

Please use the enclosed Order Form to request Kenosha 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. Mail, fax or email the completed and approved order form to:

**iLIFE**

P.O. Box 91760

Milwaukee, WI 53209

Fax: 414-937-2034

Email: [IRIS.Claims@iLIFEfms.com](mailto:IRIS.Claims@iLIFEfms.com)

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 faxes an approved copy of the form to Kenosha Transit.
3. Kenosha Transit receives the form, and either mails the passes to the participant or holds the passes for pick up.
4. Kenosha Transit bills iLIFE for the bus passes.

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

## Order Form Kenosha Transit



Service Date: \_\_\_\_\_

Service Code: T2003

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

# of Adult Passes \_\_\_\_\_ x \$50.00 = \$ \_\_\_\_\_

# of Elderly and Disabled Passes \_\_\_\_\_ x \$25.00 = \$ \_\_\_\_\_  
(with Medicare card or Transit ID)

Saturday Super Transfer \_\_\_\_\_ x \$2.50 = \$ \_\_\_\_\_  
(unlimited Saturday rides)

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
(Participant/Guardian signature)

For internal use only	
Authorize, sign, date, stamp and fax to 262-653-4295	
Approved By: _____	Approval Stamp
Date: _____	