










Plansource FSA portal: <https://plansource.wealthcareportal.com/Page/Home>










Please follow the instructions carefully and note that your username and employee id are the same, so you will be entering the same information in twice.

1. Click on Register.
2. Fill in the blanks.
3. Accept the terms of use.
4. Click next.

**Username and Employee ID:** XXX-XX-1234 Standard ID is first letter of your first name, up to the first six letters of your last name and the last four digits of your SSN. For example, if your name was Jane Williams and the last four of your SSN was 1234, you would enter jwillia1234 as the Employee ID. *If your employer uses a custom ID and the provided standard does not work, please contact PlanSource at 1-888.266.1732, option 2 for FSA to obtain your Employee ID. The call center hours are Monday – Friday: 8am-8pm EST.*

 Username *	<input type="text"/>	 Username must be between 6 and 12 characters long alphanumeric value
 Password *	<input type="password"/>	 A valid <b>password</b> must contain between 8 and 16 characters. A password must contain 3 of the following types of characters: <ul style="list-style-type: none"><li>• AN UPPER CASE LETTER</li><li>• lower case letter</li><li>• Special Character (% , ! , @ , etc.)</li><li>• A number</li></ul> A password cannot contain: <ul style="list-style-type: none"><li>• The same character repeating 3 or more times</li><li>• The word "password"</li><li>• The username</li><li>• Spaces</li></ul>
Password Strength		
 Confirm Password *	<input type="password"/>	
First Name *	<input type="text"/>	
Initial	<input type="text"/>	
Last Name *	<input type="text"/>	
 Email *	<input type="text"/>	
Registration ID *	Card Number 	 To register with this site, you must have an <b>Employee ID</b> which could be your Health Plan Member Number, Social Security Number, an ID provided by your Employer or an alternate ID created by your Administrator, and a <b>Registration ID</b> which could be your Benefit Debit Card Number or your Employer.  If you do not know your ID or were not provided an ID, please contact your Administrator.
 Employee ID *	<input type="text"/>	

You should use your debit card number for the registration id. If you do not have your debit card, you should use the employer id number below for registration. **Employer ID:** NGEICICERO

 Username *	<input type="text"/>	 Username must be between 6 and 12 characters long alphanumeric value
 Password *	<input type="password"/>	 A valid <b>password</b> must contain between 8 and 16 characters. A password must contain 3 of the following types of characters: <ul style="list-style-type: none"><li>• AN UPPER CASE LETTER</li><li>• lower case letter</li><li>• Special Character (% , ! , @ , etc.)</li><li>• A number</li></ul> A password cannot contain: <ul style="list-style-type: none"><li>• The same character repeating 3 or more times</li><li>• The word "password"</li><li>• The username</li><li>• Spaces</li></ul>
Password Strength		
 Confirm Password *	<input type="password"/>	
First Name *	<input type="text"/>	
Initial	<input type="text"/>	
Last Name *	<input type="text"/>	
 Email *	<input type="text"/>	
Registration ID *	Card Number 	 To register with this site, you must have an <b>Employee ID</b> which could be your Health Plan Member Number, Social Security Number, an ID provided by your Employer or an alternate ID created by your Administrator, and a <b>Registration ID</b> which could be your Benefit Debit Card Number or your Employer.  If you do not know your ID or were not provided an ID, please contact your Administrator.
 Employee ID *	<input type="text"/>	