



<b>Office use only</b> Person ID _____ Effective date _____
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## Health Savings Account (HSA) Enrollment Form 2024-25

### EMPLOYEE INFORMATION

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle initial \_\_\_\_\_  
Person ID or Social Security number \_\_\_\_\_ Email address \_\_\_\_\_  
Status  UK  KCTCS  CKMS  ESH

### HSA ACCOUNT ALLOCATION

**Per paycheck** \_\_\_\_\_

Annual maximum employee contributions are \$2,850 per year for employee-only coverage and \$5,500 per year for coverage that includes family members.

### OPTIONAL

#### LIMITED PURPOSE FLEXIBLE SPENDING (FSA) ACCOUNT ALLOCATION

**Per plan year** \_\_\_\_\_

Annual employee contributions are \$250 minimum and \$3,050 maximum.

I wish to have my salary redirected for the period of July 1, 2023, through June 30, 2024, 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 Health Savings Account (HSA) Program and the University of Kentucky Flexible Spending Account (FSA) Program.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please return this form to UK HR Benefits, 204 Mandrell Hall, Lexington KY 40506.  
You can also fax it to 859-323-1095 or email [benefits@uky.edu](mailto:benefits@uky.edu).**