ONLINE PAYROLL REPORTING INSTRUCTIONS

REVISED MARCH 2018

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ONLINE PAYROLL REPORTING

Navigate to **https://opr.amerisure.com**

When it is time for the payroll report to be entered, the policyholder will receive an email like the example below:

Subject: Your payroll report is ready
Your payroll report for period: 01/01/2018 is ready for you to complete. The report must be completed and payment received within 20 days.
You can access the report at: **https://opr.amerisure.com**

Enter the username and password (provided to you in welcome email) when the login screen is displayed. If you have forgotten your Username or Password, see **Appendix A** in this manual.

Please contact us at the email or phone number within Help on the login screen if you would like assistance with first-time use of the system.
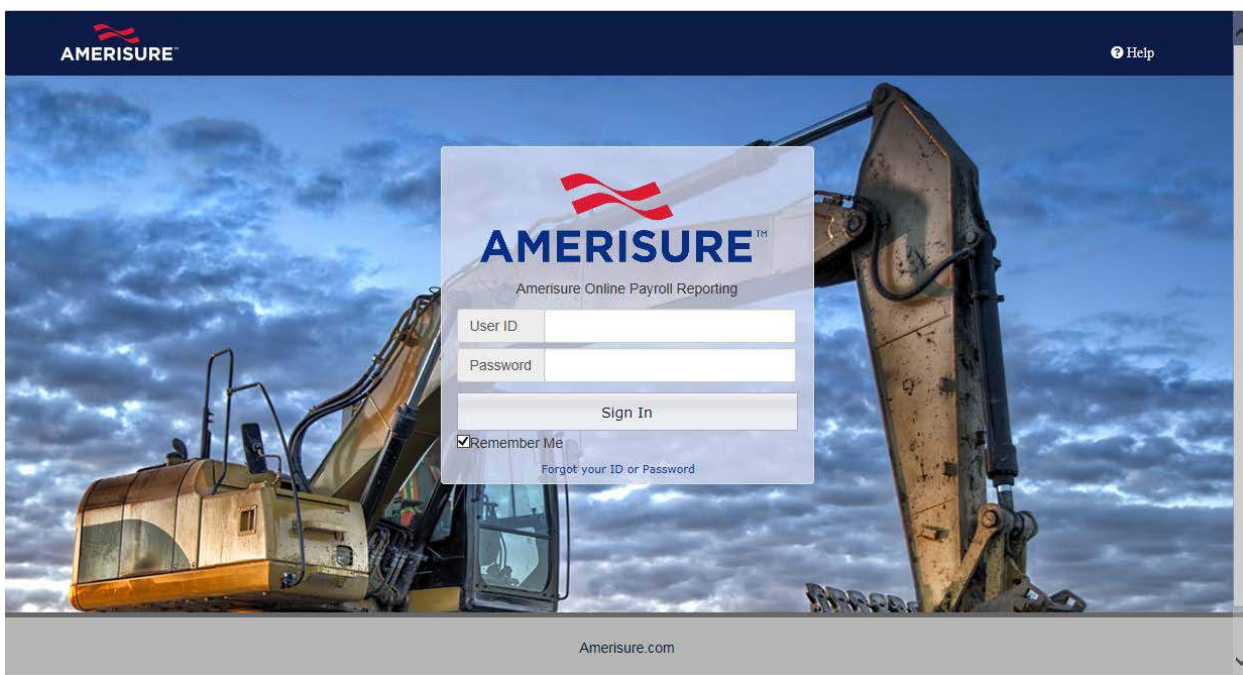
ONLINE PAYROLL REPORTING HELP

Click the **Help** Link to access the **User Guide** and **FAQ**, and to retrieve the **OPR Contact Information.**

CONTACT US FORM SUBMITTAL

To obtain Online Payroll Reporting assistance, submit a Contact Us form.
From the Main Screen:
1. Click on the **Help** link at the top right corner of the screen.
2. Click on and complete the **Contact Us** form.
3. Click the **Submit** button. The system will generate a confirmation message.
4. Click **OK**.

POLICY LIST

This screen will automatically display your workers' compensation policy(ies). At the end of one policy term and the beginning of another, two policies may display.

