

Welcome to Employer Portal Online

The employer portal enables employers to report PORAC contributions in accordance with their Collective Bargaining Agreement or Memorandum of Understanding. Through the portal, employers will report on both employer and employee contributions, as well as any applicable lump sum transfers, directly to the Trust Administration Office.



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GETTING STARTED

INITIAL USER LOGIN

Accessing the PORAC Employer Portal - Website URL: <https://poracrmt.org/>

1. Access the Login Page

Click the Employer Portal tab in the right-hand corner of the webpage.

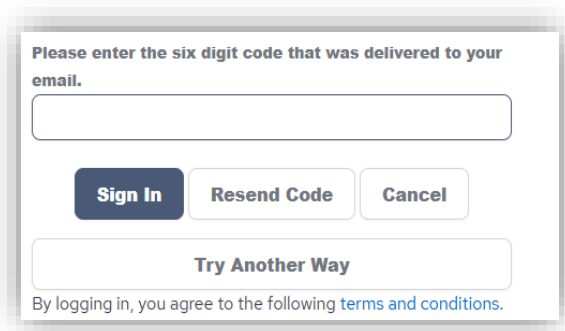
2. Enter Your Credentials

- **Email:** Enter the email address associated with your portal account.
- **Password:** Enter the password provided by BPA.

3. Complete Multi-Factor Authentication (MFA)

After submitting your login credentials:

- You will receive an email from **member@BPABenefits.com** with a one-time access code.
Note: The access code will expire in **300 seconds (5 minutes)**.
- Enter the code when prompted to complete the login process.



Please enter the six digit code that was delivered to your email.

Sign In Resend Code Cancel

Try Another Way

By logging in, you agree to the following [terms and conditions](#).

4. Sign In

After entering your credential and access code, click Sign In to enter the portal

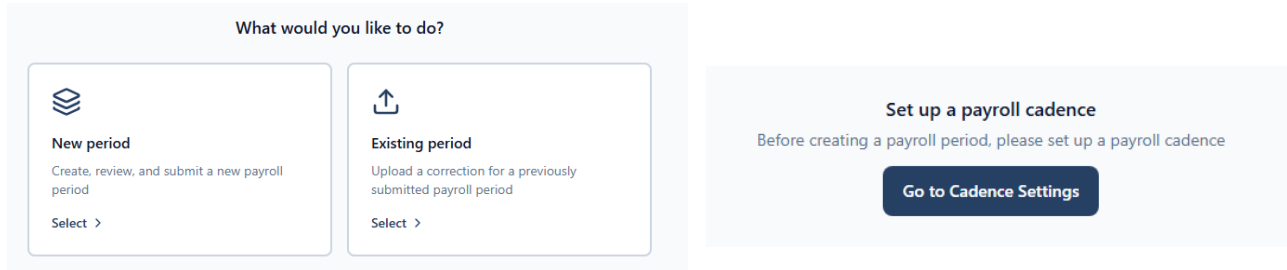
5. Select Account Screen

Once you've successfully logged into the Employer Portal, you'll be directed to the **Employer Dashboard Account Screen**.

- The employer's name will appear in the top right corner of the screen.
**If you are registered for multiple employers or bargaining units, a drop-down menu will appear in that same area, allowing you to select the employer for whom you are reporting contributions.

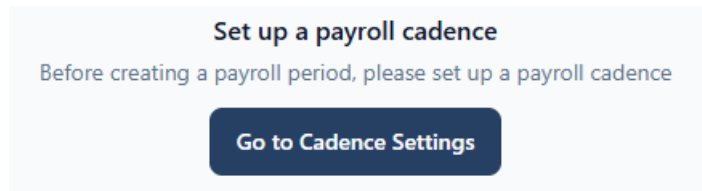
HOW TO UPLOAD AND SUBMIT CONTRIBUTIONS FOR A SELECTED PAYROLL PERIOD

Step 1: Import Contribution File



Set up payroll Cadence

- Choose the payroll period for which the import is being created.




- Select the Payroll Period for your report type (Monthly, Twice monthly, Bi-Weekly, Four-Week)
- Once the Payroll Cadence has been submitted, Click [Save Cadence Settings](#)

Step 2: Payroll Period You are Submitting

- Select the available payroll period and click “NEXT”

Step 3: Click Import File

- Click Import File 
 - **Option 1:** Download the **Contribution Template** by clicking “contribution template file.” Please refer to the enclosed Contribution Template Instructions for guidance on how to properly complete the template.
 - **Option 2:** Upload your Contribution Template by clicking “upload” or dragging and dropping your **CSV** or **XLSX** into the designated upload area.

