Please use the enclosed Order Form to request Waukesha Metro Transit bus tickets and/or passes. Follow the instructions below.

**Instructions:**

1. Write the Service Date.
2. Print the Participant Name, Address and Phone Number.
3. Complete the number of strips and/or passes requested. There are 10 tickets per strip.
4. Multiply the number of strips and/or passes requested by the cost. 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. iLIFE checks the approved order form against the participant’s budget.
2. iLIFE mails the check for Waukesha Metro Transit to the participant.
3. The participant receives the check, and takes it to Waukesha Metro Transit.
4. Waukesha Metro Transit gives the participant the bus tickets and/or passes.

If you need help, please call iLIFE at 1-888-800-5599.
Waukesha Metro Transit Order Form

Mail Check to Participant

Service Date: ____________
Service Code: T2003

Participant Name: _______________________________________________________________

Address: _______________________________________________________________________

City: ___________________________ State: _______ Zip: _______________________

Phone number: ________________________________

<table>
<thead>
<tr>
<th>Service</th>
<th>Number of</th>
<th>Total Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Metrolift</strong> (Must be certified)</td>
<td>two ride cards</td>
<td>$105.36 for two ride card</td>
</tr>
<tr>
<td><strong>Elderly/Disabled Tickets</strong> (Medicare or Metro ID required)</td>
<td>strips</td>
<td>$10.00 for 10 tickets</td>
</tr>
<tr>
<td><strong>Adult Tickets</strong></td>
<td>strips</td>
<td>$17.50 for 10 tickets</td>
</tr>
<tr>
<td><strong>Elderly/Disabled Passes</strong> (Medicare or Metro ID required)</td>
<td>passes</td>
<td>$35.00 per pass</td>
</tr>
<tr>
<td><strong>Adult Monthly Passes</strong></td>
<td>passes</td>
<td>$46.00 per pass</td>
</tr>
</tbody>
</table>

Approved: __________________________________________ Date: ______________________

(Participant/Guardian signature)