



NKU Department of Human Resources
Administration & Finance Division
 Northern Kentucky University
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2025 HEALTH SAVINGS ACCOUNT ELECTION CHANGE FORM

Return the completed form via fax or email to
Schultes7@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. In order to be eligible for the Health Savings Account, you must be enrolled in the High Deductible Health Plan
New HSA Contribution per paycheck: \$	

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>2025 Limits HDHP 2500 (after NKU contribution)</u> Employee - \$3,675 Family – (EE + 1 or more) \$7,300 Over age 55 catchup – additional \$1,000
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AUTHORIZATION AGREEMENT	
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). I have read and understand the details of a Health Savings Account as outlined in the IRS Publication 969 at https://www.irs.gov/pub/irs-pdf/p969.pdf	
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.	
Signature:	Date:

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