****NOTE: File Format Requirements:**

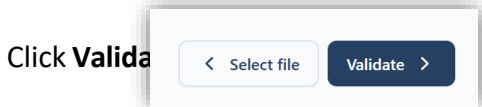
To ensure a successful upload to the Employer Portal, please follow these file guidelines:

- The file **must** be in **.csv or .xlsx** format
- The first row **must** contain **column headers** – see *Contribution Template Instructions* below
- Data **must** begin in the **second row**
- The file **must** contain only **one worksheet** (*files with multiple sheets/tabs will not be accepted by the system*)
- Cannot have a total amount line item within the document

Step 4: Column Mapping

After uploading your file, you will be taken to the Mapping Screen. In this step, you'll need to map each required column from your file to the system fields. If a column name in your file matches exactly with our system field, it will be mapped automatically.

Step 5: Validate the Contribution File



- Once your file is uploaded and mapped, the system will validate each row and apply formatting rules to each column. Some fields must be filled in a specific way—please make sure your data follows the correct format.
- Required fields are marked with an asterisk (*)
- If any columns are not mapped correctly or contain missing or invalid data, you will receive an error message.

Missing Contribution Amounts Error:

This error appears when either the 'Employer Contribution Amount' and 'Employee Contribution Amount' fields have been left blank. **This cannot happen—neither field cannot be left blank.** Each row must have either dollar amount or "0" in these fields.

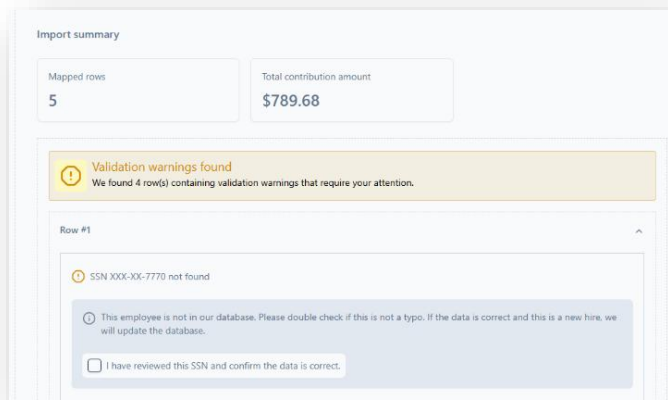


*If you need to modify your contribution file, click **Select File** and upload a revised contribution file.

SSN or Name Validation Error:

This error appears when the Social Security Number or employee name reported does not match the PORAC system records.

If an employee is reported and the Social Security number does not match the PORAC records, a validation message will appear.



*If the SSN or name mismatch is due to a typo on the employer's report, the employer can correct the ER contribution report and resubmit it.

**If the employer confirms that both the name and SSN provided are accurate, they may select the confirmation box to indicate that the information in the data file is correct.

Approved File

When the user successfully mapped file and no errors have been detected Review the row count to ensure it matches the number of records on the file, **“Create Contribution”**

Step 6: Review and Submit Your Contribution File

After validation, the system will save your file and create a contribution entry. You will see a screen showing your uploaded data. Click **<> Detailed** to review all uploaded columns and ensure data is mapped correctly.

- If you find any issues (e.g., incorrect employee data):
 - Click **Trash** to delete the contribution file
 - Correct the data in your template and re-upload it from the beginning

- If everything looks accurate, click **Submit** to finalize your submission.
 1. This action **cannot** be undone by you (you must contact BPA)
- You may also click **Export Report** to download and review the exact data that will be submitted to BPA.

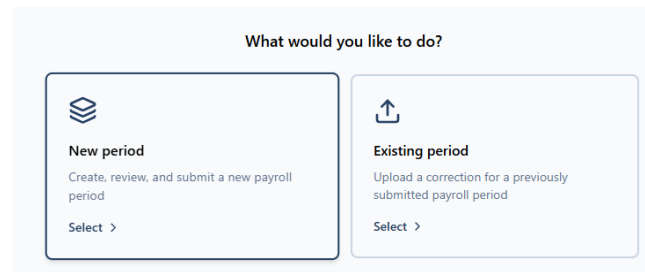
Step 7: Payment

- **Electronic Funds Transfer (EFT) and Wire Transfers**

We must receive a Contribution Report via .xlsx or .CSV submitted in the employer portal within 5 days of each ACH payment.

Bank Name: 5 Star Bank
Bank Mailing Address: 2240 Douglas Blvd. Suite 100 Roseville CA 95661
Routing Number: 121143037
Account Number: 002520761

HOW TO CORRECT A SUBMITTED PERIOD



Option 1 – Overwrite: replaces the entire report report

Option 2 – Supplemental: used to add new members to the previous report or to correct values for specific individuals.

The employer should submit the supplemental file exactly as they want the final state of the data to appear. The file must be provided **“as-is,”** with **all** values the employer intends to remain active, not just the new changes.

