐

YES

☐

NO

NAME

SIGNATURE

DATE (MM/DD/YY)

Terms and Conditions of the PROPASS Program

1. I agree to participate according to the terms and conditions of the PROPASS program.
2. The bus pass payroll deduction starts at the date indicated on this form and continues for a **minimum of one (1) year from the start date**. The only exceptions for earlier cancellation are: employee relocation or termination; or circumstances authorized by the payroll department such as: Maternity or Parental Leave, LTD (Long-term Disability) or WCB (Worker's Compensation Board) Time Loss Claims. For reasons other than stated, I will be required to reimburse BC Transit for the difference between PROPASS cost and the cost of the Adult monthly bus pass for the time I was on the program.
3. I understand that the pass is continuous (no expiry date) and payroll deductions end when I hand in my PROPASS to my payroll department form. **If I do not return my pass, deductions will continue** and I could be subject to legal action by BC Transit.
4. I understand that my payroll deduction may be subject to changes in transit fares as required by the Transit Commission.
5. I understand that a lost, stolen or seized card is subject to a replacement fee.

I have read and understand the terms and conditions on this form.

EMPLOYEE SIGNATURE

DATE

