

- Go to <https://hsaa.ipx-sys.com/Login.aspx>
- Enter your account user name and click LOG IN

**HealthSavings**  
ADMINISTRATORS  
*Investing in a Healthy Future*

Access comprehensive information about your health savings account.

USERNAME

Please enter a Username.

**LOG IN**

Forgot your username or password?

QUESTIONS?  
Call (888) 354-0697 or email [askus@HealthSavings.com](mailto:askus@HealthSavings.com).

**ⓧ Remember, your username, password and answers to secret questions are case sensitive. If you have **three (3)** unsuccessful login attempts, your account will be locked.**

**🔒 SAFEGUARD YOUR INFORMATION**

- 1 Log out of your account immediately upon completion of each session and whenever you leave your computer.
- 2 Do not allow other individuals to access your account or provide your username or password to others, and
- 3 Keep strictly confidential your username, password and personal information.

Monday - Thursday, 8:30 a.m. - 7 p.m. ET, Friday, 8:30 a.m. - 5 p.m. ET:  
(888) 354-0697

- For first time users, enter Enter **enroll\_FisherInv** as the username & **enrollme** as the password, then click LOG IN

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USERNAME

enroll\_FisherInv

PASSWORD


••••••••••

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- Complete the Participant Registration steps to establish your account



**Participant Registration**

Please provide the following information. Your username can be up to 18 characters (letters, numbers and/or special characters). Your password must be 8 to 16 characters in length and must contain upper and lowercase letters, numbers and at least one of the following special characters: ! @ # \$ % & ?

*Your username, password and answers to your secret questions are case sensitive.*

**IMPORTANT:** Make note of your username and password. You will need them to log into the next page.

\* denotes required field

Username *	<input type="text"/>
Password *	<input type="password"/>
Confirm Password *	<input type="password"/>
Salutation	<input type="text"/>
First Name *	<input type="text"/>
Last Name *	<input type="text"/>
Middle Initial	<input type="text"/>
SSN (xxxxxxxx) *	<input type="text"/>

**Primary Address**

Primary address is required. It must be a street address. (P.O. boxes are not allowed.)

NOTE: The primary address is the address used when opening the account. This address remains on file for the life of the account and cannot be changed.