

# Employee Site Online Enrollment at [www.wageworks.com](http://www.wageworks.com)

California Lutheran  

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UNIVERSITY

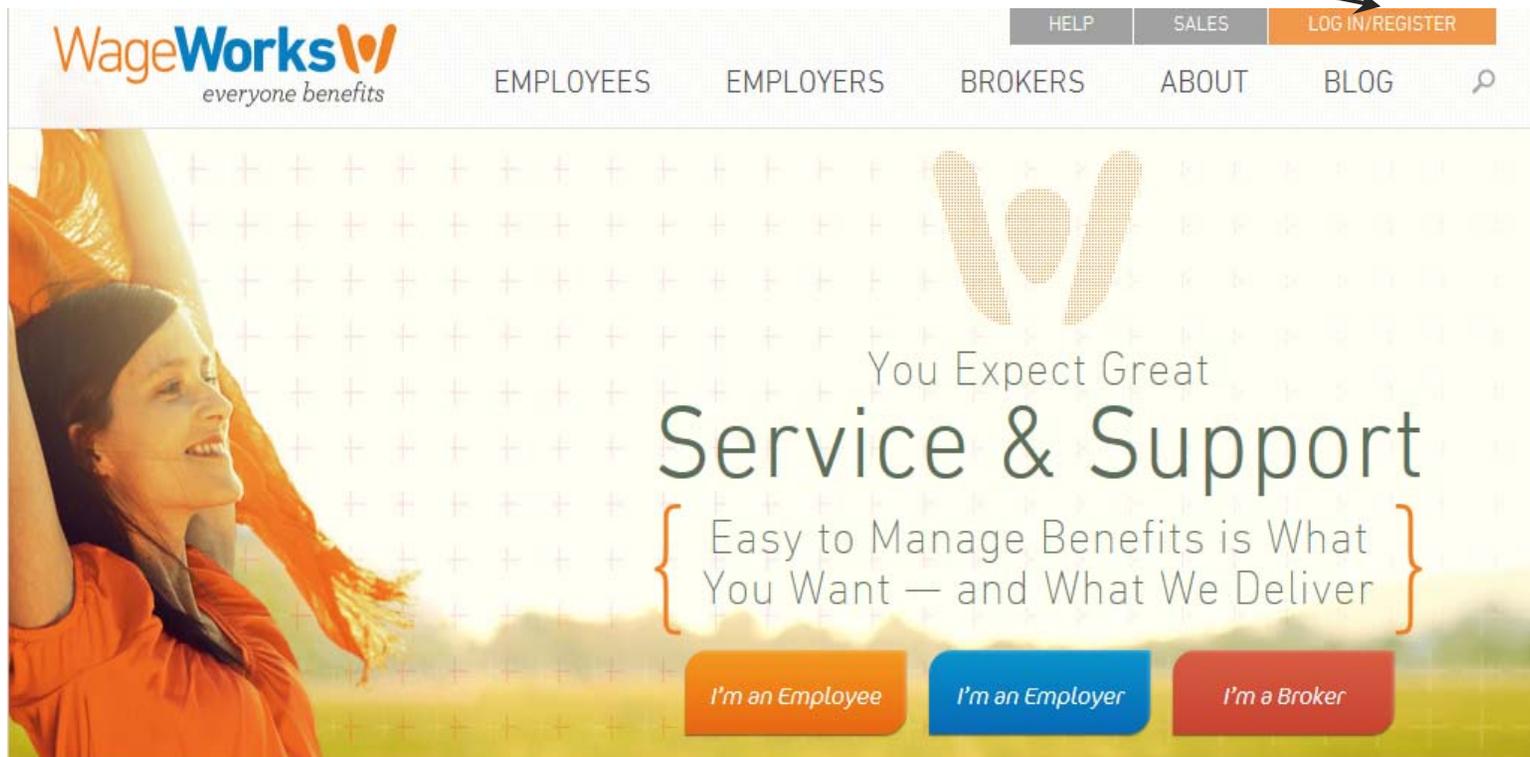
  
**WageWorks**  
*everyone benefits*

# Participant Account Access



# Online Account Access

For online account access to to [www.wageworks.com](http://www.wageworks.com). Select the Login/Register option at the top.



