



Choice. With Confidence.

Please use the enclosed Order Form to request Janesville Transit bus passes. Follow the instructions below.

Instructions:

1. Write the Service Date.
2. Print the Participant Name, Address and Phone Number.
3. Write the number of passes you want.
4. Multiply the number of passes you want by pass price. Please keep the IRIS Participant's budget in mind.
5. Write the total amount.
6. Sign and date the form.
7. By the 15th of the month, mail, fax or email the completed and approved order form to:

iLIFE

P.O. Box 80439

Milwaukee, WI 53208

Fax: 414-918-8213

Email: IRIS.Claims@iLIFE.org

After iLIFE receives the order form, the process is as follows:

1. The approved order form is checked against the IRIS Participant's budget.
2. iLIFE emails an approved copy of the form to Janesville Transit.
3. Janesville Transit receives the form, and either mails the passes to the participant or holds the passes for pick up.
4. Janesville Transit bills iLIFE for the bus passes.

If you need help, please call iLIFE at 1-888-800-5599.

**Order Form
Janesville Transit**



Service Date: _____

Participant Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone number: _____

Paratransit Pass

of Paratransit Passes _____ x \$189.60 (10 one-way tickets) = \$ _____
Service Code: T2003 RI (specialized transportation)

Monthly Pass

of One-Way Passes _____ x \$18.96 per pass = \$ _____

of 30-Day Passes _____ x \$52.00 (Valid from 1st of month through last day of month) = \$ _____
Service Code: T2004 RI (non-medical transportation)

Total Amount: \$ _____

By your signature below, you attest that you understand and agree to have your transportation tickets/passes/cards mailed via USPS regular mail to the address listed above. Neither the IRIS Program nor Janesville Transit is responsible for lost or stolen transportation tickets/passes/cards. You also understand that you are responsible for the timely reporting of any updates or changes concerning your Plan, address, phone, email, etc.

Approved: _____ **Date:** _____
(Participant/Guardian signature)

FOR INTERNAL USE ONLY		Authorize, sign, date, stamp and email to transit@janesville.org
Approved By: _____ Date: _____		Approval Stamp