



<b>Office use only</b> Person ID _____ Effective date _____
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**Flexible Spending Account (FSA)  
Enrollment Form 2023-24**

**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, \$3,050 maximum): \$ \_\_\_\_\_  
 Dependent care FSA (\$500 minimum, \$5,000 maximum\*): \$ \_\_\_\_\_

*\*Dependent care reimbursement account has a \$10,500 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. Visit [www.asiflex.com](http://www.asiflex.com) for more information on qualifying expenses.*

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 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](mailto:benefits@uky.edu).**