# **WageWorks** Participant Registration Instructions



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# **Registering Online**

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



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# **Authentication**

#### Click Next on the Instructions screen, then enter the requested information about yourself \*Unique ID will be last 4 digits of your Social Security #

ВАСК	0 0 0 Instructi	ons	NEXT	
	Before You Start Have your contact and reimburs	IACK	dentify Yourself	NEXT
	Follow These Steps	Enter the information program sponsor's red	as it appears in your employer or cords.	
	Agreement Pass	First Name		Enter your First Name.
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advisor regarding your personal situa	uon.	Date of Birth		MM/DD format
		Home Zip Code		
		ID Code		Your ID Code is the last 4 digits of one of the following: • Your social security number.
		Enter the moving letters seen in the box below		Code provided by your program sponsor.

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# **Terms & Conditions**

# Review the User Agreement and Terms and Conditions of online account use, accept, and click NEXT



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## **Username & Password**

#### Create Username and Password

#### Note: Username must be unique in WageWorks' entire system

BACK Select Us	
We recommend periodic security.	password changes for account
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 one letter and one number.     Not include your last, first or username.

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# **Contact Info & Reimbursement**

Confirm/update contact information and set your reimbursement method \*Direct deposit can be set up later in the **Profile** section of your account

BACK	Verify	Contact Information	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			0 0 0 0 0 Verify Reimbursement Method	NEXT
	Email Confirm Email Mailing Address	I _ I.COM I _ I.COM I _ Ave	An address you check often. Where we can send you time- sensitive and critical information, including confirmations.	Health Care and 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.           Reimburse       Direct Deposit         Payments by       Check	
	City State	Odessa TX v	Dain	Bank Name	Scroll down to see how to locate these numbers.
				Type of Account Checking	

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# Confirmation

#### Confirm your information and click **SUBMIT**

BACK	Co	SUBMIT			
	Carefully review your info Any errors may delay reimbu	Carefully review your information before you submit. Any errors may delay reimbursement of your claims.			
	Username and Password mi 12	Reimbursement Payments By Check			
	Contact Information 2 C (4 U,				
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