

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.

ROYAL ROADS UNIVERSITY

N/A

COMPANY NAME

EMPLOYEE NUMBER (ISLAND HEALTH AND BC GOV ONLY)

EMPLOYEE LAST NAME

EMPLOYEE FIRST NAME

PREFERRED PHONE NUMBER 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

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

