

Orange County Department of Child Support Services

EMPLOYER PORTAL

Employer User Guide



February 2011

Orange County Department of Child Support Services

Maria Arzola Director

Employer Portal Employer User Guide

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> TRAINING & CAREER DEVELOPMENT

Contents

Introduction 1	Ĺ
Information Needed Before Registering1	L
Instructions for Registering your Company1	L
Registration Confirmation Email	3
First Time Log In to the Employer Portal	ł
Forgot Your Password?6	5
Change the Primary Account Holder Information6	5
Using the Employer Portal	7
EMPLOYER INBOX	8
BLANK FORMS1	1
EMPLOYER OUTBOX1	2
UPLOAD OTHER DOCUMENTS1	3
MANAGE YOUR COMPANY PROFILE1	4
CHANGE PASSWORD1	.5
Logout of the Employer Portal	5

Introduction

Designed and created for employers, the Employer Portal is a convenient way to communicate information regarding child support matters concerning your employees to Orange County Child Support Services. Save time and money by posting and retrieving Income Withholding or Medical Support Notice forms.

Information Needed Before Registering

The first step in using this site is to register your company. Have the following information available prior to registering:

- Federal Employer Identification Number (FEIN) of the company that you are registering.
- Name and email address of the person that will be the primary account holder.
- Legal name of the company.
- Address of where payroll is processed.

Instructions for Registering your Company

To register your company simply log on to <u>www.css.ocgov.com</u> and complete the following steps:

1. Select the **Employer Express** hyperlink in the navigation bar on the left hand side.



2. Select the **Register with us** hyperlink in the navigation bar on the left hand side.



3. Click on the **Register with us** button.



4. The registration screen appears. Complete the on line registration form and click on the **Submit** button.

Child Emp	l Suppor Ioyer Portal	t Servi	ces		
Child Support Services	s > Employer Portal > Registration				
Employer Por	tal Registration				
	For security purposes, we Department of Child Supp vendors for any purpose. I conduct child support rela	require that you pro ort Services does no nformation you provio ted business.	vide the following information. The Orange C t engage in sharing information with third pa Je will be kept confidential and be used sole	county arty ally to	
	Enter Federal Employer Identification Number	* FEIN:]	
	Enter State Employer Identification Number	SEIN:]	
	Name of Person Registering Account	* First Name:			
		* Last Name			
	Enter the primary account holder's email address. This will be your account User ID.	* Email:]	
	Enter Company Information	* Company [Name:		1	
	(if payroll is processed by	* Address Line 1:]	
	a corporate office, please enter the corporate	Address Line 2:]	
	address)	* City:]	
		* State:	CA 🔹		
		* Zip Code:			
		* Phone Number:			
			Submit		
	*Indicates required field				

Registration Confirmation Email

An email notification stating that you have successfully registered will be mailed to the email address that you provided. The email includes a hyperlink to the Employer Portal page and your temporary password. The first time you log in you will be required to change your password.



First Time Log In to the Employer Portal

The first time you log in to the Employer Portal, you will be prompted to change your password.

1. Click on the Already Registered button.



2. The Employer Portal Login page will appear. Enter your User ID and Temporary Password that you received in your email. Then click **Log in**.

Child S	Support Services
Child Support Services > El	niphoyel Folial - Lugin Fage
Login	
	New User? Register Now
	Registered Users:
	* User ID (account email address): contactperson@email.org
	* Password:
	Log in Forgot your password?
	*Indicates required field
	Do not attempt to login unless you are an authorized user. The Orange County Department of Child Support Services Employer Portal is solely for use by employers and their authorized staff. Access and attempts to access this site are monitored. Unauthorized access will result in prosecution to the fullest extent of the law.

3. You will be prompted to change your password. Your new password requires a combination of a minimum of 8 alpha and numeric characters.

Child Support Services Employer Portal	
Child Support Services > Employer Portal > Main Menu > Change Password	Main Menu Logout
Change the Password	
Your new password should contain any combination of a minimum of 8 alpha and numeric characters (abc12345).	
* Please enter your OLD Password	
* Please enter your NEW Password	
* Please confirm your NEW Password	
Change Cancel *Indicates required field	

4. You will receive the following message once you have successfully changed your password. You will not be required to change your password again.