1. Click on the arrow to select your reporting period.

REPORTING PERIODS

This screen displays the reporting periods. Click the Wheel to **Enter/View Payroll Report**.

IMPORTANT

The first report may be longer than a one-month period if the policy was effective any time after the first of the month. Example: A policy that became effective on 12/31/2017, the first report would be 12/31/17 to 2/1/2018. Every report thereafter would display starting on the first (03/01/2018 - 04/01/2018).

ENTER/VIEW PAYROLL REPORT

1. Enter your name into the **Entered by** field.
2. Enter **payrolls** for all locations and class codes for all Named Insureds.
   Your data is automatically saved as you enter it.
3. Click the **Submit Payroll Report** when you are ready to submit.

IMPORTANT

Click on **Policy List** to return to the main screen.

WC Wages

Enter the **Gross Payroll.**

Gross payroll includes total wages or salaries before any deductions. This would include casual labor or uninsured subs, overtime (time and half or double time), commissions, bonuses, holiday, vacation or sick pay, piecework, profit sharing or incentive plans, allowances for tools and/or housing, value of substitute pay, and payments for employee authorized salary reductions – such as employee savings plan or retirement (401k) and cafeteria plans (IRC 125). Note: Tips and gratuities should NOT be included.

Net wages were calculated by the system using the following formula: Gross Payroll – (Time and A Half Overtime/3) – (Double Time/2).

The **Time & a Half** and **Double Time** fields will automatically display **zero (0)**. If you have time & a half or Double time, **Enter** in the fields.

Please enter any Time and A Half overtime separately here, even though it was just included in the Gross Payroll amount. Your premium will be adjusted based on any Time and A Half as you pay workers' compensation premium on the straight pay for all hours worked. The system will exclude the extra pay for overtime provided you show this overtime pay in this separate field.

Please enter any Double Time overtime separately here, even though it was just included in the Gross Payroll amount. Your premium will be adjusted based on any Double Time as you pay workers' compensation premium on the straight pay for all hours worked. The system will exclude the extra pay for overtime provided you show this overtime pay in this separate field.

ENTERING PAYROLL FOR AN ADDITIONAL NAMED INSURED

When your policy has more than one named insured, the additional named insured's will be listed under the **Covered** column next to the corresponding location.

Insured Info

Insured: CIRCULAR TESTING RDM   **Account No:** 20066918
Policy Number WC 21026140002
Policy Period 1/1/2018 - 1/1/2019   **Due Date** 3/31/2018
Reporting Period 1/1/2018 - 2/1/2018   **Received Date** 3/7/2018

Usage Tips

Enter your name in Entered By field.
Contact your Agent for additional class codes.
Round up to the nearest dollar, do not enter cents.
Click the ❓ icons below to view the definition.

Entered by (Name) Angela   Saved ✓

Location	Covered	Description	Code ▲	Effective Date	Gross Payroll ❓	Time & a Half ❓	Double Time ❓	WC Wages ❓
Virginia 004 147 Potter Ave.	CIRCULAR TESTING RDM	GRAIN OR FEED MILLING	2014	1/1/2018	3,000	300	100	2,850
Virginia 004 147 Potter Ave.	RDM TESTING	GRAIN OR FEED MILLING	2014	1/1/2018	0	0	0	0
Virginia 004 147 Potter Ave.	RDM TESTING	INTEGRATED CIRCUIT MFG.	4109	1/1/2018	0	0	0	0
Virginia 004 147 Potter Ave.	CIRCULAR TESTING RDM	FIREPLACE CONSTRUCTION	5022	1/1/2018	0	0	0	0
Virginia 004 147 Potter Ave.	CIRCULAR TESTING RDM	CONCRETE CONSTRUCTION NOC	5213	1/1/2018	350	0	0	350
Virginia 004 147 Potter Ave.	CIRCULAR TESTING RDM	ELECTRIC LIGHT OR POWER LINE CONSTRUCTION & DRIVERS	7538	1/1/2018	0	0	0	0
Virginia 004 147 Potter Ave.	CIRCULAR TESTING RDM	COLLECTORS, MESSENGERS, OR SALESPERSONS - OUTSIDE	8742	1/1/2018	0	0	0	0
Virginia 004 147 Potter Ave.	CIRCULAR TESTING RDM	CLERICAL OFFICE EMPLOYEES NOC	8810	1/1/2018	7,000	0	0	7,000
				Total:	10,350	300	100	10,200

Close   Submit Payroll Report   View Payroll Report   ezPay

SAVING A PAYROLL REPORT

Your data is automatically saved as you input your information.