# Sign In or Register as a New User

The screenshot shows the WageWorks website interface. At the top left is the WageWorks logo with the tagline "everyone benefits". To the right are navigation links for "EMPLOYEES", "EMPLOYERS", and "BRC". Further right are "HELP", "SALES", and "LOG IN/REGISTER". A dropdown menu is open under "LOG IN/REGISTER", listing options: "Employee Log in", "Employee Registration", "COBRA/Direct Bill Log in", "Employer Log in", and "take care Log in". A red box labeled "First Time user" has an arrow pointing to the "Employee Registration" option. Below the navigation is a large banner for "Open Enrollment" with the text "It's time for your best Open Enrollment ever" and three buttons: "I'm an Employee", "I'm an Employer", and "I'm a Broker". Below the banner are three content blocks: "Latest News" with a link to "WageWorks Commends New York City Council for Passing New Ordinance Ensuring Pre-Tax Transit Benefits", "2015 Open Enrollment Kit", and "New Commuter Ordinance to Keep the Bay Area Clean and Green".

- If you are a first time user, click *Employee Registration*
- Or if you have already registered select *Employee Log in* and log in using your current Username & Password.

# First Time User Registration

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FIRST-TIME USER August 28, 2012

December 9, 2014

BACK

1 2 3 4 5

## Instructions

### Before You Start

Have your contact and reimbursement details (i.e. bank account).

### Follow These Steps

- 1 Identify Yourself
- 2 Accept User Agreement
- 3 Select Username & Password
- 4 Verify Contact Information
- 5 Verify Reimbursement Method

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- These are the steps the system will walk you through registration of your account so that you can also enroll in your FSA benefit.

# First-Time User Identification



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FIRST-TIME USER August 28, 2012

1 2 3 4 5

**Identify Yourself**

December 9, 2014

BACK

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 4 digits of one of the following:

- Your social security number.
- **Your employee number.**
- Code provided by your program sponsor.

Enter the moving letters seen in the box below

**H5Z**

**You will use the last four of your employee ID#**

# Update Contact and Direct Deposit

The screenshot shows the WageWorks dashboard interface. At the top right, there are navigation links: 'ALERTS & MESSAGES', 'PROFILE', 'HELP', and 'LOG OUT'. The 'PROFILE' link is circled in red, and a red arrow points from the bottom of the slide towards it. Below the navigation bar, there are tabs for 'DASHBOARD', 'CLAIMS & ACTIVITY', 'CALCULATORS', 'CARD CENTER', and 'EXTRA BENEFITS'. The date 'December 9, 2014' is displayed on the right. The main content area features a sidebar with buttons for 'ENROLL IN COMMUTER', 'CHANGE or CANCEL', 'SUBMIT RECEIPT or CLAIM', and 'ELIGIBLE EXPENSES'. The central section is titled 'CURRENT PROGRAMS 2' and displays details for a 'Health Care FSA 2014'. It includes a pie chart showing the 'Available Balance' of \$173.62 and the 'Election Amount' of \$799.92. The 'Estimated Tax Savings' is listed as \$239.98. A note at the bottom states 'Important: Balances may not reflect your recent card transactions.'

- Select 'Profile' to update contact information and add direct deposit account information.

# Verify Contact Information

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DASHBOARD CLAIMS & ACTIVITY CALCULATORS CARD CENTER December 9, 2014  
RESOURCE CENTER

**CONTACT INFORMATION**

REIMBURSEMENT METHOD  
CLAIM NOTICES  
TAX SAVINGS  
USERNAME & PASSWORD

**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**  An address you check often where we can send time-sensitive and critical information including confirmations and account statements.

