Plan Year Begins... Now what?

As a returning user, enter your User Name and Password.

Click here to create your profile.

View account activity online at www.wageworks.com.
To Register...

**WageWorks**

**IDENTIFY --> PROFILE --> AGREEMENT --> CONFIRM --> DONE**

Enter the following information - as it appears in your employer or program sponsor's records - so we can identify you:

- First Name: *
- Last Name: *
- Date of Birth (mm/dd): *
- Home Zip Code (first 5 digits): *
- Social Security # (last 4 digits): *
- Enter the characters displayed in the box below: *

Typing these characters helps ensure that this system is being used by a person rather than an automated program.

We respect your privacy. This minimum amount of information is used only to uniquely identify you as an eligible participant with WageWorks.

You will need to complete a short registration process in order to use this site.

Enter personal information to authenticate to the system.
To Register...

PROFILE  >>  CONFIRM  >>  DONE

Contact Info
We may need to contact you for customer service. Please enter a daytime phone number where we can contact you (or leave a message) and an email address to which we can send time-sensitive and critical benefits information including confirmations and account statements.

Phone: * 101 - 123 - 4567  Ext. ____________
Email: *  tdanison@wageworks
Confirm Email: *  tdanison@wageworks

Address Info
This address will be used for any orders or communications that we will mail to you.
- DO enter a residential address where you want to receive this mail.
- DO NOT enter your work address, a PO Box or a non-residential address.

Updates: This address will not be communicated to your employer or program sponsor. Be sure to update your address here and separately notify your program sponsor to report a change in your mailing address.

Mailing Address: *  5 Maxwell Drive
City: *  New York
State: *  NY
ZIP: *  10048

Work ZIP: *  68129

User Name and Password
Your password must be between 8 and 20 characters long and include at least one symbol or one single-digit number. Your password cannot contain your last name, first name or user name.

You may modify your password:

User Name:  tdanison
Password: * 
Confirm Password: * 

Reimbursements
Commuter: Your reimbursements will be added to your paycheck (and will not be taxed).

Health Care and Dependent Care: You are enrolled for direct deposit. Any amount to be reimbursed to you will be deposited into the account indicated below.
- Reimburse me by direct deposit to the account below
- Reimburse me by check

Direct Deposit for Health Care and Dependent Care
Complete the following to be reimbursed by direct deposit:
To Register...

User Agreement

Terms and Conditions

This agreement affects your rights. Please read it carefully. You will not be able to use the Service unless you consent to this Agreement.

By accepting this Agreement now and each time you place an order or make an election on this site, you represent that you understand and accept the terms and conditions of this Agreement. This Agreement applies to your use of the WageWorks.com web site, benefits, data and any related products or services (collectively the “Service”).

In this Agreement, “you”, “your”, “Subscriber”, “Subscriber”, “user” or “users” means any person using the Service. “WageWorks”, “we”, “us” and “our” refer collectively to WageWorks, Inc., its affiliates, contractors, officers, employees and agents.

Portions of this agreement regarding particular benefits apply only to those users who are eligible for and/or who enroll for those benefits. Portions of this agreement regarding computer access and electronic communication apply only to those users with computer access.

Any time deadlines indicated in this User Agreement are the minimum for using those Services. Your employer may set different deadlines.

The current version of this Agreement can be viewed at any time under the Help tab on this site.

Privacy

You are protected by our Privacy Policy. Click here to view the full text. You agree that you have had an opportunity to review, download or print our Privacy Policy.

User Responsibilities

In addition to the user responsibilities described for each benefit below and rules associated with each transaction you perform on this site, you agree to the following:

Profile. You agree to provide true, accurate and complete information in your Profile and to maintain and promptly update it as applicable. You agree not to impersonate any person or use a name that you are not authorized to use. If any information you provide is untrue, inaccurate, not current, or incomplete, without limiting other remedies, we have the right to terminate your use of the Service and to recover from you any costs or losses incurred as a direct or indirect result of the inaccurate or incomplete information. You authorize WageWorks to make any inquiries it considers necessary to validate your profile information.

Mailing address. You have the sole responsibility to notify us of any undelivered notices or mail, or any change in your mailing address. If you do not notify us of a change in your mailing address, then you consent to the

Accept the User Agreement

Financial penalties. The Service provides money-saving opportunities that we normally provide. We will not deliver any undelivered notices or mail, or any change in your mailing address. If you do not notify us of a change in your mailing address, then you consent to the

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WageWorks
Plan Year Begins

- View account activity online
- Set up Pay My Provider instructions
- Sign up for Direct Deposit
- Order up to two (2) additional spending cards
Choice of Payment Methods

The Participants Options Are:

✓ Health Care Spending Card
✓ Pay My Provider
✓ Pay Me Back
Health Care Spending Card

- Use at point-of-service for qualified health care expenses
- Great for co-pays & expenses not covered by health plan
Pay My Provider

WageWorks can pay your provider directly using your FSA funds

- Similar to an online bill paying service
- Now you don’t have to pay your provider first and wait for reimbursement

Pay for recurring expenses

- Orthodontia
- Chiropractic
- Day care provider

Pay for participant portion of billed expenses

- Dental procedures
- Emergency room visits

Funds disbursed monthly

- For Dependent Care expenses, only the amount up to what is available will be disbursed. Payment shortages must be handled by the employee
Pay Me Back

Traditional reimbursement of FSA funds
Weekly EOBS & reimbursements for Health Care
2x weekly EOBS & reimbursements for Dependent Care
Download and complete the claim form
Pay Me Back

 ✓ Submit to WageWorks with appropriate documentation
   ✓ Faxed claims received electronically - *Toll free fax number is available*
   ✓ Claims are processed from electronic image

 ✓ Claim status is available on the website 48 to 72 hours after claims receipt

 ✓ Claims requiring additional information will be denied and sent back to the employee with an Explanation of Benefit Approved
 Health Care claims are paid out every Tuesday for claims approved by the previous Friday
   ✓ Total payment amount is based on balance available

 ✓ Approved Dependent Care claims are paid out Tuesday and Friday for claims approved the previous Friday and Wednesday, respectively
   ✓ Total payment amount is based on available funds
Account Statements

- Email notification is sent to the employee to review their current statement online
- A paper statement is mailed to the address of record when an email address is not provided
- Participant can change statement delivery option throughout the plan year
- Statements contain account activity for the period
  - Health Care Statements are generated monthly
  - Dependent Care Statements are generated quarterly
For Assistance

- Go to www.wageworks.com
- Call WageWorks Customer Service Center at 1-877-924-3967
  - Representatives are available Monday through Friday
  - 8 AM to 8 PM EST
- Email help@wageworks.com