



FSA ID Data Sheet

This sheet has been developed to help you record your FSA ID information. Please keep it in a secure location. One sheet will be needed for each applicant.

Name of applicant _____

Email Address
Used for FSA ID _____

Username _____

Password
(Case Sensitive) _____

Challenge Questions:

1 (from drop down list) _____

Answer
(Case Sensitive) _____

2 (from drop down list) _____

Answer
(Case Sensitive) _____

3 (create your own) _____

Answer
(Case Sensitive) _____

4 (create your own) _____

Answer
(Case Sensitive) _____

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

Answer ___/___/_____