**Confirm Email**

**Mailing Address**

**City**

**State** WI

**Zip**  -  Used to provide local services, when available.

**Work Zip Code**

**Daytime Phone**  -  -  ext.  A number where we can contact you or leave a message during the day.

**Save Changes**

**Discard Changes**

- Enter your email address to receive notifications via email
- Confirm your mailing address information is correct.
- Select 'Save Changes'

# Set Up Direct Deposit Information

DASHBOARD CLAIMS & ACTIVITY CALCULATORS CARD CENTER  
RESOURCE CENTER December 9, 2014

CONTACT INFORMATION  
REIMBURSEMENT METHOD  
CLAIM NOTICES  
TAX SAVINGS  
USERNAME & PASSWORD

Commuter, Health Care and Dependent Care:  
You are enrolled for direct deposit. Any amount to be reimbursed to you will be deposited into the account indicated below.

Reimburse Payments by  Direct Deposit  
 Check

Bank Name Wells Fargo Bank N.A.  
Bank Account Number \*\*\*\*\*6687  
Bank Routing Number \*\*\*\*\*1988

Type of Account  Checking  
 Savings

Save Changes  
Discard Changes

How to Locate Bank Numbers:  
Your sample check may not have these numbers in the exact same location.



Bank Routing # Account # Check #

- Chose Direct Deposit or Check for your reimbursement method for claims.
- If you select Direct Deposit enter:
  - Bank Name
  - Bank Account Number
  - Bank Routing number
  - Account Type
  - See the example at the bottom of the screen if you are not sure how to locate your bank information
- If you select Check, confirm your mailing address information is correct.
- Select 'Save Changes'

# New Enrollment



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DASHBOARD CLAIMS & ACTIVITY CALCULATORS December 9, 2014

**OPEN ENROLLMENT** AVAILABLE PROGRAMS 2

**ELIGIBLE EXPENSES**

Select to enroll

**Health Care FSA 2015**  
Available Beginning : 1/1/15  
Claim by: 3/31/16

\* Enrollment Required

Up to \$500 Carryover to Next Plan Year

Maximum Election **\$2,550.00**  
You can save\* **\$1,020.00**

**Dependent Care FSA 2015**  
Available Beginning : 1/1/15  
Claim by: 3/31/16

\* Enrollment Required

Maximum Election **\$5,000.00**  
You can save\* **\$2,000.00**

# Election Amount & Payroll Periods



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DASHBOARD CLAIMS & ACTIVITY CALCULATORS December 9, 2014

OPEN ENROLLMENT

ELIGIBLE EXPENSES

Available Programs (2)

**Health Care FSA 2015**  
Plan Year: 1/1/2015 to 12/31/2015  
Claim By: 3/31/2016  
Maximum Election: **\$2,550.00**  
You Can Save: \$1,020.00

Election Amount	Estimated Tax Savings	# of Pay Periods	Per Pay Period
<input type="text"/>	\$0.00	<input type="text"/>	\$0.00

HSA-Compatible Coverage:  
Helps you qualify to contribute to an HSA. Limited to eligible dental and vision expenses only.

No Thanks

**Dependent Care FSA 2015**  
Plan Year: 1/1/2015 to 12/31/2015  
Claim By: 3/31/2016  
Maximum Election: **\$5,000.00**  
You Can Save: \$2,000.00

Election Amount	Estimated Tax Savings	# of Pay Periods	Per Pay Period
<input type="text"/>	\$0.00	<input type="text"/>	\$0.00

Select:

- Health Care and/or Dependent Care Election Amount
- Enter your number of pay periods (26 or 12)
- If you are enrolled in the CLU BlueShield PPO + HDHP, you must select the HSA-Compatible Coverage Option

Enrollment Complete!!

Congratulations  
and Welcome to  
WageWorks!

So now how do I use my  
Health Care or Dependent  
Care Account?



