



ENROLLMENT APPLICATION

PROPASS Applicant (please print clearly):

COMPANY NAME _____

EMPLOYEE SURNAME (PRINT) _____ FIRST NAME(S) (PRINT) _____

WORK PHONE NUMBER _____ HOME PHONE NUMBER _____

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

EMPLOYEE SIGNATURE _____ DATE _____

Payroll Administrator: Complete this section **ONLY** if applicant is new to the PROPASS Program.

Pay Period Start Date:
DAY MONTH YEAR

Please tick if this deduction is a spousal or family pass.

For Paycheque Date:
DAY MONTH YEAR

SPOUSE NAME

PLEASE COMPLETE THIS APPLICATION AND FAX TO BC TRANSIT @ 995-5639

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 _____

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 SuperPASS monthly bus passes 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 and complete an Exit Survey. If I do not hand 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 or stolen or seized card is subject to a replacement fee.

For Transit Use Only:

PROPASS NUMBER

ISSUE DATE
DAY MONTH YEAR

CAMERA PHOTO NUMBER

