

PROPASS Applicant (please print clearly):

COMPANY NAME _____

EMPLOYEE SURNAME (PRINT) _____

FIRST NAME(S) (PRINT) _____

SPOUSE SURNAME (PRINT) _____

FIRST NAME(S) (PRINT) _____

WORK PHONE NUMBER _____

WORK EMAIL NUMBER _____

Please tick if you currently have a monthly bus pass.

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.

Payroll deduction starts as of: **Please tick if this deduction is a spousal pass.**
DAY MONTH YEAR

Deductions per annum: 12 24 26

PLEASE COMPLETE THIS APPLICATION AND FAX TO RDN Finance @ 390-6572

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 AND 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 WorkSafe BC Time Loss Claims. For reasons other than stated above, I will be required to reimburse BC Transit for the difference between the cost of the Propass 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). Payroll deductions end when I hand in my PROPASS to my payroll department and complete an Exit Survey. If I do not surrender my pass, deductions will continue and I could be subject to legal action by the Regional District of Nanaimo.
4. I understand that my payroll deduction may be subject to changes in transit fares as approved by the Regional District of Nanaimo's Board of Directors.

For Transit Use Only:

PROPASS NUMBER

ISSUE DATE

DAY

MONTH

YEAR

CAMERA PHOTO NUMBER

For more PROPASS information, go to:
employerpas@rdn.bc.ca



NAN PROPASS Enrollment Application Form BCT 7282