Child Support Services Employer Portal		
Child Support Services > Employer Portal > Main Menu > Change Password		Main Menu Logout
Change Password Your Password Has Been Changed! Password has been changed successfully. Please make note of your new password for future reference	erence.	

5. **Recommendation:** Save the site in your 'Favorites' or create a short cut to your desktop. This will allow you to quickly access the Employer Portal.

Forgot Your Password?

If you forget your password, click on Forgot your password? hyperlink on the Login page.

Child S Employ	er Portal
Login	New User? Register Now Registered Users: Login to Employer Portal * User ID (account email address): * Password: Indicates required field Do not attempt to login unless you are an authorized user. The Orange County Department of Child Support Services Employer Portal is solely for use by employers and their authorized staff. Access and attempts to access this site are monitored. Unauthorized access will result in prosecution to the fullest extent of the law.

A Forgot Password screen will appear. Enter your UserID (Email address provided at the time of registration) and click **Submit.**

Child Support Services	1
Child Support Services > Employer Portal > Forgot Password	
Forgot Password	
Send Password to my Email Address UserID: (Account email address) Submit Go Back	
Do not attempt to login unless you are an authorized user. The Orange County Department of Child Support Services Employer Portal is solely for use by employers and their authorized staff. Access and attempts to access this site are monitored. Unauthorized access will result in prosecution to the fullest extent of the law.	

A temporary password will be emailed to the email address that was provided at the time of registration.

Change the Primary Account Holder Information

To change the name or email address of the primary account holder contact us via email at <u>EmployerQuestions@css.ocgov.com</u> or call us at (714)347-6983.

Using the Employer Portal

Once you have logged in you will see the Main Menu screen. Using the Navigation Bar on any page you can go to previous screens, **Main Menu** or **Logout**.

From the Main Menu screen make a selection based on the action you wish to take.

Child Support S Employer Portal	Services	nort Navig	ation Bar
Child Support Services > Employer Portal > Main Menu	Main Wenu		
Welcome! Please make your sele	ction from the menu items listed below		
Main Menu			
		-	
Employer Inbox	Retrieve Child Support Services (CSS) documents.		
Disal Course	Provides a list of forms required by CSS to complete and submit.		
Blank Forms			
Employer Outbox	View, print, save and delete documents submitted to CSS.		
Upload Other Documents	Select this action when you want to transmit a scanned document or file (e.g. pay stub).		
Manage Your	Use this form to update changes to your company name, address, contact information, and mor	9.	
Company Profile			
Change Password	Allows you to change your password.		
1	Contact Us: Employer Express Team		
	1000/001 0212		

- **Employer Inbox** –Select this option if you wish to retrieve documents that O.C. Child Support Services has submitted to you regarding your employee(s). All documents will be stored in this folder for 60 days from the date of submission.
- Blank Forms –Select this option if you are communicating specific information that O.C. Child Support Services has requested regarding your employee(s). The forms available within this section are:
 - Notification of Termination of Employment
 - Employee Status Report
 - Termination of Benefits/Employment Notice
 - Part A Employer Response
 - Part B Plan Administrator Response
 - Health Insurance Information
- **Employer Outbox** This option is similar to a 'sent folder'. All forms, letters or documents that you have electronically submitted to O.C. Child Support Services will be saved in this folder. You can access the documents and print, save or delete. All documents will be stored in this folder for 60 days from the date of submission.
- **Upload Other Documents** Select this option when you need to electronically submit information that is not covered in the Blank Forms section. Examples of documents you might upload: employment verification, copies of paystubs, health insurance verification, etc.
- Manage Your Company Profile Select this option to provide or update your company information.
- **Change Password** This option offers you the opportunity to change your password at any time.

EMPLOYER INBOX

An email notification is sent to the primary account holder any time information is submitted via the Employer Portal. The email includes the name of the employee that the information is regarding, case identifier number and the document name.

The Employer Inbox allows you to access the information that is electronically submitted to you by O.C. Child Support Services.

Documents are stored in this folder for 60 days from the date of submission.

