



AMERICAN BENEFITS GROUP

WealthCarePortal



A Guide to Participant Registration

Find Employer ID

To register you will need your Employer ID.

If you do not know your Employer ID go to www.amben.com/employer-search.html.

Enter your employer's name and click **GO**

Your **Employer ID** will be returned.

Go to the **WealthCare Portal** registration page.

The screenshot shows the American Benefits Group website. At the top, there is a navigation bar with 'LOGIN', 'About Us', 'Services', 'FAQ', 'News Blog', and 'Contact'. A search bar is on the right. Below the navigation bar, there are three tabs: 'Participants', 'Employers', and 'Consultants'. The 'Employers' tab is selected. The main content area shows the 'Employer ID Search' page. A red arrow points from the instruction 'Enter your employer's name and click GO' to the search input field containing 'American'. Another red arrow points from 'Your Employer ID will be returned.' to the 'GO' button. A third red arrow points from 'Go to the WealthCare Portal registration page.' to the 'New User? Please click here to create a user name and password.' link. The search results table is as follows:

EMPLOYER NAME	EMPLOYER ID
American Benefits Group	ABGABG

PLEASE NOTE: The WealthCare Portal is optimized for the two most recent versions of Microsoft Edge, Chrome and Firefox. You may experience issues in Safari and older browsers.

STEP 1

STEP 1

STEP 2

STEP 3

STEP 4

IMPORTANT:

Username - must be 6 -12 characters


Please note that there are thousands of participants in the system, if you receive an error, you may need to choose a different user name


Password - follow the criteria carefully


First Name/Last Name - must be as they were provided to your employer at enrollment


Registration ID – Choose Employer ID
See previous ([find my Employer ID](#))

Employee ID - Your SSN with no hyphens or spaces

 Username *

 Password *


Password Strength


 Confirm Password *


First Name *


Initial

Last Name *

 Email *

Registration ID *

 Employee ID *

 Username must be between 6 and 12 characters long alphanumeric value


A valid **password** must contain between 8 and 16 characters.

A password must contain 3 of the following types of characters:

- AN UPPER CASE LETTER
- lower case letter
- Special Character (% , ! , @ , # , etc.)
- A number

A password cannot contain:


- The same character repeating 3 or more times
- The word "password"
- The username
- Spaces

 To register with this site, you must have an **Employee ID** 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 **Registration ID** 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.

I accept [Terms of Use](#)

Accept Terms of Use

 CANCEL

 NEXT

Register – Secure Authentication - STEP 2

IMPORTANT:

Store these answers in a safe place.

You will be prompted to answer two of questions to reset your password, or if you login on a non-registered computer.

Register - Secure Authentication

STEP 1 STEP 2 STEP 3 STEP 4

Select Question 1 *

In what street was the first address you lived in outsi... ▾

Type your answer here

Select Question 2 *

What is your youngest child's nickname? ▾

Type your answer here

Select Question 3 *

What is your eldest child's middle name? ▾

Type your answer here

Select Question 4 *

In which city was your grandfather born (father's fath... ▾

Type your answer here



Please use the following list to choose four questions which are relevant to you and then enter answers to those questions. These questions may be asked during the sign on process to confirm that an authorized individual can access account information online.

✕ CANCEL

✓ NEXT

Register – Secure Authentication - STEP 3

Register - Secure Authentication

STEP 1 STEP 2 **STEP 3** STEP 4

First Name George

Last Name Jones

 Confirm Email *

required



The email address entered is used for security encryption only. It is not used for solicitation purposes.



CANCEL



NEXT

Register – Secure Authentication - STEP 4

Register - Secure Authentication

STEP 1 STEP 2 STEP 3 **STEP 4**



Your setup information has not yet been submitted. Please verify your information below before clicking **Submit**. If you need to make a change before submitting, click the appropriate **Edit Info** link

Questions and Answers

Question 1



EDIT INFO

In what street was the first address you lived in outside your parents' home?
severace

Question 2

What is your youngest child's nickname?
george

Question 3

What is your eldest child's middle name?
jones

Question 4

In which city was your grandfather born (father's father)?
boston

Personal Information

First Name

George



EDIT INFO

Last Name

Jones

Email

gjones@email.com



CANCEL





SUBMIT

Register – Confirmation



Success

You have successfully completed the registration process

-  The next time you sign on to access your account information you will be asked to provide your **username** and **password**
 -  To protect your personal information you may occasionally be required to complete additional authentication
-



DONE

Setup Confirmed

George Jones

YOUR PROFILE IS 60% COMPLETE

Complete your profile and take advantage of all our capabilities.

MOBILE PHONE	EMAIL	REIMBURSEMENT METHOD	ALERTS
Register your phone for real time alerts!	EBONNEY6@GMAIL.COM	CHECK	YOU HAVE OPTED INTO 6 ALERTS

Your registration is now complete, you can now log out or proceed to account.

Add phone number for text messaging

Add Direct Deposit bank information for manual reimbursements

Log Out

View Account(s)

Want to Get Ahead of Your Health?

Don't Forfeit Your Funds. Join GoodCell.

Genetic Testing* + Health Screening* + Cell Storage

goodcell

Learn More

*FSA/HSA eligible.

My Accounts - Click Down Arrows to View More


Plan years to show: Previous Current Future

Health Flexible Spending Account (01/01/2021-12/31/2021)

\$2,750.00

Available \$2,750.00 Spent \$0.00

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Questions?

Contact American Benefits Group

800-499-3539

support@amben.com

www.amben.com/fsa