Informational Banners

OPR now displays helpful information banners.

1. General Information

2. Unsubmitted Report Reminder

3. Error Messages

1. General Information – helpful hints in a **blue** banner.
2. Unsubmitted Report Reminder – Alert that changes have been made to a report but have not been submitted in a yellow banner. You may delete the changes by clicking on Discard changes on the banner. The yellow banner disappears if you discard the changes or submit the report.
3. Error Messages – Highlight areas with critical errors that must be corrected to proceed in a **red** banner. OPR will not allow submission of a report with these errors. The banner disappears once the correction has been made.

SUBMITTING A PAYROLL REPORT

After entering payrolls for all location(s) and class code(s), you can submit your report by clicking on **Submit Payroll Report** button.

After clicking **Submit Payroll Report** the above Pop Up Message will appear. Clicking **Yes** will continue the submit process. Clicking **No** will allow you to go back into the report to make any last minute revisions.

VIEW PAYROLL REPORT

This screen displays the total amount due. To view and print a PDF of the completed report for your records, click the **View Payroll Report** button.

To view generated reports, you **must** disable pop-up blockers on your system.

Click to create, view and print a .pdf report.

Click to make an online payment.

IMPORTANT
Click on the **ezPay** button to make an online payment.

VIEW PAYROLL REPORT

This screen displays while your payroll report is being generated. Please do not click on any other buttons while your report is being generated.

Click the **Print** Icon To print a report.

Click **ezPay** to Pay via Electronic Payment System.

ELECTRONIC PAYMENT SYSTEM - (PAY CONNEXION SITE)

Amerisure Insurance
The Advantage of Partnership

Privacy Customer Service Help Exit

Welcome to the Electronic Payment System

Log In – (if already registered.)

Bold fields with * are required.

User Log In
Enter your User ID and Password, then click **Log In**.

Forgot Password

User ID*:

Password*:

Log In

How to Register.

Register If you have not yet registered with the payment system, you may do so now.

Registering lets you make payments, view payment history, and securely store your account information. Registration is easy and secure and you only need to do it once. To get started, click **Register**.

Payment Inquiry.

Payment Inquiry Click **Payment Inquiry** to view information on a previously submitted payment, or Log In above if you´re a Registered User.

Pay Without Registering If you wish to pay without registering, you may click **Pay Without Registering** to continue.

Pay Without Registering.

REGISTRATION

Registration allows you to create an account with the payment system where you can store payment accounts and easily access payment information

There are two sections to Registration, Payor Identification and Payor Profile. Complete the requested information in both sections, and remember that all bold fields are required.

Payor Identification.

Payor Profile.

PAYOR IDENTIFICATION

In this section, you choose your Username and Password. Provide the required information, following the instructions on the screen for required number of characters. Please note that both are case-sensitive when logging in.

User Name and Password.

PAYOR PROFILE

In the Payor Profile section, complete all the bold or required fields

Zip Code: This field requires a U.S. zip code.

Shared Secret Question: Select a question and provide an answer up to 20 characters. This information will be used for security validation if you call Customer Service or select the forgot password link.

MAKE PAYMENT

As a registered ezPay user, the **Payment Information** section provides information about your monthly reporting payments. The user can **Manage Accounts**, view **Pending Payments**, **Recurring Payments**, **Payment History** and **Update** their Profile information.

Click the continue button to proceed.
Click the cancel button to return to the previous screen.

To make a Single Payment, click the radio button.

The **Payment Details** section provides details unique to your payment. Enter the required information (if necessary).

Registered users can also select from their list of bank accounts or choose to create a new bank account. If the user is not a registered user, proceed to the next screen.

The **Account Selection** screen allows a registered user to select the bank account selection to use for this payment.

