



**Benefits and NKU HR  
Department of Human Resources  
Administration and Finance Division**  
Northern Kentucky University  
5320 Campus Dr., AC 708  
Highland Heights, KY 41099  
Phone: (859) 572-5200  
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## 2024 HEALTH SAVINGS ACCOUNT ELECTION CHANGE FORM

Return the completed form via fax or email to  
[benefits@nku.edu](mailto:benefits@nku.edu) or  
HR Department AC 708

EMPLOYEE INFORMATION (please print)	
Last Name:	First Name:
NKU ID:	Date of Birth:

HEALTH SAVINGS ACCOUNT ELECTION – DOLLAR AMOUNT	
Payroll effective date:	If not specified, changes become effective with the next applicable pay cycle. Changes will not be made retroactively.
New HSA Contribution per paycheck: \$	In order to be eligible for the Health Savings Account, you must be enrolled in the High Deductible Health Plan

HEALTH SAVINGS ACCOUNT ELECTION - DURATION	
<input type="checkbox"/> This is a one-time election	<input type="checkbox"/> This election should recur _____ times
<input type="checkbox"/> This deduction should continue until I change it during this calendar year. Reminder: you must enroll in the health savings account each calendar year.	<input type="checkbox"/> Stop future deductions

<u>2024 Limits HDHP 2500</u> Employee - \$3,525 Family – (EE + 1 or more) \$7,050 Over age 55 catchup – additional \$1,000
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AUTHORIZATION AGREEMENT	
<p>I understand that in order to be eligible for the Health Savings Account, I cannot be enrolled in Northern Kentucky University’s Health Care Flexible Spending Account. I can be enrolled in the NKU Limited Health Care Flexible Spending Account (limited to dental and vision only).</p> <p>I have read and understand the details of a Health Savings Account as outlined in the IRS Publication 969 at <a href="https://www.irs.gov/pub/irs-pdf/p969.pdf">https://www.irs.gov/pub/irs-pdf/p969.pdf</a></p> <p>I hereby authorize Northern Kentucky University to execute the above transaction deducting the specified amount before-tax from my wages to be deposited into my Health Savings Account with Chard Snyder.</p>	
Signature:	Date:

HR OFFICE USE ONLY	
Current election:	Biweekly Pay date(s)
New election:	Monthly Pay date(s)
Processed by	Date Entered