

Participant Self Service Portal

Did you know you can track your flex account online? Simply follow the instructions below to create your user ID and password, and log in at any time, day or night!

Once you've logged in, you have access to balance information, account statements, and deposit history records.

Forget your password? The system does have a password recovery module, but if you have any questions at all, please do not hesitate to contact us toll-free at **1-844-516-3658**.

1. To create your account: Go to https://healthsmart.wealthcareportal.com and click on "Register" (bottom left) to create your account.





We will maintain the confidentiality of your personal information in accordance with our privacy policy.

Sign in

Usernan	ne
Forgot y	our Username? <u>Let us help</u>
/	SIGN IN
(j)	To protect your personal information, we collect your password on a separate page.

Don't have an account?





2. Complete the registration form and check the box to Accept Terms of Use. Follow the steps to answer security questions and complete account authentication:

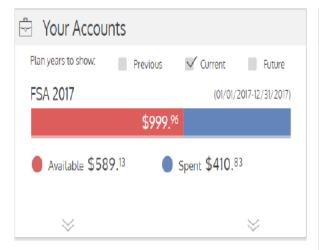
(Employer ID can be obtained by contacting HealthSmart Customer Service at 1-844-516-3658.)

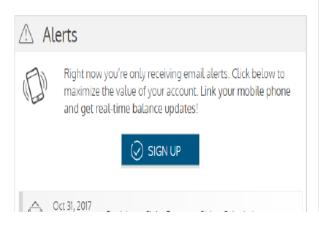
HealthSmart Benefit Solutions	Registration			
	STEP1 STEP 2	STEP 3		
Username *			Username must be between 6 and 12 characters long alphanumeric value	
ହି Password ★		4	A valid password must contain between 8 and 16 characters. A password must contain 3 of the following types of characters: A N UPPER CASE LETTER	
Password Strength		(lower case letter Special Character (%, !, @@, etc.) A number	
୍ଡି Confirm Password	*		A password cannot contain: The same character repeating 3 or more times The word "password" The username	
First Name *			• Spaces	
Initial				
Last Name *				
		Em	iployee ID was assigned by your Administrator and could be or Health Plan Member Number, Social Security Number, an provided by your Employer or an alternate ID created by your	
Employee ID *		(j) Adi	ministrator. ou do not know your ID or were not provided an ID, please tact your Administrator.	
Registration ID *	Employer ID ~			
l accept <u>Terr</u>	ns of Use			



3. Your personal dashboard will give you an overview of your current account:







Recent	Transact	ions	
\$38.46	FSA 2017	Approved	Deposit Oct 27, 2017
(\$100.00)	FSA 2017	Pending	Card Oct 23, 2017
\$38.46	FSA 2017	Approved	Deposit Oct 13, 2017
\$38.46	FSA 2017	Approved	Deposit Sep 29, 2017
\$38.46	FSA 2017	Approved	Deposit Sep 15, 2017
\$38.46	FSA 2017	Approved	Deposit Sep 1, 2017
(\$155. ⁰⁰)	FSA 2017	Approved	Card Aug 30, 2017
(\$31. ⁴⁵)	FSA 2017	Approved	Card Aug 28, 2017
(\$10. ⁰⁰)	FSA 2017	New	Card Aug 25, 2017
(\$3. ⁷⁶)	FSA 2017	Approved	Card Aug 25, 2017



4. Submit claims for reimbursement by clicking on Claims; Add Claim for Reimbursement:

* - Required Field			
C Claimant			~
Reimbursement Method			~
Service Start Date *	Oct 3	31, 2017	Ö
Service End Date *	Oct 3	31, 2017	ä
Account Type	FSA 2	2017	~
(\$) Claim Amount *	\$ 0.0	00	
Would you like to submit this as a recurring payme	ent?		
✓ Yes	X	0	
Comments			
S Upload Receipt			BROWSE
57			
DRAG & D	ROP		
your receipt	s here		
I certify that the expenses have been incurred by me or m year, and qualify for reimbursement. I certify that these ex	penses are not reimburs	sable through	*
any other plan of another employer. I also understand the	se expenses no longer q	qualify as tax	

