

## FSA MEMBER PORTAL: FIRST TIME LOGIN INSTRUCTIONS

### Features of the Portal

- Access to balance, summaries, and highlights of your benefit account.
- View a detailed transaction history showing all deposits and payments.
- Track all of your medical expenses and take advantage of our easy-to-use claim entry and reimbursement process.
- Take advantage of our mobile app for all of the above listed features, as well as uploading claims. Search for “GAC myBenefits” in the app store.

### Login Instructions

1. Using your Internet browser, go to [www.ga-ins.com](http://www.ga-ins.com).
2. Select “Alegeus WCA Login” from the “Service Center” drop down at the very top of the page.
3. Choose the “REGISTER” link on the top right of the page.

<https://generalagency.healthcareportal.com/Page/Home>




4. Complete the required fields:
  - Set up your **User Name & Password** per the provided guidelines.
  - Enter your **First Name** and **Last Name** as they were provided to your employer at enrollment.
  - Provide an email address.
  - For **Registration ID**, select the ID type (Employer ID or your FSA debit card number) you wish to use to register for the portal.
    - If using Employer ID, enter GEA2880.

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- Enter your **Employee ID**.
  - This is your CMU Campus ID plus any “0” placeholders needed to make the number 8 digits long.
  - Example: If your employee number is 1234 add (4) zeros to the beginning of the number: 00001234.

**Register**

 To register with this site, you must have an **Employee ID** and a **Registration ID**, which is either your Employer's Employer ID or your Benefit Debit Card Number.

Register

STEP 1 > STEP 2 > STEP 3 > STEP 4

 Username *	<input type="text"/>	 Username must be between 6 and 12 characters long alphanumeric value
 Password *	<input type="password"/>	
Password Strength		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>
 Confirm Password *	<input type="password"/>	 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>
First Name *	<input type="text"/>	
Initial	<input type="text"/>	 <b>Employee ID</b> was assigned by your Administrator and could be your Health Plan Member Number, Social Security Number, an ID provided by your Employer or an alternate ID created by your Administrator. If you do not know your ID or were not provided an ID, please contact your Administrator.
Last Name *	<input type="text"/>	
 Email *	<input type="text"/>	
Registration ID *	Employer ID <input type="text"/>	
 Employee ID *	<input type="text"/>	

5. Read the Terms of Use and check the box.
6. Click on the “NEXT” button.
7. You will receive an email confirmation once you have successfully registered your account.

### Questions or Assistance

Please contact General Agency Company at 800-589-6982 or [benefits@ga-ins.com](mailto:benefits@ga-ins.com).