

### Personal Identification Information

To apply for an FSA ID, complete the information below and select CONTINUE.

By providing this information, you certify that you are the person identified by these items. If you are not that person, you are not authorized to proceed and you should exit this form now. If you purposely certify to false or misleading information, you may be fined \$20,000, sent to prison, or both.

To apply for a limited FSA ID only select [Create Now](#).



Social Security Number \*

 -  -  ?

\* Required

Date of Birth \*

 ?

First Name, Middle Initial, Last Name \*

   ?

CANCEL

PREVIOUS

CONTINUE

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### Profile Information

By providing the additional information listed below, FSA will be able to better help you if issues arise with your FSA ID. Select CONTINUE once completed.



Social Security Number \*

 -  -  ⓘ

\* Required

First Name, Middle Initial, Last Name \*

   ⓘ

Date of Birth \*

 ⓘ

Username \*

 ⓘ

Password \*

 ⓘ

Numbers  Upper Letters  Lowercase Letters  Special Characters  8-30 Characters  Show Text

Confirm Password \*

 ⓘ

E-mail

 ⓘ

Confirm E-mail

 ⓘ

Mailing Address

 ⓘ

City, State, Zip Code

 -  ⓘ

Phone

 ⓘ

Alternate Phone

 ⓘ

Language Preference

English  Español ⓘ

CANCEL

CONTINUE >

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## Challenge Questions And Answers

You must provide five challenge questions and answers. If you forget your username or password, you can use self-service tools by providing the answers to your challenge questions.



Challenge Question 1 \*

Write Your Own Question Here ?

Answer 1 \*

?

Show Text

Challenge Question 2 \*

Write Your Own Question Here ?

Answer 2 \*

?

Show Text

Challenge Question 3 \*

Select Your Question Here ?

Answer 3 \*

?

Show Text

Challenge Question 4 \*

Select Your Question Here ?

Answer 4 \*

?

Show Text

Challenge Question 5 \*

Type a significant date in your life (MM/DD/YYYY) ?

Answer 5 \*

?

CANCEL

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