



Office use only Person ID _____ Effective date _____

**Flexible Spending Account (FSA)
Enrollment Form 2024-25**

EMPLOYEE INFORMATION

Last name _____ First name _____ Middle initial _____
 Person ID or Social Security number _____ Email address _____
 Home address _____
 City _____ State _____ ZIP code _____
 Home phone _____ Work phone _____
 Status UK KCTCS CKMS ESH

ACCOUNT ALLOCATION

Health care FSA (\$250 minimum, \$3,200 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.asiflex.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, 112 Scovell Hall, Lexington KY 40506-0064.
 You can also fax it to **859-323-1095** or email **benefits@uky.edu**.