Child Support So Employer Portal	ervices		
Child Support Services > Employer Portal > Main Menu > Employer	Inbox		Main Menu Logout
Employer Inbox			
Search Last Name: Submitted Date (From): 1/21/2011 Forms: Select a form	saving them to their internal document re First Name: Submitted Date (To):	pository.	ts
Result Page Size 10 IN No forms found			

The default **Results** view on this screen will list all forms and documents that O.C. Child Support Services has submitted to you in the last 60 days. You can filter your search by employee name, submitted to/from date or form name.

To filter the results, enter search criteria in any of the following fields:

- Employee Last Name (it is recommended that you also use Employee First Name)
- Employee First Name (it is recommended that you also use Employee Last Name)
- Date Range
- Form Name the drop down listing will include the following forms:
 - Income Withholding Order
 - National Medical Support Notice
 - Wage and Insurance Verification
 - Health Insurance Information Form
 - o Independent Contractor Employment Verification
 - o Mistaken Identify
 - Other (Enter the title of the form you are submitting. Max of 50 characters.)

Employer Portal	Services		
Child Support Services > Employer Portal > Main Menu > Employe	er Inbox		Main Menu
Employer Inbox			
Search Employee's Last Name: Submited Date (From): 2/4/2011 Forms: Select a form	Employee's First Name: Submitted Date (To): 2	/4/2011 Search Upload Other Documents	
Result			
Page Size 10			
Submitted Date Case Identifier Employee Last	Name Employee First Name Form Name (select to Print, View, or Save As) Del	

The Employer Inbox **Results** displays the:

- Submitted Date* the date the document was loaded into the Employer Portal.
- Case Identifier* The number used by O.C. Child Support Services to identify the case.
- Employee Last Name*
- Employee First Name*
- Form Name* Click on the form name to view, print or save the document. The document opens in a PDF format.
- Delete The delete feature allows you to manage the number of documents kept in your Employer Inbox. *Note:* All documents will be stored in this folder for 60 days from the date of submission.

*The information within these fields can be sorted by clicking on the column header.

Child Support Server	vices	
Child Support Services > Employer Portal > Main Menu > Employer Inbox		Main Menu Logout
Employer Inbox		
Employer indox		
Search Last Name: Submited Date (From): 1/24/2011	First Name: Submitted Date (To): 1/24/201	
Forms: Select a form	 Search Upl 	load Other Documents
Result Page Size 10 Y No forms found		

The **Upload Other Documents** button provides a short cut to uploading documents to O.C. Child Support Services.

To upload and submit a document to O.C. Child Support Services:

- Click on the **Upload Other Documents** button.
- The Upload Other Documents screen will display.

Child Support Services Employer Portal	
Child Support Services > Employer Portal > Main Menu > Upload Other Doc Upload Other Documents Upload File Information * Case Identifier: * Employee Last Name: * Form: Select a form Upload File: Browse Submit Cancel	Main Menu Logout

- Complete Case Identifier, Employee Last Name, and First Name fields.
- Select the name of the form that you are uploading from the **Form** drop down menu.
- Click the **Browse** button to locate the document you wish to upload.
- Click Submit.
- A Thank You message will appear indicating that you have successfully submitted the document and that it is saved in your Employer Outbox.

BLANK FORMS

The **Blank Forms** option allows you to complete and submit specific information requested from O. C. Child Support Services regarding your employee(s). The documents are easy to complete and eliminate the need for you to manually complete and mail them back.

To access the **Blank Forms** click on the form icon in the **Click to Complete** column.

Child Support Services > Et	Support Service yer Portal			Main Menu Logout
Child Support Se	rvices Forms			
	Use the list of topics below to report informati you do not have to mail the corresponding for Forms Typically Submitted to CSS:	on to CSS electronically. C n you received with the IW Form Number	Once submitted online, O/NMSN packet. Click to Complete	
	Notification of Termination of Employment	OMB 0970-0154 (Page3)		
	Employee Status Report	DCSS-0522		
	Termination of Benefits/Employment Notice	DCSS-0114		
	Part A – Employer Response	OMB 0970-0222A		
	Part B – Plan Administrator Response	OMB 0970-0222B		
	Health Insurance Information Form	DCSS-0054	L.P.	

