

PROPASS

ENROLLMENT APPLICATION

▼ Employee Information

COMPANY NAME _____

EMPLOYEE NUMBER (ISLAND HEALTH AND BC GOV ONLY) _____

EMPLOYEE LAST NAME _____

EMPLOYEE FIRST NAME _____

PREFERRED PHONE NUMBER _____ X _____ LOCAL _____ PREFERRED EMAIL _____

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.

I understand the terms and conditions

▼ 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 an exit without prior approval, 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). 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.
4. I understand that my payroll deduction may be subject to changes in transit fares as required by the Transit Commission.

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

EMPLOYEE SIGNATURE _____ DATE _____