

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**.

- 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

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

- 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.)

Register

STEP 1 > STEP 2 > STEP 3 > STEP 4

<p> Username *</p> <input type="text"/>	<p> Username must be between 9 and 15 characters long alphanumeric value</p>
<p> Password *</p> <input type="password"/>	<p> A valid password must contain between 8 and 16 characters.</p> <p>A password must contain 3 of the following types of characters:</p> <ul style="list-style-type: none"> • AN UPPER CASE LETTER • lower case letter • Special Character (% , ! @ , etc.) • A number <p> A password cannot contain:</p> <ul style="list-style-type: none"> • The same character repeating 3 or more times • The word "password" • The username • Spaces
<p>Password Strength</p> <p> Confirm Password *</p> <input type="password"/>	
<p>First Name *</p> <input type="text"/>	
<p>Initial</p> <input type="text"/>	
<p>Last Name *</p> <input type="text"/>	
<p> Email *</p> <input type="text"/>	
<p> Employee ID *</p> <input type="text"/>	<p> 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.</p> <p>If you do not know your ID or were not provided an ID, please contact your Administrator.</p>
<p>Registration ID *</p> <p>Employer ID <input type="text"/></p> <input type="text"/>	

I accept [Terms of Use](#)

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**

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

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 11:29 am Participant Claim Entry Claims Submission
- Oct 31, 2017 11:29 am Participant Claim Entry Claims Submission
- Aug 28, 2017 9:45 am Participant Claim Entry Claims Submission

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

* - Required Field

Claimant

Reimbursement Method

Service Start Date *

Service End Date *

Account Type

Claim Amount *

Would you like to submit this as a recurring payment?

Yes No

Comments









Upload Receipt


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.

5. Download Claim Forms from the online Resources:

Forms & Documents

 Dependent Care Claim Reimbursement Form	 FSA Qualified Expense List
 HealthCare Reimbursement Claim Form	 HRA Deductible Reimbursement Claim Form
 HRA Reimbursement Claim Form	 Limited Purpose FSA Reimbursement Claim Form
 Parking Reimbursement Claim Form	 Transit Reimbursement Claim Form



6. Submit a question via Contact HealthSmart Team:



Your Administrator is HealthSmart Benefit Solutions. You may contact your Administrator by sending an email below.

In order to better assist you, your name and employer's name will be automatically added to the body of your message.

To

CC

From

Subject