Enter the information required in the editable fields and click **Continue** to proceed with this payment. Select **Cancel** to return to the previous screen.

E-CHECK INFORMATION
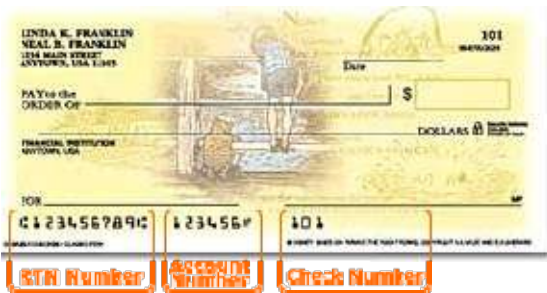
The Routing Transit Number is a 9-digit number that identifies your bank. For checking accounts, the RTN appears as the first group of numbers at the bottom of your check; the account number is the next set of numbers. In order to avoid any processing errors, you are required to enter the account number again.

Select Checking or Savings as the type of account to use. If you are unsure, please contact your financial institution.

Select consumer or business as the account category.

For Registered Users, other options are available.

If you would like to save this account for future use, select the checkbox.

If you choose to save this account, you must enter a unique nickname for this account, up to 20 characters, to identify this account.

CONTACT INFORMATION

- The **Contact Information** screen requires you to enter your contact information to allow us to identify you if you call customer service regarding this payment
- In the **Contact Information** section enter the requested information. Please note that all bold fields are required

If the **Become A Registered User** section is displayed below, you have the option to register. When you become a registered user, the payment system will store your contact information and payment accounts so that you do not have to enter this information every time you initiate a payment. If you choose to register, all fields are required.

PAYMENT VERIFICATION

- The **Payment Verification** screen allows you to verify information you entered for this payment prior to processing

- Confirm the payment information prior to processing. Once you have reviewed the information and entered all required information, click **Confirm** to process the payment. To return to the previous screen to make changes, click **Cancel**

IMPORTANT

- Guest or non-registered users will enter their Amerisure Account Number for confirmation which can be found in the insured section of the reporting screen.

- Registered users will be prompted to enter their password for confirmation.

The information displayed here is payment information you entered or verified on previous screens.

The account details of your selected payment account are

Select the **Send me an email confirmation** checkbox to receive an email confirmation of the payment.

Enter your **Amerisure Account Number**, which can be found in the insured section of the reporting screen. Registered users will be prompted to enter their login password.

If this is an eCheck payment, you must read the Terms and Conditions displayed on the screen and select "**I accept the Terms and Conditions**" to process this payment.

Bold fields are required

For your own protection, you are required to enter your Amerisure Account Number below before choosing Confirm.

Your Payment Detail
Payment Amount: $222.33
Scheduled Payment Date: Apr-14-2006
Company Name: Blanchard At Amerisure

Your Account Detail
Routing Transit Number: 071000013
Account Number: XXXXXXXXXXXXX3123
Account Type: Checking
Account Category: Business

E-mail Address: sblanchard@amerisure.com
Send me an email confirmation: ☐
Amerisure Account Number: ☐

Terms And Conditions
PLEASE READ AND APPROVE THE FOLLOWING AUTHORIZATION

By clicking "I Accept", I authorize the payee to electronically debit my bank account for the amount(s) and at the frequency and date set forth above.

If this is a single payment, this authorization is valid for this transaction only. If this is a recurring payment, this authorization is to remain in full force and effect until I notify my bank or notify the payee of its termination by canceling any pending payments and recurring payment instructions within this system at least three banking days before my account is scheduled to be debited.

If a convenience fee is added to the transaction, I understand that the convenience fee displayed will be included in the total payment amount.

In the event that a payment is returned for insufficient funds, I authorize the payee to electronically debit my bank account for the original amount of the transaction, as well as a returned item fee, up to the maximum amount allowed by law.

PLEASE PRINT A COPY OF THIS AUTHORIZATION FOR YOUR RECORDS

I accept the Terms and Conditions: ☐

Confirm   Cancel

PAYMENT CONFIRMATION

The **Payment Confirmation** screen provides confirmation that the payment has been processed or scheduled.

For single payments, **print out or note** the **Confirmation Number** for future reference.

