

# PROPASS

# ENROLMENT APPLICATION

## ▼ Employee Information

COMPANY NAME

EMPLOYEE NUMBER (if required)

EMPLOYEE LAST NAME

EMPLOYEE FIRST NAME

PREFERRED PHONE NUMBER

X

LOCAL

PREFERRED 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**

## ▼ Family Pass

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 four (4) months** 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. The principal ProPASS holder listed above is responsible for each additional ProPASS that is enrolled under their name, and payment for each additional ProPASS will be made through the principal ProPASS holder's payroll deduction.
4. I understand that the pass is continuous (no expiry date). Participation and payment for the ProPASS will continue unless a formal request to exit is made. Exit requests can be completed by completing a ProPASS exit form and providing to the appropriate program administrator in your organization. Your exit will then be processed for the next exit window.
5. I understand that my payroll deduction may be subject to changes in transit fares as required by the City of Kamloops.

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

EMPLOYEE SIGNATURE

DATE