

First Time Login Member Steps

Online Account Registration

From the login page, select “Register” to begin.

HealthEquity
WageWorks

PARTICIPANT SITE

[Register](#) | [Forgot](#)

Username
Name selected when you registered. (Not email address.)

Password

Log In

[Terms of Use](#) | [Privacy Policy](#) | [CA Privacy Rights](#)

ONLINE ACCOUNT REGISTRATION October 29, 2024

[BACK](#) **Prepare to Register** [START](#)

Ready to register your account?
Before you start, have your contact and bank information handy.

[START](#)

Verification: One Time PIN

Select a phone number or email to send a one-time pin for authentication.

- The phone or email used must be tied to the profile record that is created by the program sponsor

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BACK Step 1 of 8 NEXT

Select Verification Method

Select a contact method to verify your account
To keep your account secure, we will send a verification PIN to one of the contact methods provided by your program sponsor below.

Select a verification method to continue

Email

SMS Text Message
Enter a valid 10-digit phone number (US & Canada only)
Standard message and data rates may apply. Contact your carrier for details.

Note: Please enter the PIN as soon as possible before it expires.
Your information will only be used for verification and will not be shared with others. For more information, please view our [Privacy Policy](#) and [Terms of Use](#).

NEXT

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BACK Step 2 of 8 NEXT

Verify Your Account

Verify your account using the one-time PIN you were sent
This step is necessary to confirm your identity and protect your account from unauthorized access. If you did not receive a PIN, use the back button to try a different email or phone number. If you still don't receive one, contact your Employer or Program Sponsor to update your contact information. After updating, you can restart the registration process.

Verification PIN

Note: Please enter the PIN as soon as possible before it expires.

NEXT

Identify Yourself

Next, enter the profile details associated with the email/phone used during the one-time pin step.

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Step 3 of 3
Identify Yourself

Enter the information as it appears in your employer or program sponsor's records.
All fields are required.

First Name

Last Name

Date of Birth MM/DD or M/D format

Home Zip Code

ID Code

Your ID Code is the last 4 digits of ONLY ONE of the following supplied by your program sponsor:

1. Your social security number
- OR-
2. Your employee number
- OR-
3. The code provided by your program sponsor

TEST

Type the characters shown above:

Identify Yourself (Part 2)

If you have multiple accounts due to working for more than one employer, choose which employer sponsors your plan to register.

ONLINE ACCOUNT REGISTRATION

Step 3 of 8

Identify Yourself (Part 2)

Our records indicate you are associated with multiple Program Sponsors
Each Program Sponsor listed needs to be registered with their own username and password

Select the Program Sponsor you would like to register now

CX Institution Demo

United Health Group

Jamba Juice

Agreements

Review and agree to applicable agreements necessary for online access and/or programs.

The screenshot shows a web interface for 'ONLINE ACCOUNT REGISTRATION' dated 'January 1, 2023'. The current step is 'Step 4 of 8 Compliance'. The interface includes a 'BACK' button on the left and a 'NEXT' button on the right. The main content area contains a checkbox and the text 'I accept the [Privacy Policy](#) and [Terms of Use](#)'. The 'NEXT' button is highlighted in purple, indicating it is the active action.

Enter/Verify Contact Information

Review the contact information on file and either confirm or update the information.

ONLINE ACCOUNT REGISTRATION

BACK
Step 5 of 8
NEXT

| Enter/Verify Contact Info

Enter the residential address where you want us to send you mail.
 Do not enter your work address, a PO Box or other non-residential address.
This address will not be communicated to your program sponsor or any other party.
 Be sure to update your address here whenever it changes and separately notify all others who need to be aware of your new mailing address.
 All fields are required unless noted as optional.

Email 1 An address you check often for time-sensitive and critical info, including confirmations

Confirm Email 1

Email 2 (optional) An alternative address, preferably a personal account, where we can send time-sensitive and critical information including confirmations and account statements.

Confirm Email 2 (required with Email 2)

Mailing Address 1

Mailing Address 2 (optional)

City

State

Zip Ext. (optional) Used to provide local services, when available.

