



NCFlex Convenience Card Enrollment Agreement

State of NC

Part 1: Employee Information (Please Print)

Employee Name (Last/First/M)		Date of Birth
Social Security Number		Daytime Telephone Number
<input type="checkbox"/>	Change of Address Submission – Please check box and complete the information below for address changes only. Note: <i>The address change is only temporary; you must contact your employer for a permanent change of address.</i>	
Employee Address		City
		State

The NCFlex Convenience Card will be mailed to your home address on record or the address listed above within 10 days from the date Aon processes your enrollment agreement.

Employee Enrollment Option

- Please check box to enroll — I agree to enroll in the NCFlex Convenience Card program and request Aon to begin the processing of my enrollment agreement upon arrival.

Right of Recovery — Whenever payments have been made by the Claims Processor in excess of the maximum amount of payment, the Claims Processor and the Employer have the right to recover such payments from the employee.

Employee Authorization: By signing this enrollment form, I am agreeing to the following:

- I will use my NCFlex Convenience Card for Flexible Spending Account eligible expenses only. I can find a list of eligible expenses on page 27 of the Enrollment Guide and in Appendix A of the Claims Kit. I understand and agree that the Claims Processor has the discretionary authority to decide whether or not a particular expense is eligible.
- I recognize that any expenses in excess of the maximum payment or ineligible expenses erroneously charged to my Convenience Card represent an overpayment of my salary or wages and that I must repay my Employer that money immediately.
- I understand and agree that the State may deduct any erroneous Convenience Card charges from my salary or wages.
- I understand and agree that if my employment is terminated for any reason, the entire amount of any unpaid erroneous charges will be immediately due and payable and that my Employer, without any other notice, may apply against the debt any amounts my Employer may owe me.
- Cardholder Agreement — By accepting and using my NCFlex Convenience Card, I am agreeing to the terms and conditions contained in the Cardholder Agreement, including any amendments thereto, which will govern the use of the Card.

Employee Signature: _____ Date: _____

Please mail or fax the NCFlex Convenience Card Enrollment Agreement to:

Aon Consulting, P.O. Box 3002, Arlington Heights, IL 60006-3002

Fax: 1-866-887-3212 (toll-free)

If you have any questions please call your Aon Customer Service Center at 1-877-371-2926.