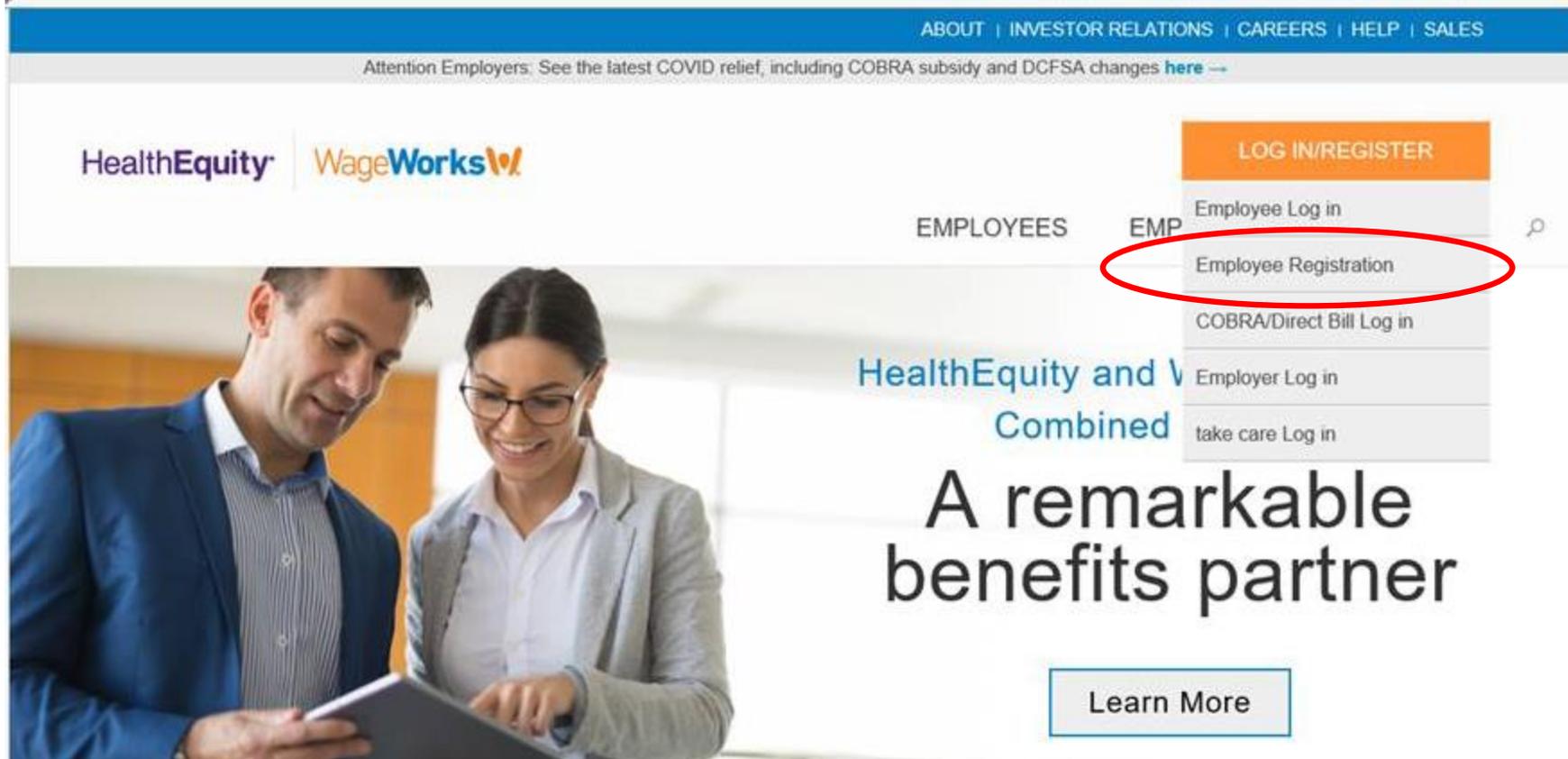


Visit www.healthequity.com/wageworks

Click on “LOG IN/REGISTER” and select “Employee Registration” to begin the registration process.



The screenshot displays the top navigation bar of the HealthEquity WageWorks website. The navigation bar includes links for ABOUT, INVESTOR RELATIONS, CAREERS, HELP, and SALES. Below the navigation bar, there is a message for employers regarding COVID relief. The main header features the HealthEquity and WageWorks logos. A dropdown menu is open under the EMPLOYEES tab, listing options: Employee Log in, Employee Registration (circled in red), COBRA/Direct Bill Log in, Employer Log in, and take care Log in. The main content area features a photograph of a man and a woman looking at a tablet, with the text "HealthEquity and WageWorks Combined" and "A remarkable benefits partner". A "Learn More" button is located at the bottom right of the main content area.

BACK

Instructions

NEXT

Before You Start

Have your contact and bank information handy.

Follow These Steps

- 1 Identify Yourself
- 2 Accept Policies
- 3 Enter / Verify Contact Info
- 4 Enter / Verify Reimbursement Method
- 5 Select Preferences
- 6 Select Username & Password
- 7 Confirm Profile & Preferences

Have your contact and bank information handy for the registration process. Click "Next" when ready to begin.

BACK

Step 1 of 7
Identify Yourself

NEXT

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 one of the following:

- Your social security number
- Your employee number
- Code provided by your program sponsor



Type the characters shown above:

NEXT

Complete your personal information and then click "Next".

The ID Code will be the last 4 digits of your SSN.

Check the box next to “I accept” and click “Next” to continue the registration process.

HealthEquity
WageWorks

FIRST-TIME USER REGISTRATION

December 31, 2021

BACK

Step 2 of 7
Accept Policies

NEXT

I accept the [Privacy Policy \(PDF\)](#) and [Terms of Use \(PDF\)](#)

BACK

Step 3 of 7
Enter / Verify Contact Info

NEXT

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)

NEXT

Complete your contact information and then click "Next".

BACK

Step 4 of 7
Enter / Verify Reimbursement Method

NEXT

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.

All fields are required

Reimburse
Payments by

Direct Deposit

Check

Select your preferred payment method. If you choose "Direct Deposit" you will be prompted to complete your bank account information. Once complete, click "Next".

BACK

Step 5 of 7
Select Preferences

How would you like to receive information and updates?

Not all methods are available for all programs and all situations.

= Opt out is not available; we are required to communicate to you about these things.

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

Activity / Topic	Text	Email	Mail
A claim is processed <i>(required)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A payment is issued <i>(required)</i>	<input type="checkbox"/>	<input checked="" 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)

Select your preferences for receiving updates and communication from HealthEquity.

BACK

Step 6 of 7
Select Username & Password

NEXT

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

Username

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

Password

Your password must:
Be between 8 and 20 characters.

Confirm Password

Include at least four of the following: lowercase letter, uppercase letter, number AND symbol. Not include your last name, first name, username or spaces.

Create a Username and Password for your account, then click "Next".

Once this step is complete, you may download or return to the EZ Receipts app to help manage your DCFSA claims.