Form Name	When to use
Notification of Termination of Employment (page 3 of Income Withholding Order packet)	 Use this form to notify O.C. Child Support Services that an individual: Has never been employed by your company or Has terminated their employment with your company.
Employee Status Report	Use this form to report a change in your employee's status.
Termination of Benefits/Employment Notice	Use this form to report termination of benefits and/or employment for an employee for whom you have a requirement to withhold support and/or provide health benefits.
Part A – Employer Response	Use this form if Medical Support will not be withheld. <i>See form for additional information.</i>
Part B – Plan Administrator Response	Use this form if Medical Support is available for qualified dependents and will be provided.
Health Insurance Information Form	Use this form to provide health insurance information. <i>Note: Only Section I and III of this form need to be completed.</i>

EMPLOYER OUTBOX

You can view, print, save and delete all forms, letters or documents that you have electronically submitted to O.C. Child Support Services. All documents will be stored in this folder for 60 days from the date of submission.

The default **Results** view on this screen will list all forms and documents you have submitted to O.C. Child Support Services. You can filter your search by employee name, submitted to/from date or form name.

Child Su Employer	ppor [.] Portal	t Servic	es			
Support Services > Employer	Portal > Main Menu >	> Employer Outbox				Main Menu Logou
nlover Outbox						
Search Last	Name: (From): 1/24/201 ⁻ Forms: Select a	1	Firs Submitted Da	t Name: ate (To):	1/24/2011 Search	
	Tourona					
Result Page Size 10]					
Submitted Date	Case Identifier	Employee Last Name	Employee First Name	Form Name (s	select to Print,View, or Save As)	Del
1/24/2011 2:49:39 PM	0590258258258	SMITH	BRIAN	Notification of Te	ermination of Employment	×
1/24/2011 2:50:47 PM	0590741741	QUINN	LAWRENCE	Employee Status	Report	×
Page Size 10 Submitted Date 1/24/2011 2:49:39 PM 1/24/2011 2:50:47 PM	Case Identifier 0590258258258 0590741741	Employee Last Name SMITH QUINN	Employee First Name BRIAN LAWRENCE	Form Name (s Notification of Te Employee Status	select to Print,View, or Save As) ermination of Employment © Report	Del X

To begin searching, enter search criteria in any of the following fields:

- Employee Last Name
- Employee First Name
- Date Range (From and To date default to today's date. Increase the time frame to see more documents.)
- Form Name Select a form from in the drop down list.

To print, view or save as:

- Click on the form name hyperlink in the Form Name column.
- You will access a PDF version of the submitted form.

To delete the form:

- Click on the **X** in the Del column.
- You will receive a confirmation message asking "Are you sure you want to delete this form?"
- Click OK or Cancel.



UPLOAD OTHER DOCUMENTS

The Upload Other Documents allows you to electronically submit 'other' forms or documents. Examples of documents you might upload: employment verification, copies of paystubs, health insurance verification.

Note: The following document formats can be uploaded: MS Word, MS Excel, PDF and Txt file.

Child Support Services Employer Portal
Child Support Services > Employer Portal > Main Menu > Upload Other Doc Main Menu Logout
Upload Other Documents
Upload File Information * Required Field * Case Identifier:
* Employee Last Name: * First Name:
* Form: Select a form
Upload File: Browse
Submit Cancel

To upload documents enter the required information:

- Complete Case Identifier
- Employee Last Name and
- First Name fields
- Select a form from the Form drop down menu
- Click the Browse button to locate the document you wish to upload
- Click Submit
- A Thank You message will appear indicating that you have successfully uploaded the document and that it has been saved in your Employer Outbox.



MANAGE YOUR COMPANY PROFILE

The Company Profile page allows you to keep your company information updated. Whenever you add, update or correct information on this page, O.C. Child Support Services is automatically notified. This allows for our records to be maintained with your most current information.

