



Choice. With Confidence.

Please use the GO Transit (Oshkosh) Order Form to request GO Transit (Oshkosh) bus passes and/or tickets. Follow the instructions below.

Instructions:

1. Write the Service Date.
2. Print the Participant Name, Address and Phone Number.
3. For passes, write the quantity of passes requested on the left. For One- or Three-Month Passes, check the applicable months.
4. Multiply the requested number of passes and/or tickets with the pass price and/or ticket price. Please keep the participant's budget in mind.
5. Write the total amount.
6. Write your signature and today's date.
7. Mail, fax or email the completed and approved order form to:

Mail: iLIFE

P.O. Box 91760

Milwaukee, WI 53209

Fax: 414-937-2034

Email: IRIS.Claims@iLIFEfms.com

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

1. The approved order form is checked against the participant's budget.
2. iLIFE sends the check to the participant.
3. The participant takes check to GO Transit (Oshkosh) to pick up tickets.

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



GO Transit (Oshkosh) Order Form

Ordering Information:

Participant Name: _____

Service Date: _____

Service Code: T2003

Address: _____

Phone number: _____

Fixed-Route Bus Fares (Passes):

| | |
|-------------------|--|
| _____ Quantity | Twenty-ride Punch Pass @ \$30.00 each (does not expire and can be used by multiple people) |
| _____ Quantity | One-Month Pass @ \$35.00 each (valid one calendar month for one person) Check applicable month below: <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec |
| _____ Quantity | Three-Month Pass @ \$90.00 each (valid three calendar months for one person) Check applicable months below: <input type="checkbox"/> Jan Feb Mar <input type="checkbox"/> Feb Mar Apr <input type="checkbox"/> Mar April May <input type="checkbox"/> Apr May June <input type="checkbox"/> May Jun Jul <input type="checkbox"/> Jun Jul Aug <input type="checkbox"/> Jul Aug Sep <input type="checkbox"/> Aug Sep Oct <input type="checkbox"/> Sep Oct Nov <input type="checkbox"/> Oct Nov Dec <input type="checkbox"/> Nov Dec Jan <input type="checkbox"/> Dec Jan Feb |

of Passes _____ **x Pass Price \$** _____ **= \$** _____

Paratransit Tickets:

| Paratransit Program | Rider Type | Service Area | Ticket Price (One Way) | Ticket Color <small>Please circle</small> |
|--------------------------|--|------------------|------------------------|--|
| Dial-a-ride ADA/D-A-R | Disabled & Ambulatory | City of Oshkosh | \$8.50 | Green |
| Dial-a-ride/D-A-R | Elderly (60 years and older) | City of Oshkosh | \$8.50 | Brown |
| Cabulance | Disabled & Non-Ambulatory | City of Oshkosh | \$15.00 | Yellow |
| Rural | Rural Winnebago County Qualifying disability or elderly Not available to residents of City of Oshkosh, Neenah or Menasha | Winnebago County | \$22.50 | Red |

of Tickets _____ **x Ticket Price \$** _____ **= \$** _____

Participant or Guardian Signature: _____ **Date:** _____