



Office use only Person ID _____ Effective date _____

Flexible Spending Account (FSA) Enrollment Form 2026-27

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, \$3,400 maximum): \$ _____
 Dependent care FSA (\$500 minimum, \$7,500 maximum*): \$ _____

**Dependent care reimbursement account has a \$7,500 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.*

I wish to have my salary redirected for the period of July 1, 2026, through June 30, 2027, 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 hr@uky.edu.**