- **Example Missed Contribution or Lump Sum:**

If **Member A** previously had:

- **EE Contribution:** \$50
- **ER Contribution:** \$50

And the employer now wants to add a **lump-sum contribution**, then the supplemental file must still include:

- **EE = \$50**
- **ER = \$50**
- **Lump Sum = [new amount]**

****Even if only the lump sum is being updated, the employer must still include the unchanged EE and ER values—every contribution the employer wants to remain in effect must be present in the supplemental file.***

REQUESTING A REFUND TO OVERPAYMENT OF CONTRIBUTIONS

If you (the employer) need to request a refund because a contribution was overpaid or a contribution was submitted in error for an employee who should not have received one, you select ***Option 2: SUPPLEMENTAL REPORT*** and you will enter \$0.00 in the contribution fields for that employee on the adjustment request. Entering \$0.00 signals that no contribution should have been posted, and it allows the system to calculate the difference and generate the appropriate refund.

Then, contact the Trust Office to submit a refund request. Do not credit future contributions. Refunds must be approved by the Trust Office.

Scenario: You accidentally submitted a \$150.00 contribution to an employee who should not have received a contribution for that period.

How to complete the adjustment form:

Original Contribution (what was submitted): \$150.00

Correct Contribution (what it should be): \$0.00

The system will recognize that \$150.00 was overpaid and begin the refund process for the \$150.00 difference.

CONTACTING THE ADMINISTRATION OFFICE

Please contact the Trust Administration Office with any questions about the Employer Portal.

PORAC RMT Administered by Benefits Programs Administration.

Telephone: (877) 808-5994

Email: PORACRMTER@bpabenefits.com

Contribution Template Instructions		
YELLOW FIELDS ARE REQUIRED	LIGHT BLUE ARE NOT REQUIRED	DARK BLUE ARE NOT REQUIRED BUT WILL NEED TO BE COMPLETE BASED ON EMPLOYEE CIRCUMSTANCES.
DATA ELEMENTS		
COLUMN HEADER NAME	VALIDATION	DEFINITION
Pay Date	Must be a valid date xx/xx/xxxx	Ties the funds transfer (or check issue) date to the contribution file. For employers remitting ER-only contributions, the Pay Date can be the remittance date. Date the Paycheck issued to the Member. Ex: Payroll Start 6/1/2025, Payroll End 6/15/2025, and Check Issue to the Member, 6/20/2025.
Employee Number	Can be an alphanumeric code	Employee Number/Employee ID provided by Employer
Date of Hire	Must be a valid date xx/xx/xxxx	Original Date of Hire. If an employee is rehired, please use original date of hire.
New Hire	Must be a valid boolean (YES/NO or Y/N) or can be empty	First Contribution Date
Employee Status		Active, Retired, Involuntary Termination, Voluntary Termination, Gross Misconduct, Deceased
Bargaining Unit	Must be filled per codes provided:	
	COA	COMMAND OFFICERS ASSOCIATION
	DSA	DEPUTY SHERIFS ASSOCIATION
	FFA	FIRE FIGHTERS ASSOCIATION
	FMA	FIRE MANAGEMENT ASSOCIATION
	LEA	LAW ENFORCEMENT AGENCY
	OSS	OFFICE OF SHERIFF'S SERGEANTS
	PEU	PUBLIC EDUCATION UNIT
	PMA	POLICE MANAGEMENT ASSOCIATION
	PMU	POLICE MARINE
	POA	POLICE OFFICERS ASSOCIATION
	POG	POLICE OFFICER'S GUILD
	PSOA	POLICE OFFICERS ASSOCIATION
	SMA	SHERIFF'S MANAGEMENT ASSOCIATION
	SOA	SHERIFF'S OFFICE ASSOCIATION
First Name	Must not be empty	
Middle Name		

Last Name	Must not be empty	
Suffix		
SSN	XXX-XX-XXXX (dashes optional)	
Date of Birth		
Gender		
Address Line 1		
Address Line 2		
City		
State		
Zip		
Phone Number		
Employee Contribution Amount	Must be a valid decimal	Use \$0.00 if no contribution
Employer Contribution Amount	Must be a valid decimal	Use \$0.00 if no contribution
Contributory Retiree Amount	Must be a valid decimal or can be empty	Only applicable for employers with a CBA/MOU with a required post-retirement contribution for retirees
Separation Date	Must be a valid date xx/xx/xxxx or can be empty	If a date is provided a Separation Reason needs to be identified
Separation Reason	Must be filled per codes provided:	
	RT	RETIRED
	PO	PROMOTED OUT
	INT	INVOLUNTARY TERMINATION
	VOT	VOLUNTARY TERMINATION
	GM	GROSS MISCONDUCT
	LD	LEAVE OF ABSENCE
	LF	LEAVE, FAMILY
	LY	LEAVE, MILITARY
	DD	DECEASED
	POA	POLICE OFFICERS ASSOCIATION
Is Last Contribution	Must be a valid boolean (YES/NO or Y/N) or can be empty	
Sick Leave Lump Sum Transfer Amount	Must be a valid decimal or can be empty	

Vacation Leave Lump Sum Transfer Amount	Must be a valid decimal or can be empty	
Other Lump Sum Transfer Amount	Must be a valid decimal or can be empty	Only applicable for employers with a CBA/MOU, VEBA, etc.