# Choice of Reimbursement Methods

## Pay by Debit Card

Used for:  
Health Care Eligible Expenses



## Pay My Provider

Used for:

- Health Care Eligible Expenses
- Dependent Care Eligible Expenses



## Pay Me Back Claims

Used for:

- Health Care Eligible Expenses
- Dependent Care Eligible Expenses

Health Care Claim  
**Pay Me Back**

Request payment to reimburse you for out-of-pocket expenses (receipt required)

# VISA Debit Card



- Accepted at all Merchants with a Valid Merchant Category Code (MCC):
  - Qualified Medical, Dental or Vision Service Providers
  - IIAS Certified Merchants (Inventory Information Approval System)
  - 90% Pharmacy Merchants
- Single multi-wallet capable card issued in the participant's name
  - Additional cards can be ordered for dependents at no additional cost
- Three Validation Checks
  - Activated Card
  - Sufficient Funds
  - Valid Merchant Category Code
- Per IRS, all transactions **must** be substantiated

Used for:  
Health Care Eligible Expenses

# Pay My Provider



- Similar to online bill pay
- Great for one time or recurring qualified health care or dependent care expenses
- Appropriate documentation must be submitted and approved prior to a provider payment being issued.
- Maximum check amount is available account balance
- Payment must be for expenses incurred during the current plan year

Used for:

- Health Care Eligible Expenses
- Dependent Care Eligible Expenses

# Pay Me Back



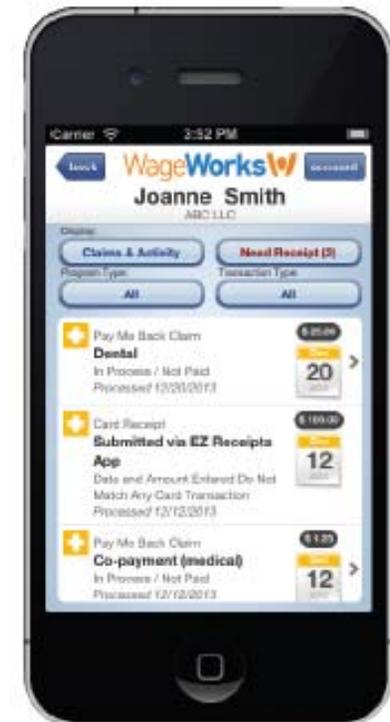
- Online Claim submission is offered through wageworks.com as well as via mobile phone both including the option to upload receipts
- Traditional fax and mailed PMB claims also are accepted
  - Claim form available via the employee site.
- 1-2 business days to process from receipt of claim
- Payments issued via check or direct deposit
- Email confirmations after processing and again when the reimbursement has been issued if an email has been provided.
- Claims needing additional information will be denied and an EOB will be sent to the participant.

Used for:

