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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.

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

Sign in

Username

Forgot your Username? Let us help

✓ SIGN IN

ⓘ To protect your personal information, we collect your password on a separate page.

Don't have an account?

REGISTER

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   ✓ SIGN IN

STEP 1 › STEP 2 › STEP 3 › STEP 4

🏷 Username *   [   ]   ⓘ Username must be between 6 and 12 characters long alphanumeric value

🔒 Password *   [   ]   A valid **password** must contain between 8 and 16 characters.

   Password Strength   A password must contain 3 of the following types of characters:
                                           • AN UPPER CASE LETTER
                                           • lower case letter
                                           • Special Character (%, !, @@, etc.)
                                        ⓘ • A number

🔒 Confirm Password * [   ]   A password cannot contain:
                                           • The same character repeating 3 or more times
   First Name *   [   ]   • The word "password"
                                           • The username
   Initial   [   ]   • Spaces

   Last Name *   [   ]

✉ Email *   [   ]   Employee ID was assigned by your Administrator and could be your Health Plan Member Number, Social Security Number, an ID provided by your Employer or an alternate ID created by your Administrator.
🪪 Employee ID *   [   ]   ⓘ
                                           If you do not know your ID or were not provided an ID, please contact your Administrator.

   Registration ID * [Employer ID ⌄]

                      [   ]

I accept <u>Terms of Use</u>   [ ]

                                        ✓ NEXT   ✕ CANCEL

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

Personal Dashboard

🗄 Your Accounts

Plan years to show: ☐ Previous   ☑ Current   ☐ Future

FSA 2017   (01/01/2017-12/31/2017)

$999.96

🔴 Available $589.13   🔵 Spent $410.83

⚠ Alerts

Right now you're only receiving email alerts. Click below to maximize the value of your account. Link your mobile phone and get real-time balance updates!

⊘ SIGN UP

△ Oct 31, 2017

💲 Recent Transactions

$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

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

*- Required Field

Claimant		⌄
Reimbursement Method		⌄
Service Start Date *	Oct 31, 2017	📅
Service End Date *	Oct 31, 2017	📅
Account Type	FSA 2017	⌄
Claim Amount *	$ 0.00	

Would you like to submit this as a recurring payment?

✓ Yes	✕ No

Comments

Upload Receipt   [   ] BROWSE

DRAG & DROP
your receipts here

I certify that the expenses have been incurred by me or my eligible dependents, during this plan year, and qualify for reimbursement. I certify that these expenses are not reimbursable through any other plan of another employer. I also understand these expenses no longer qualify as tax credits.   * [ ]

✓ SUBMIT   ✕ CANCEL