CREATING AN ONLINE ACCOUNT – ACCOUNTS WITH CARRYOVER ONLY

After selecting the Participant Login option on the main ASIFlex website you will be presented with a login screen similar to below. If you do not have an existing online account click the "Create an account" button to being setting up an account.

	Account Detail Ile a claim, review your balance, and access your account statements.
Log in Us	ccount Detail Log In to view and manage your account. emame Forgot your username? ssword Forgot your password? Sword Forgot your password? Sign in Sign in Need to set up a new online account? Create an account? Need Help? Need Help?
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Begin by entering your First Name, Last Name, City, and State. These must match EXACTLY what we received from your employer. If your employer sent us your City as "Los Angeles" we will not accept "LA" for your entry. Complete the screen and press Continue.

ASI FLEX	SI EX File a claim, review your balance, and access your account statements.	
PI	ease enter your info	rmation
	First Name:	
	Last Name:	
	City:	
	State:	

Depending on your employer you will be asked to enter your Employee ID or Social Security number. Complete the information and press Continue.

ASI	Account Detail File a claim, review your balance, and access your account statements.
	Please enter your information
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At this point we will ask for information about your account for further identification.

File a claim, revie	t Detail w your balance, and ount statements.
Please enter y	our information
Are you enrolled in a plan that ASIFlex administers which requires a payroll contribution?	 Yes, I am enrolled and have had payroll contributions Yes, I am enrolled but have not had a payroll contribution No
Annual amount of at least one category you have available in our system:	\$0.00 Cancel
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Select the third button ("No"), and then enter an amount. It does not matter how much you put in there.

You will get the following pop up when you do this.

We are bruing trouble identifying you in our custom. Make sure the information you
We are having trouble identifying you in our system. Make sure the information you are entering is correct and try again.
ОК

Select OK and it will take you back to the screen where it asks for your name and address. It will be populated with the information you supplied. You will have to do the same steps 2 more times. After the third time you enter an amount, it will display a different message.

ASIFlex PIN
We are still having issues identifying you in our system. If you have your personal identification number (PIN), you may enter it here. If you do not know your PIN, please call ASIFlex at 800.659.3035 to get your PIN.
Please enter your PIN.
Cancel Continue

You will enter your PIN and then you can continue to create your account.

Once you have provided information that is adequate for us to validate you in our system you will be asked to create a Username. Your username must be unique.

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	Need help? Email us at asi@asiflex.com or call us 800-659-3035	
have time to complete these st	credentials (Username, Password, etc) to log into the system eps. Five minutes should be enough time. If you are interrupted your information will be lost and you will be required to start over Please enter a Username you want to use for your account. Username Continue User Name must be at least 7 characters in length. You can use your email address if you like. But remember, the username is case sensitive	d and it is longer than 15
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Following your username we will ask you to provide and confirm a password for your account. Passwords must be 7-15 characters in length and are case sensitive.

ASI	Account Detail File a claim, review your balance, and access your account statements.
	Need help? Email us at asi@asiflex.com or call us 800-659-3035
	Please enter a password for your account Password Confirm Password Continue Password must be 7-15 characters in length and is case sensitive.
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After creating your username and password we will need to capture your email address.

ASI	Account Detail File a claim, review your balance, and access your account statements.	
	Need help? Email us at asi@asiflex.com or call us 800-659-3035	
You will receive correspondence regarding ac	Please enter your email address Your email address will be used in the event you forget your login information. e email address we have on file for you. Please verify that it is correct or change if Email Address: [test@test.com Continue count balances/reimbursements in an electronic manner to the provided email. If Your Account from the main menu once logged in and click the Edit button next to	you would like to opt out, you will need to go to
manage i	(c) 2024 Application Software, Inc. All Rights Reserved.	Jon onen.

After creating your username and password you will need to select a security image for your online account. Select one of the security images below.



Visually confirm your security image selection and press Continue.



After your security image is confirmed you will select or create three security questions. These will be used for verification if you call for support. These should ideally be something that you know that is not publicly known, but not something difficult for you to remember.

ASI FLEX	Account Detail File a claim, review your balance, and access your account statements.		
	Need help? Email us at asi@asiflex.com or call us 800-659-3035		
	uestions and answers. You may either choose from the questions in the lists or type in your own. orget your log in information (username, password or security image), these will be used to help you reset your account online.		
Answer			
Security Question 2			
Security Question 3			
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After selecting/creating your security questions your account will be created and you will be logged in for the first time. A Main Menu similar to the one below will display providing you with access to your account(s).

ASI FLEX Account Detail File a claim, review your balance, and access your account statements.			
Need	d help? Email us at asi@asiflex.com or call us 800-659-3035		
	Main Menu		
Welcome Anthony Account Summary	S5 OFF SA store USE CODE: SHOR23D Click to save		
Account Type Health Care FSA Last day to file claims: 03/31/2025	Account Balance Coverage Period \$2,000.00 01/01/2024 to 03/15/2025		
	Log Out		
	VIEW AVAILABLE ACCOUNTS		
Heal	Ith Care FSA Dependent Care FSA		
	PARTICIPANT SERVICES		
File an FSA/HRA/D	CAP Claim Schedule a Recurring Direct Payment		
View Recurring Direct Payments			
	SHOPPING		
FSA shoppir	FSA shopping made easy with cardless pay, now available at FSA Store!		