🔒 PRIVACY   ℹ CUSTOMER SERVICE   ❓ HELP   🏃 EXIT

Payment Confirmation - Insurance Premium

Thank you for making your payment.
Should you have any questions please contact your Amerisure Representative at 800-636-0800.

Please allow 2-3 Business days to process the payment completely.

Any payments received after 9:00 p.m. EST, will be processed the next business day.

Please keep a record of your Confirmation Number, or print this page for your records.

Confirmation Number: AMIMUT000001154

Your Payment Detail
Payment Amount: $5,656.56
Scheduled Payment Date: Apr-14-2006
Company Name: Blanchard At Amerisure

Your Account Detail
Routing Transit Number: 071000013
Account Number: XXXXXXXXXXXXX3123
Account Type: Checking
Account Category: Consumer

Email Address: sblanchard@amerisure.com

OK

© 2002 - 2006 JPMorgan Chase Bank, N.A. Browser Requirements

Once the confirmation is reviewed and the **OK** button clicked, you are redirected back to the Amerisure website.
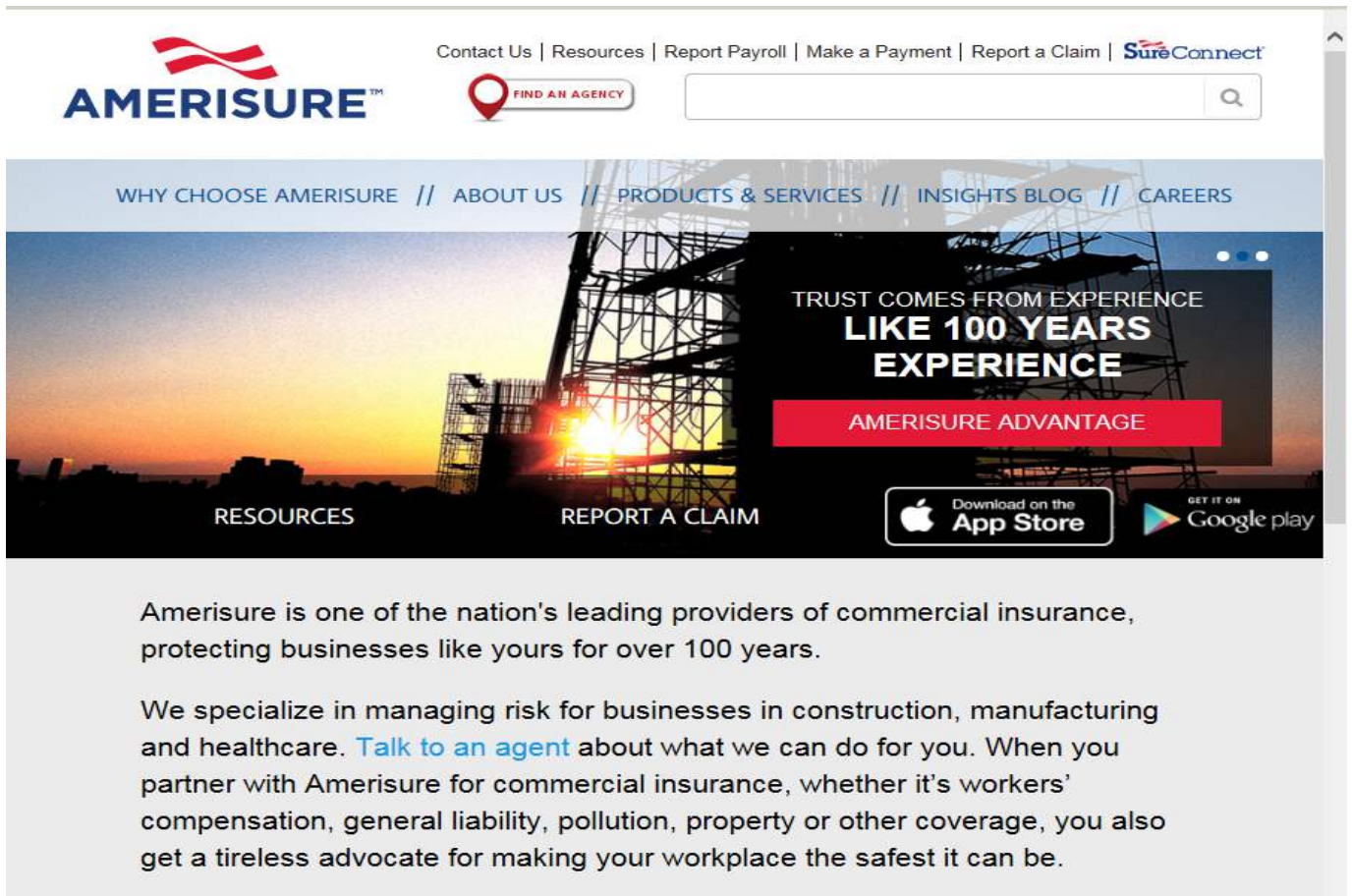
If the "send an email confirmation" was selected earlier, then an email confirmation will also be sent.
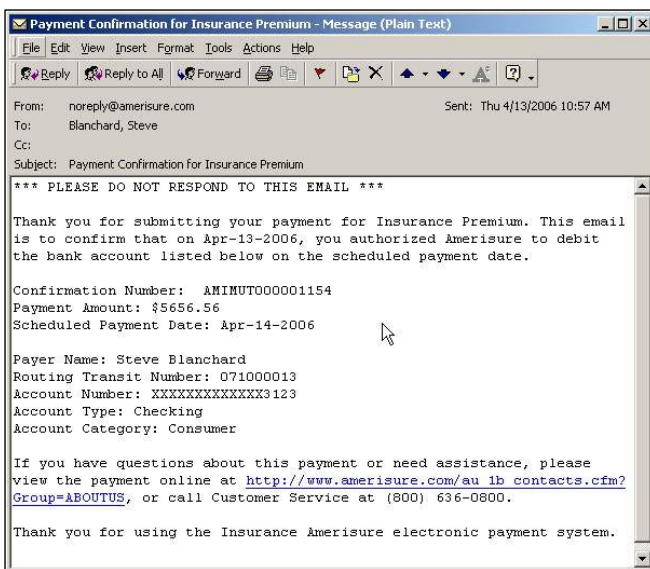
APPENDIX A

