Corporate ValuPass
EMPLOYEE ENROLLMENT TERMS & CONDITIONS

ELIGIBILITY

To qualify and obtain a Corporate ValuPass (VP) from Transit Windsor, you must meet the conditions below:

(a) you must be an employee; and
(b) your employer must have a valid Corporate VP agreement with Transit Windsor

TERMS AND CONDITIONS

By applying for and obtaining a Corporate VP through Transit Windsor, I agree to abide by the following terms and conditions:

a) that my Corporate VP provides me with unlimited ridership privileges on all conventional city routes;

b) that all purchase of fare media is final sale and non-refundable;

c) that possession of my Corporate VP shall not be transferred, sold or lent to any other person or the Umo account will be frozen and subject to the review and investigation process as outlined in the Umo Misuse and Fraud Policy;

d) that I will abide by all the rules and regulations of Transit Windsor, as they may be set from time to time, while using any of their services;

e) that I will present my Corporate VP for inspection to any employee or authorized agent of Transit Windsor upon their demand;

f) that if my Corporate VP is lost, damaged or stolen, I will inform the program administrator of my employer as soon as possible. A $10 replacement card fee will be charged for the replacement of a Umo card;

g) that the cost of my Corporate VP shall be in accordance with the sum as prescribed by the program administrator for my employer and as approved by Transit Windsor;

h) that my Corporate VP payments herein will continue in effect for a minimum period of six (6) months during the pilot project, commencing on the date as shown on my Enrollment Form and will automatically renew thereafter by mutual

consent by Transit Windsor and the Employer upon the conclusion of the pilot project, unless:

i. my place of employment is transferred to a location outside of the Transit Windsor service area; or

ii. my employment with my employer is terminated;

i) that I may terminate my Corporate VP at the conclusion of the pilot project or at any time thereafter, provided I complete and submit a Modification Form to my employer.

j) that my Corporate VP privileges and payments herein may be inactivated for so long as I am absent from my employment with my employer because of a maternity or paternal leave, a Long-Term Disability or an injury covered by the Workplace Safety and Insurance Board ("WSIB");

k) in the case of an inactivation, I will complete a Modification Form once I return to my employment with my employer after any maternal or paternal leave, a long-term disability or an injury covered under the WSIB so that my inactivated Corporate VP privileges and payments re-commence;

l) that I will return my Corporate VP to my employer, along with a completed Modification Form, in the event that my Corporate VP is terminated or inactivated; that my Corporate VP will terminate if I cease to be eligible under paragraph 1, herein;

m) that my payments herein will continue for the pay period up to and including the day my Corporate VP is terminated or inactivated;

n) that Transit Windsor retains ownership of my Corporate VP and as such, Transit Windsor may confiscate my Corporate VP if it has been terminated, inactivated or misused in accordance with the provisions herein;

o) that Transit Windsor reserves the right to amend any provisions herein, including the cost of my Corporate VP, provided fifteen (15) days notice is given;

p) that Transit Windsor will not be liable in any way for any loss, damage or injury, however sustained, as a result of my use of Transit Windsor facilities, which shall include but not be limited to any Transit Windsor transportation centres or vehicles;

q) that Transit Windsor reserves the right to reject any application at its own discretion and to terminate my Corporate VP at any time upon fifteen (15) days notice; and

r) I do not object to Transit Windsor contacting me in regard to Transit Windsor services.

Company Name: _____

Employee Name: _____

Please Print

Employee Signature: _____

Date: _____