- Health Care Eligible Expenses
- Dependent Care Eligible Expenses

# EZ Receipts Mobile Application

## Icon and Landing Page



<http://wageworks4me.com/aboutmobile/>

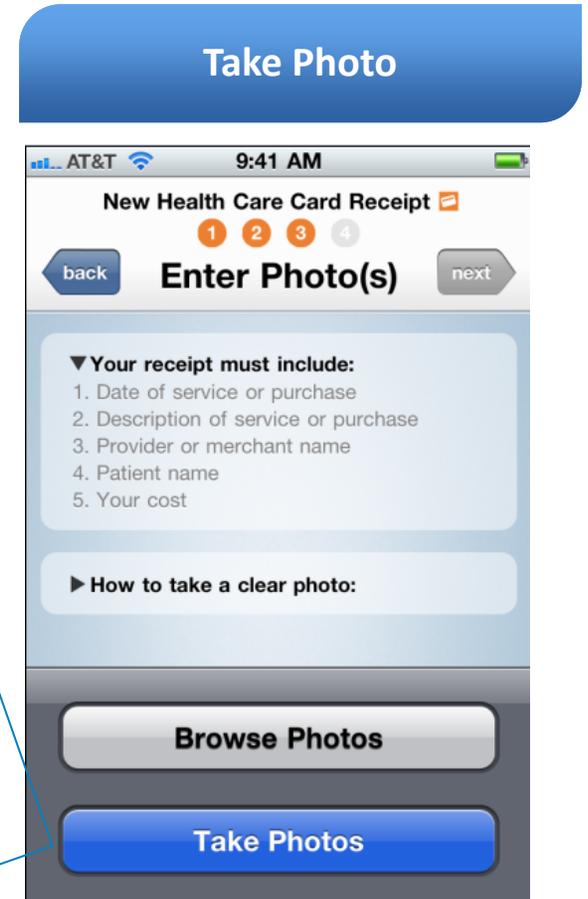
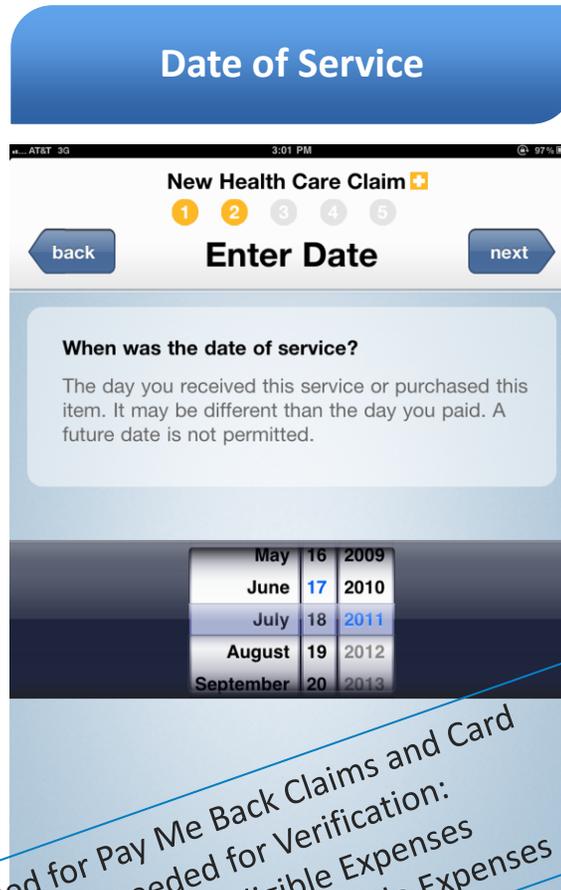
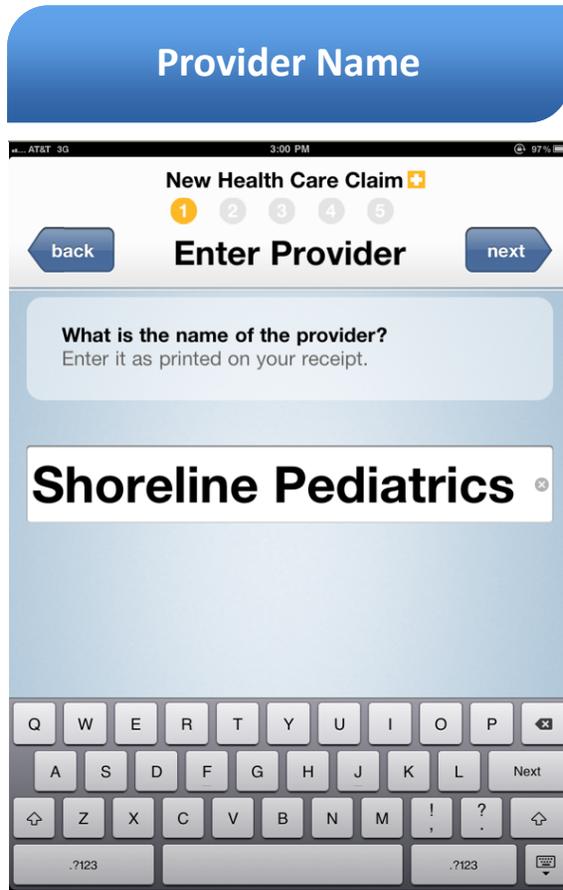
Used for:

- Health Care Eligible Expenses
- Dependent Care Eligible Expenses

Use the same login/password you created for your [www.wageworks.com](http://www.wageworks.com) account.



# EZ Receipts Mobile Application



Used for Pay Me Back Claims and Card Receipts needed for Verification:

- Health Care Eligible Expenses
- Dependent Care Eligible Expenses

# Questions? Call Customer Service

- Participants may call for account information at:  
**1-877-WAGeworks (877-924-3967)**
  - Customer Service Representatives are available Monday thru Friday, 8 AM to 8 PM ET (excluding holidays)



***Thank You.***

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