



# EMPLOYER PASS PROGRAM CHANGE REQUEST FORM

PLEASE PRINT CLEARLY – SUBMIT FORM TO EPP COORDINATOR

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Name of Employer \_\_\_\_\_

### CHANGE OF STATUS – (please check appropriate boxes):

Effective Date: last day of \_\_\_\_\_, \_\_\_\_\_ (subject to surrender of Employer Pass)  
(month) (year)

Termination - I have participated in the EPP for a minimum of 12 months.

Suspension (minimum of 3 months) - for the following reason:

Early withdrawal - I have not participated in the EPP for a minimum of 12 months.

Maternity/Parental Leave

Long-Term Disability Leave

Temporary Assignment

Other – state reason (subject to prior approval by TransLink):  
\_\_\_\_\_

- **Early Withdrawal Fee Amount \$** \_\_\_\_\_  
Active months x (Monthly Retail Rate – EPP Rate)  
Retail Rates:  
1 Zone: \$81/mth WCE Mission: \$323.38/mth  
2 Zone: \$110/mth WCE PH/MM/PM: \$235.08/mth  
3 Zone: \$151/mth WCE PC/CO/PM: \$193.65/mth

Anticipated Return Date: \_\_\_\_\_

(NOTE: To resume participation, provide TransLink with at least one month notice.)

#### Conditions:

1. One month's written notice required for a change of status.
2. Effective date must correspond with the end of a month.
3. Not effective unless Employer Pass has been surrendered.
4. Employee remains liable for any amounts outstanding to TransLink.
5. **If early withdrawal is requested, this form must be accompanied by payment adjustment to TransLink calculated as the difference between the cost of the Employer Pass and the equivalent zone/distance monthly pass for the number of months of participation in the EPP (contact TransLink directly for confirmation of adjustment amount).**

#### Employee Acknowledgement:

I acknowledge that the information I have provided above is true and correct. I understand that I continue to be responsible for the monthly cost of my Employer Pass until I have returned it. I acknowledge that my participating in the Employer Pass Program, I am bound by the Employee Enrolment Contract posted on TransLink's website, as amended from time to time, and that the Employee Enrolment Contract posted on TransLink's website replaces any prior contract.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

### NEW PASS REQUIRED – (please check appropriate box and provide details):

Effective Date: 1<sup>st</sup> day of \_\_\_\_\_, \_\_\_\_\_ (subject to surrender of current Employer Pass)  
(month) (year)

#### Use of bus, SeaBus, SkyTrain:

#### West Coast Express (includes all-zone bus, SeaBus and SkyTrain service):

##### Valid for travel through the following zones (please check)\*\*:

##### Return trip to Vancouver from (please check)\*\*:

- 1-1 \$70.50/month  2-1/2 \$94.92/month  3- \$130.08/month  
 1-2 \$70.50/month  2-2/3 \$94.92/month  
 1-3 \$70.50/month

- \$ 275/month - Mission  
 \$ 200/month - Port Haney/Maple Meadows/Pitt Meadows  
 \$ 164/month - Port Coquitlam/Coquitlam/Port Moody

#### Update Contact Information:

\_\_\_\_\_  
[street address]

\_\_\_\_\_  
Current Name on Pass

\_\_\_\_\_  
[city, postal code] [telephone number]

\_\_\_\_\_  
New Name

#### Conditions:

1. No changes will be made part way through a month.
2. New Employer Pass will be delivered to you through your EPP Coordinator.
3. New Employer Pass will be provided only upon surrender of existing Employer Pass.

#### Employee Acknowledgement:

I understand that I will not receive a new Employer Pass until I have returned my current Employer Pass. I acknowledge that my participating in the Employer Pass Program, I am bound by the Employee Enrolment Contract posted on TransLink's website, as amended from time to time, and that the Employee Enrolment Contract posted on TransLink's website replaces any prior contract. (Where change to zone/distance) I hereby authorize my payroll deduction to be adjusted to reflect the monthly rate payable for the new zone/distance.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_