

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 Fax: (859) 572-6998

2025 HEALTH SAVINGS ACCOUNT ELECTION CHANGE FORM

Return the completed form via fax or email to Mcfarlandk7@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	
□ This is a one-time election	☐ This election should recur times
☐ This deduction should continue until I change it during this calendar year. Reminder: you must enroll in the health savings account each calendar year.	□ Stop future deductions
Employee - \$3,675 Family – (EE + 1 or more) \$7,300 Over age 55 catchup – additional \$1,000	
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 vison 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