



Office use only
Person ID _____
Effective date _____

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, 112 Scovell Hall, Lexington KY 40506-0064.
You can also fax it to 859-323-1095 or email benefits@uky.edu.**