FORGOTTEN USERNAME OR PASSWORD

The following instructions are for users who have **forgotten** their **Username or Password**.

1. On the login screen, click on the **Forgot Your ID or Password** hyperlink.

Step 1

2. Fill in your **E-mail Address** (case sensitive).
3. Type in the **Code Verification** exactly as it appears in the box.
4. Click the **Submit** button.

IMPORTANT
The email address is case sensitive, and **MUST** be entered lowercase **ONLY**.

New User ID or Password Email Notice

Users will receive a confirmation email from the Online Reporting System with **Login ID (username) and new Password** information.

<div align="center">

IMPORTANT

The Login ID (username) and password are case sensitive, and MUST be manually entered as received in the email.

</div>

```
┌──────────────────────────────────────────────────────────────────────┐
│ Your password request completed - Message (HT...                        │
│                                                                          │
│ FILE   MESSAGE   INSERT   OPTIONS   FORMAT TEXT   REVIEW                 │
│                                                                          │
│  Calibri        11    A A          Attach File           ▶      🔍       │
│  B I U                              Attach Item    Names  Tags   Zoom    │
│  Paste  A          ≡ ≡ ≡            Signature                            │
│  Clipboard      Basic Text              Include          Tags    Zoom    │
├──────────────────────────────────────────────────────────────────────┤
│         To...    johndoe@test.com                                        │
│  Send   Cc...                                                            │
│         Bcc...                                                           │
│         Subject  Your password request completed                         │
├──────────────────────────────────────────────────────────────────────┤
│                                                                          │
│  In response to your request, a new password has been created for your   │
│  online account with Amerisure. Here is your updated account information:│
│                                                                          │
│  Your Login ID is: amerisure                                             │
│                                                                          │
│  Your Password is: 8Hjy%&VM                                              │
│                                                                          │
│  Click here to logon:  │ https://opr.amerisure.com │                     │
│                                                                          │
└──────────────────────────────────────────────────────────────────────┘
```