

Illinois Institute of Technology

FSA Enrollment Guide

www.wageworks.com



HELP

SALES

LOG IN/REGISTER

EMPLOYEES

EMPLOYERS

BROKERS

ABOUT

BLOG



[Click here to begin](#)



Welcome to
WageWorks[®]

A Better Way
to Save and Spend

I'm an Employee

I'm an Employer

I'm a Broker



Latest News

.....

*Here's To a Happy, Healthy,
and Productive 2014!*

A Brand New Day

.....



Click Here to register



Saving Money

Simplify Paying for
Important to You and

I'm an Employee

I'm an Employer

I'm a Broker



Latest News

.....
**Here's To a Happy, Healthy,
and Productive 2014!**

A Brand New Day
.....



BACK

1 2 3 4 5 6

Identify Yourself

NEXT

Enter the information as it appears in your employer or program sponsor's records.

First Name

Last Name

Date of Birth

MM/DD format

Home Zip Code

ID Code

Your ID Code is the last four digits of your SSN

- Your employee number
- Code provided by your program sponsor

Enter the moving letters seen in the box below



NEXT

BACK

1 2 3 4 5 6

Accept User Agreement

NEXT

consideration goods or services obtained through use of the Service. You agree not to return goods to the merchant for cash or any other consideration other than for direct exchange of damaged or defective goods. You agree not to ask for cash for services that you ordered but did not accept. You understand that WageWorks will not refund or credit your account, or seek a refund or credit, or otherwise negotiate with the merchant or vendor on your behalf. You agree that you will not solicit or accept a refund or credit from any party (e.g., on eBay) for payments made from your account unless you return those funds to your account.

Penalties for misuse. The Service provides you with access to funds set aside by you on a pre-tax basis. These funds belong to your employer/program sponsor, and governed by Federal law. The Internal Revenue Service and other tax authorities enforce these laws. In addition to other legal remedies, your refusal to follow the terms of this Agreement or provision of false or fraudulent statements regarding the items or services you have purchased may result in disciplinary action by your employer/program sponsor including, but not limited to, termination of your use of the Service, termination of participation from the Plan, or termination of employment. The tax authorities may also initiate tax collections against you.

I Accept the User Agreement

I Decline the User Agreement

Once you have accepted the user agreement, the "Next" arrow above will turn blue and you will be able to click it to proceed

NEXT

BACK

1 2 3 4 5 6

NEXT

Enter / Verify Contact Info

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

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

Confirm Email

Mailing Address

City

State ▼

Zip -

Used to when av

Work Zip Code

Daytime Phone - - ext.

A number critical issues

Once you have entered your work zip code and daytime phone number, the "Next" arrow will turn blue and you can click it and proceed

NEXT

BACK

- 1
- 2
- 3
- 4
- 5
- 6

Enter / Verify Reimbursement Method

NEXT

Commuter, 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
Payments by

Direct Deposit

Check

To receive reimbursement via direct deposit, enter your bank information here

Bank Name

Bank Account Number

Scroll down to see how to locate these numbers

Bank Routing Number

Type of Account

Checking

Savings

BACK

1 2 3 4 5 6

Select Preferences

NEXT

Text Me @ Mobile Phone Numbers:

+ ADD NEW NUMBER

 - - Select Service Provider Nickname Delete**Save Changes** (I authorize sending my protected health information (PHI) in the manner selected, if and when applicable. I understand my mobile provider may charge me per text.)

Discard Changes

YOUR PREFERENCES

You certify and authorize the following in regards to your selected preferences:

- I am free to turn any of these optional features on or off – using this same page – at any time. When a feature is turned on, it will apply to all programs for which I am receiving services.
- I should print this page and retain a copy for my records.

CERTIFICATION AND AUTHORIZATION

I hereby authorize the program sponsor, the plan or plans, and the plan administrator to disclose any information about any transactions (claims or payments) contained in this system, including descriptions of services received, in order to provide the optional services I have requested.

This authorization applies to any plan or benefits for which I am currently enrolled and any plan or benefits I may become enrolled in while these optional features remain turned on.

I understand that I have the right to revoke this authorization at any time for future disclosures, unless these parties have taken action in reliance upon this authorization. I must revoke this authorization using the same page on this website (select Profile, then Preferences).

I understand that my treatment, payment, enrollment, and/or eligibility is not dependent on my selecting to use these optional features.

Once you click the "save changes" box the "Next" arrow will turn blue and you can click it and proceed.

BACK

1 2 3 4 5 6

Select Username & Password

NEXT

We recommend periodic password changes for account security.

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
- Include at least one letter and one number
- Not include your last, first or username

Confirm Password

OPEN ENROLLMENT

CURRENT PROGRAMS 1

PAST PROGRAMS 1

AVAILABLE PROGRAMS 2

SUBMIT RECEIPT or CLAIM

ELIGIBLE EXPENSES



2012 HC FSA

Use from: 10/1/11 to 12/15/12

Claim by: 2/28/13

Available Balance

\$100.00

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Click Here to Enroll

OPEN ENROLLMENT

SUBMIT RECEIPT or CLAIM

ELIGIBLE EXPENSES

Select Health Care and/or Dependent Care Annual Amounts & Total Pay Periods in the Plan Year

Available Programs (2)



Health Care FSA 2013

Plan Year: 1/1/2013 to 12/31/2013
Claim By: 5/31/2014

Maximum Election: **\$2,500.00**

You Can Save: \$1,000.00

Health Care Eligible Expense Plan

Election Amount

Your Tax Savings
\$1,000.00

of Pay Periods

Per Pay Period
\$96.15



Dependent Care FSA 2013

Plan Year: 1/1/2013 to 12/31/2013
Claim By: 5/31/2014

Maximum Election: **\$5,000.00**

You Can Save: \$2,000.00

DC eligible expenses

Election Amount

Your Tax Savings
\$2,000.00

of Pay Periods

Per Pay Period
\$192.31

Enroll

Discard and Start Over