



NCFlex Enrollment Form

Plan Year 2012

EMPLOYING UNIT MUST COMPLETE

Payroll Unit Number: _____ New Employee: Yes No Date of Hire/Rehire (mo/day/yr): _____

Payroll Freq: Monthly (12 checks per year) Semi-Monthly (24 checks per year) Bi-Weekly (26 checks per year)

(check one) Bi-Weekly with monthly deductions (26 checks per year) Other Frequency: _____

Effective Date: _____

EMPLOYEE INFORMATION (Please Print) Male Female mm dd yy

Name:(Last) _____ (First) _____ MI _____ Date of Birth: _____

SSN: _____ Daytime Phone: _____ (area code) _____ Agency/Univ/Comm Col: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

FLEXIBLE SPENDING ACCOUNTS (FSAs)* (TO CONTINUE YOUR FSA, YOU MUST RE-ENROLL EVERY YEAR)

Annual Health Care FSA Contribution: \$ _____ Annual Dependent Day Care FSA Contribution: \$ _____

(Annual minimum \$120; Annual maximum \$5000) (Annual minimum \$120; Annual maximum \$5000)

***FSA payments are issued by Direct Deposit to the account your main payroll check is deposited.**

CANCER INSURANCE New Change Cancel **Submit EOI form, if required**

Plan Options (check one): LOW OPTION HIGH OPTION PREMIUM OPTION

Coverage Levels (check one): Employee Only Employee + Family

CRITICAL ILLNESS New Change Cancel

Coverage Levels (check one): Employee Only Employee + Spouse Employee + Child(ren) Employee + Family

DENTAL PLAN New Change Cancel

Plan Options (check one): LOW OPTION HIGH OPTION

Coverage Levels (check one): Employee Only Employee + One Child Employee + Two or More Children Employee + Spouse Family

VISION CARE PLAN New Change Cancel

Plan Options (check one): Plan 1: Exam & Materials Plan 2: Materials Only Plan 3: Enhanced Exam & Materials

Coverage Levels (check one): Employee Only Employee + Family

Name (Last, First, MI)	Gender		Date of Birth	Child is My	Complete Only if Child is Over 19	Add/Drop	NCFlex Plans Selected			
	M	F					Dental	Vision	Critical Illness	Cancer
Spouse	<input type="checkbox"/>	<input type="checkbox"/>	/ /	<input type="checkbox"/> Natural <input type="checkbox"/> Foster <input type="checkbox"/> Adopted <input type="checkbox"/> Step	<input type="checkbox"/> Full-Time Student <input type="checkbox"/> Handicap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child (1)	<input type="checkbox"/>	<input type="checkbox"/>	/ /	<input type="checkbox"/> Natural <input type="checkbox"/> Foster <input type="checkbox"/> Adopted <input type="checkbox"/> Step	<input type="checkbox"/> Full-Time Student <input type="checkbox"/> Handicap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child (2)	<input type="checkbox"/>	<input type="checkbox"/>	/ /	<input type="checkbox"/> Natural <input type="checkbox"/> Foster <input type="checkbox"/> Adopted <input type="checkbox"/> Step	<input type="checkbox"/> Full-Time Student <input type="checkbox"/> Handicap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child (3)	<input type="checkbox"/>	<input type="checkbox"/>	/ /	<input type="checkbox"/> Natural <input type="checkbox"/> Foster <input type="checkbox"/> Adopted <input type="checkbox"/> Step	<input type="checkbox"/> Full-Time Student <input type="checkbox"/> Handicap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child (4)	<input type="checkbox"/>	<input type="checkbox"/>	/ /	<input type="checkbox"/> Natural <input type="checkbox"/> Foster <input type="checkbox"/> Adopted <input type="checkbox"/> Step	<input type="checkbox"/> Full-Time Student <input type="checkbox"/> Handicap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child (5)	<input type="checkbox"/>	<input type="checkbox"/>	/ /	<input type="checkbox"/> Natural <input type="checkbox"/> Foster <input type="checkbox"/> Adopted <input type="checkbox"/> Step	<input type="checkbox"/> Full-Time Student <input type="checkbox"/> Handicap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

New Change Cancel Complete Beneficiary at Right.

Voluntary Plan 1 Employee Only Aviation Pilot/Crew Member, after you select your coverage option check this box.

Voluntary Plan 2 Employee & Family

Insurance Amount _____ Monthly Cost \$ _____

VOLUNTARY AD&D BENEFICIARY

Full Name(s)	RELATIONSHIP TO EMPLOYEE	% OF BENEFIT
Primary:		
Contingent:		

CORE ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

\$10,000 No-Cost, Employee Only AD&D New Cancel Complete Beneficiary at Right.

CORE AD&D BENEFICIARY

Full Name(s)	RELATIONSHIP TO EMPLOYEE	% OF BENEFIT
Primary:		
Contingent:		

GROUP TERM LIFE INSURANCE Complete Beneficiary at Right and Submit EOI form, if required

New Change Cancel

Insurance Amount _____ Monthly Cost \$ _____

TERM LIFE BENEFICIARY

Full Name(s)	RELATIONSHIP TO EMPLOYEE	% OF BENEFIT
Primary:		
Contingent:		

Note: If you need to add additional beneficiaries, please attach a separate sheet of paper and identify the benefit for which they are your beneficiary.

EMPLOYEE AUTHORIZATION I hereby elect coverage under NCFlex as listed above for myself and eligible family dependents. I understand that by participating in NCFlex my Social Security Number will be used for tax identification purposes, and my pay will be reduced by the amount of my pre-tax elections. I understand that, in accordance with IRS regulations, I cannot change or cancel my elections or contributions during the Plan Year unless I have a qualifying status change. I understand that any amounts contributed to the Flexible Spending Accounts, which I do not use for expenses incurred during the Plan Year will be forfeited. I certify that the above information is true and accurate to the best of my knowledge.

Employee Signature: _____ Date: _____