

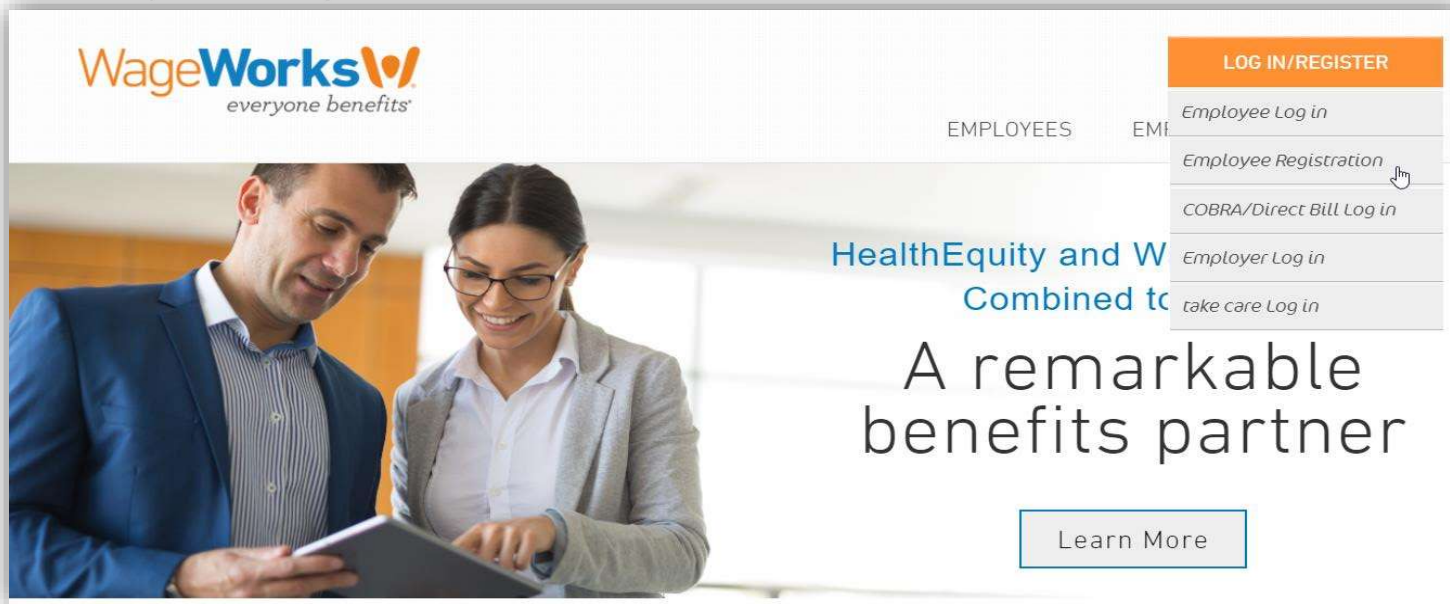
HealthEquity®

Member Registration

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Registering Online

- From the WageWorks.com homepage click Log In/Register > Employee Registration



Authentication

- Click Next on the Instructions Screen, then enter the requested information about yourself

Note: Unique ID will be **last 4 digits** of your Social Security number

The image displays two screenshots of the HealthEquity First-Time User Registration process. The left screenshot shows the 'Instructions' screen, which includes a 'Before You Start' section and a 'Follow These Steps' section with seven numbered steps. A large blue arrow points from the 'Next' button on the 'Instructions' screen to the 'Identify Yourself' screen on the right. The 'Identify Yourself' screen is 'Step 1 of 7' and contains fields for First Name, Last Name, Date of Birth, Home Zip Code, and ID Code. A CAPTCHA image is also present, and a note explains that the ID Code is the last 4 digits of the user's Social Security number.

Instructions Screen:

First-Time User Registration | April 20, 2020

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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

Identify Yourself Screen:

First-Time User Registration | April 20, 2020

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:

Terms & Conditions

- Review the User Agreement and Terms and Conditions of online account use, accept and click **Next**.



Username & Password

Create Username and Password

The screenshot shows a web form titled "FIRST-TIME USER REGISTRATION" with a date of "February 28, 2017". It is step 4 of a 5-step process, indicated by a progress bar with numbers 1 through 5, where 4 is highlighted. The form has "BACK" and "NEXT" buttons. The main heading is "Select Username & Password". A message box states: "We recommend periodic password changes for account security." The form contains three input fields: "Username", "Password", and "Confirm Password". To the right of the "Password" field, there are two lists of requirements:

Your username must:

- Be at least 8 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 two of the following: lowercase letter, uppercase letter, number or symbol
- Not include your last name, first name, username or spaces

Note: Username must be unique in HealthEquity's entire system

Contact Info & Reimbursement

- Confirm/update contact information and set your **reimbursement method**

Note: Direct deposit can be set up later in the **Profile** section of your account

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.

Email

Confirm Email

Mailing Address

City

State

Zip

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

Used to provide local services, when available.

Enter / Verify Reimbursement Method

Transit: 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

Bank Routing Number

Type of Account

☐ Checking

☐ Savings

Scroll down to see how to locate these numbers

Confirmation

Confirm your information and click **Submit**

BACK

123456

SUBMIT

Confirm Profile & Preferences

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

Username and Password

Test123

Contact Information

Ariel Ramirez

123 Main Street
123 Main Street
Anywhere, CA 12345
(555) 555-5555
scrub@wageworks.com

Payments to You (when applicable)

By Check

Additional Email Options

None Selected

Text Me Options

None Selected

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