Work Zip Code

Daytime Phone Area Prefix Line Ext. (optional) A number where we can call for critical issues

Enter/Verify Reimbursement Method

Set your preferred reimbursement method.

ONLINE ACCOUNT REGISTRATION

Step 6 of 8

Enter/Verify Reimbursement Method

Commuter, test and Dependent Care

You can have your payments deposited into your personal bank account. If you do not elect direct deposit, payments will be made by check to the address in your profile.

Reimburse Payments by

Direct Deposit

Check

Bank Name

Bank Account Number
(masked for security purposes) [How to locate bank numbers](#)

Bank Routing Number
(masked for security purposes)

Type of Account

Checking

Savings

Contact Preferences

Select your contact preferences for email, text, and physical mail.

ONLINE ACCOUNT REGISTRATION

BACK
Step 7 of 8
NEXT

How would you like to receive information and updates?

We will send updates via the preferred notification methods as a single message when the listed activity occurs. Not all methods are available for all programs and all situations.

= Opting out is not an option as we are obligated to communicate important information to you.

Required = You must choose at least one option in this row.

Message and data rates may apply for text messages.

Activity / Topic	Text	Email	Mail
A claim is processed <i>(required)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A payment is issued <i>(required)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enrollment, deadline and other important notices <i>(required)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not Available
New features and product updates <i>(optional)</i>	Not Available	<input type="checkbox"/>	Not Available
Promotional offers and coupons <i>(optional)</i>	Not Available	<input type="checkbox"/>	Not Available

Additional Text Options (Available On Demand / Any Time)

Text the word BALANCE to MYINFO (694636) to request the balance on your account(s)

Text Me @ Mobile Phone Numbers (message and data rates may apply):

Area	Prefix	Line	Service Provider	Nickname (Optional)
			Select Service Provider ▼	

+ ADD ANOTHER NUMBER

CONFIRM PREFERENCES (REQUIRED)

You certify and authorize the following in regards to your selected preferences:

I am free to turn any of these optional features on or off – using this same page – at any time. When a feature is turned on, it will apply to all programs for which I am receiving services.

I should print this page and retain a copy for my records.

Select Username and Password

Select a unique username and a password that meets length and complexity requirements

ONLINE ACCOUNT REGISTRATION

Step 8 of 8

BACK Select Username & Password NEXT

We recommend periodic password changes for account security.
All fields are required.

Username

Password

Confirm Password

Your username must:
Be at least 5 characters long
May contain any combination of letters and numbers (but no other characters)

Your password must:
Be between 8 and 20 characters.
Include at least four of the following: lowercase letter, uppercase letter, number AND symbol.
Not include your last name, first name, username or spaces.

Account Confirmation

Review key information entered during the process and finalize the online registration

ONLINE ACCOUNT REGISTRATION

Account Confirmation

BACK REGISTER ACCOUNT

Carefully review your information before you submit.
Any errors may delay your order, payments, or other services.

Username and Password 5511test *****	Payments to You (when applicable) By Check
Contact Information Jay Smith 444 SJ, CA 95111 (650) 576-1576 ffjffj@gmail.com	Additional Email Options None Selected Text Me Options 0 Texts are On

Commuter Benefit Participation Form

Some commuter programs require an additional agreement. If needed, this will be presented after the privacy policy and terms of use agreement

ONLINE ACCOUNT REGISTRATION

Step 4 of 8

BACK

Compliance (Part 2) - Participation Form

Commuter Benefit Participation Form

Your employer is required by law to offer you a commuter benefits program. While your participation is voluntary, a one-time response to this offer is required. You may decline to enroll in the program, or you may cancel your participation at any time. You may also choose to enroll in the program at a later date.

Select "Accept" if you plan to enroll for a benefit to pay for eligible transit/vanpool expenses.

Select "Decline" if you do not plan to enroll for a benefit to pay for eligible transit/vanpool expenses.

I choose to **Accept** **Decline** my employer's offer to use pre-tax income to pay for eligible transportation expenses to the extent permitted under federal law. [Click here to see a list of eligible commuter expenses.](#)

Submit

HealthEquity[®]