

Office use only

Person ID _____

Effective date _____

**Flexible Spending Account (FSA)
Enrollment Form 2025-26**

EMPLOYEE INFORMATION

Last name _____ First name _____ Middle initial _____

Person ID or SSN _____ Email address _____

Home address _____

City _____ State _____ ZIP code _____

Home phone _____ Work phone _____

Status ☐ UK ☐ KCTCS ☐ CKMS ☐ ESH

ACCOUNT ALLOCATION

Health care FSA (\$250 minimum, \$3,300 maximum): \$ _____

Dependent care FSA (\$500 minimum, \$5,000 maximum*): \$ _____

**Dependent care reimbursement account has a \$5,000 maximum per household, per calendar year.*

*In general, dependent care funds may pay for day care expenses for children under age 13 and disabled adult dependents. Visit **www.tasconline.com** for more information on qualifying expenses.*

I wish to have my salary redirected for the period of July 1, 2024, through June 30, 2025, in each of the categories listed above. I understand the benefits available to me as well as the other rights and obligations that I have under the Plan. I understand this agreement revokes any prior election under this plan and that during the above period this agreement is irrevocable and cannot be changed except under special circumstances as outlined in the Summary Plan Description. This agreement is subject to the terms of the University of Kentucky Flexible Spending Account (FSA) Program.

Signature _____

Date _____

**Please return this form to UK HR Benefits, 106 Bosworth Hall Lexington
KY, 40506. You can also fax it to 859-323-1095 or email benefits@uky.edu.**