

# PROPASS

# ENROLLMENT APPLICATION

PROPASS Applicant (please print clearly):

COMPANY NAME

EMPLOYEE NUMBER  
(ISLAND HEALTH AND BC GOV ONLY)

EMPLOYEE LAST NAME

EMPLOYEE FIRST NAME

WORK PHONE NUMBER  LOCAL  HOME PHONE NUMBER

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.

### 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 hand in 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

### Payroll Administrator: Complete this section

Pay period start date:  DAY  MONTH  YEAR

Please tick if this deduction is an Adult Family Member Pass

For paycheque date:  DAY  MONTH  YEAR

CARDHOLDER NAME \_\_\_\_\_

This is to verify that the above named person has reviewed and understands the benefits and requirements of the PROPASS Payroll Deduction Bus Pass Program.

SIGNATURE OF COMPANY PAYROLL OFFICER (PROPASS ADMINISTRATOR)

DATE

PLEASE PRINT NAME

PHONE NUMBER

**PLEASE COMPLETE THIS APPLICATION AND EMAIL TO BC TRANSIT: [propass@bctransit.com](mailto:propass@bctransit.com)**

**FOR TRANSIT USE ONLY:**

PROPASS NUMBER

ISSUE DATE

 DAY  MONTH  YEAR

CAMERA PHOTO NUMBER