Child Empl	Support Ser	vices	
Child Support Services	 Employer Portal + Main Menu + Company Profil 		Main Menu Logou
			Save Cancel
Company Name:	TDAINING TEAM		
Address Line 1		Telephone Number	7442476474
Address Line 2	TUDO N. STREET	Fax Number	7143475471
City:	CO THE TRAINING TEAM	Fed. Employer Indentification No. (FEIN)	2475475290
State Zip		State Employment Identification No.	347647100
	CM 192001	(SEIN):	
Registrant.	BURGOS-JOHNSON NANCY	CSE Statewide Employer Number	
Registrant's Email:	nburgos-johnson@css.ocgov.com		
To change this info 2. Poyroll What is the addres "Address Line 1: Address Line 2:	mation, please select "Yes" s and telephone number of the payroll d 2585 S. MAIN STREET	epartment for your company? "Telephone Number: Fax Number:	9514701234
City:	CORONA	"State, Zip:	CA 92881
Contact Person:	SALLY DUNES		
Does your company Benefits Contact Int Address Line 1: Address Line 2: City: State, Zip:	y offer health benefits? C Yes G formation	No C Offered by third party Telephone Number: Fax Number: Contact Person:	
4. Employment V	Perification		
Address Line 1:		Telephone Number:	
Address Line 2		Fax Number:	
City:		Contact Person:	
State, Zip:	Select I	"The Work Number" Company Code:	
escante ⁻ 101	hardelind of the	 tanorrossic aseguie, situater 2763/0743 	Save Cancel

CHANGE PASSWORD

You can change your password at any time. The Employer Portal does not require ongoing changing of your password.

Child Support Services Employer Portal	
Child Support Services > Employer Portal > Main Menu > Change Password	Main Menu Logout
Change the Password	
Your new password should contain any combination of a minimum of 8 alpha and numeric characters (abc12345).	
* Please enter your OLD Password	
* Please enter your NEW Password	
* Please confirm your NEW Password	
Change Cancel *Indicates required field	

- Enter your old password
- Enter your new password
- Ender your new password again to confirm
- Click on the **Change** button

You will receive a message confirming that your password has been changed.



Logout of the Employer Portal

To exit the Employer Portal, log out by clicking on **Logout** at the top of any screen.

Child Empto	Support Service ver Portal	eses		
Child Support Services >	Employer Portal > Main Menu > Blank Forms			Main Menu Logo
	Use the list of topics below to report informati you do not have to mail the corresponding for Forms Typically Submitted to CSS:	ion to CSS electronically. C m you received with the IW Form Number	Once submitted online, (O/NMSN packet. Click to Complete	
	Use the list of topics below to report informati you do not have to mail the corresponding for Forms Typically Submitted to CSS: • Notification of Termination of Employment	ion to CSS electronically. C m you received with the IW Form Number OMB 0970-0154 (Page3)	Once submitted online, O/NMSN packet.	
	Use the list of topics below to report informati you do not have to mail the corresponding for Forms Typically Submitted to CSS: • Notification of Termination of Employment • Employee Status Report	ion to CSS electronically. C m you received with the IW Form Number OMB 0970-0154 (Page3) DCSS-0522	Click to Complete	
	Use the list of topics below to report informati you do not have to mail the corresponding for Forms Typically Submitted to CSS: • Notification of Termination of Employment • Employee Status Report • Termination of Benefits/Employment Notice	ion to CSS electronically. C m you received with the IW Form Number OMB 0970-0154 (Page3) DCSS-0522 DCSS-0114	Click to Complete	
	Use the list of topics below to report informati you do not have to mail the corresponding for Forms Typically Submitted to CSS: • Notification of Termination of Employment • Employee Status Report • Termination of Benefits/Employment Notice • Part A – Employer Response	ion to CSS electronically. C m you received with the IW Form Number OMB 0970-0154 (Page3) DCSS-0522 DCSS-0514 OMB 0970-0222A	Click to Complete	
	Use the list of topics below to report informati you do not have to mail the corresponding for Forms Typically Submitted to CSS: • Notification of Termination of Employment • Employee Status Report • Termination of Benefits/Employment Notice • Part A – Employer Response • Part B – Plan Administrator Response	ion to CSS electronically. C m you received with the IW Form Number OMB 0970-0154 (Page3) DCSS-0522 DCSS-0114 OMB 0970-0222A OMB 0970-0222B	Click to Complete	