Human Resources

Office use only
Person ID _____
Effective date _____

Health Savings Account Amendment 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 _____

AMENDED ACCOUNT ALLOCATION PER PAYCHECK _____

Annual maximum employee contributions are $3,150 per year for employee-only coverage and $6,300 per year for coverage that includes family members.

Amended election start date: _____

OR

☐ I wish to have my full election of $_____ deducted from _____ to _____, then I wish to contribute $0 for the rest of the fiscal year. I understand that I will have to re-enroll in my contributions during the next open enrollment period.

Signature _____ Date _____

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 Health Savings Account (HSA) Program.

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.