



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 has the right to recover such payments from the employee.

Employee Authorization: By signing this enrollment form, I am agreeing to use my NCFlex Convenience Card for Expense Reimbursement Account eligible expenses only.

Employee Signature: _____ Date: _____

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

Aon Consulting
Group/Flex Administration #00001-80
P.O. Box 2845
Winston-Salem, NC 27102-2845

Fax: 866-887-3212

If you have any questions please call your Aon Customer Service Center at 1-800-726-3221.
