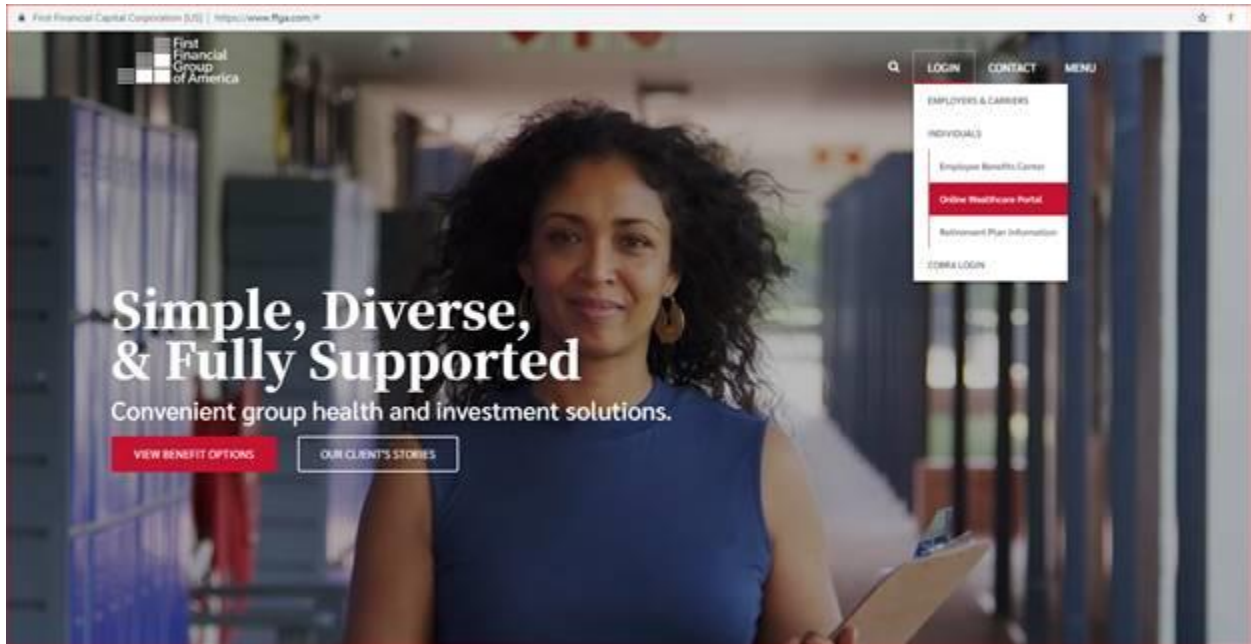
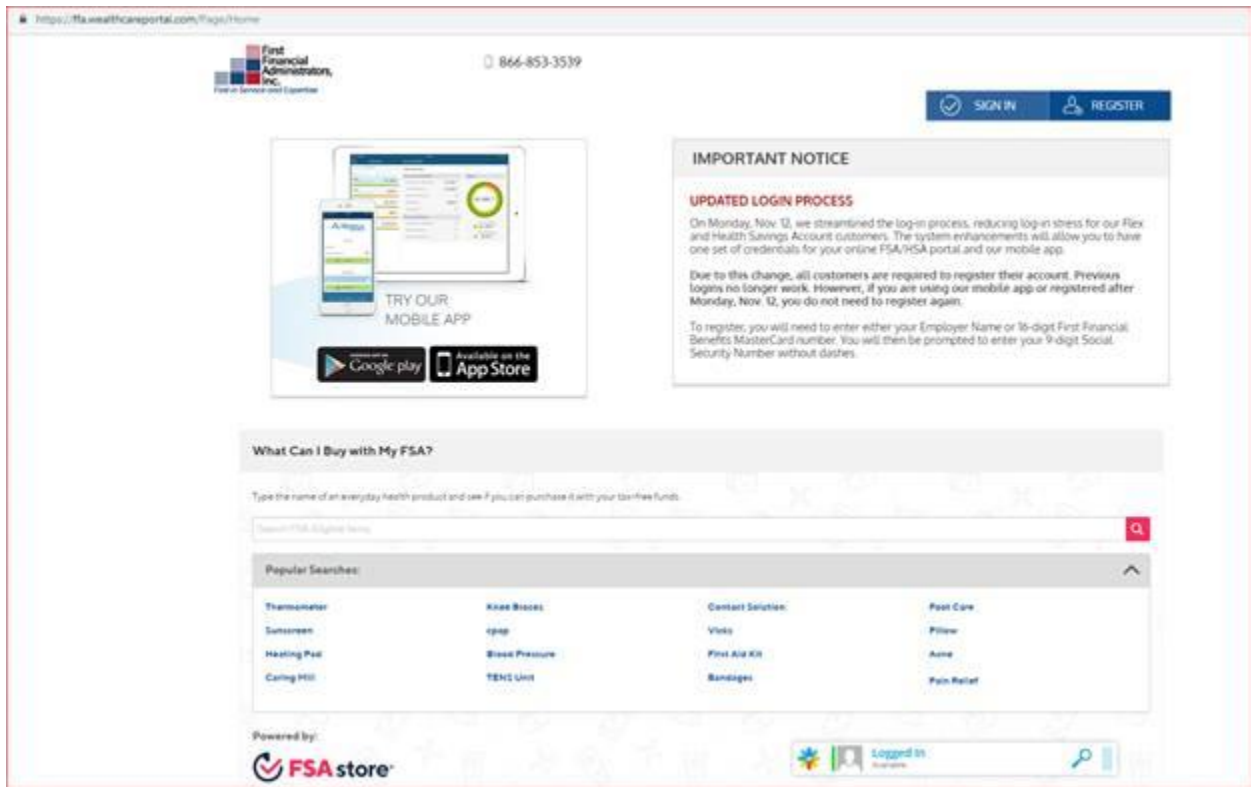


Please log into [www.ffga.com](http://www.ffga.com) and click on “Login” on the top right hand corner and then choose “Online Wealthcare Portal”.



Click on “Register”



You will be prompted to create a User Name and Password.

When you are near the bottom of the screen, please choose 'Employer Name' for Registration ID and then type "Name of ISD" in the next box.

The Employee ID will be your full SSN with

STEP 1 > STEP 2 > STEP 3 > STEP 4

<input type="text" value="Username *"/>	<input type="text"/>	<p><b>i</b> Username must be between 6 and 12 characters long alphanumeric value</p>
<input type="password" value="Password *"/>	<input type="password"/>	<p>A valid <b>password</b> must contain between 8 and 16 characters.</p> <p>A password must contain 3 of the following types of characters:</p> <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> <p>A password cannot contain:</p> <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>
<p>Password Strength</p>		
<input type="password" value="Confirm Password *"/>	<input type="password"/>	
<input type="text" value="First Name *"/>	<input type="text"/>	
<input type="text" value="Initial"/>	<input type="text"/>	
<input type="text" value="Last Name *"/>	<input type="text"/>	
<input type="text" value="Email *"/>	<input type="text"/>	
<p>Registration ID</p>	<p>Employer Name <input type="button" value="v"/></p>	<p><b>i</b> Employee ID 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.</p> <p>If you do not know your ID or were not provided an ID, please contact your Administrator.</p>
<input type="text" value="Employer Name *"/>	<p>LEWISVILLE ISD <input type="button" value="v"/></p>	
<input type="text" value="Employee ID *"/>	<input type="text"/>	
<p>I accept <a href="#">Terms of Use</a> <input type="checkbox"/></p>		

no spaces or dashes.

If you need assistance registering please contact the helpdesk at 855-523-8422