



## 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 \_\_\_/\_\_\_/\_\_\_\_\_