

Online Benefits Payment Instructions

1. Click [HERE](#) to access the online payment website. Or navigate to CCSOH.US > Staff > Employee Benefits and click on Online Benefits Payments

EMPLOYEE BENEFITS

- COVID-19 Benefits Information
- x Overview**
- Online Benefit Payments
- 2020 Benefit Rates

2. Click the “Pay Here!” box

COLUMBUS CITY SCHOOLS

CCSD BENEFIT CONTRIBUTIONS

This is the online portal to make a credit card payment for your benefit contributions while on an unpaid Leave of Absence. You should have received a letter from Columbus City Schools regarding your contribution payments, containing the monthly payments owed to continue benefits coverage. Your monthly payment is due by the 20th of each month.

Please enter the following information on the next page in order to make payment:

Employee Name
Employee ID#
Total Amount Due (Found on the letter sent to you)

Venue
Columbus City School District
270 East State Street
Columbus, OH 43215
[View Map](#)

Pay HERE!

3. If you are a first time user, you will need to set up an account. Click on “Create one here.” **Make sure after you set up your account to remember your username and password for the future.**

CCSD BENEFIT CONTRIBUTIO

Please log in to proceed with your order or continue as a gue

Email
Email

Password
Password

Sign In **Forgot Password** **Guest Checkout**

Don't have an account? [Create one here.](#)

4. Once logged in, enter your payment information on the next screen. For the “Benefit Contribution” enter 1. Enter the dollar amount you are paying in the next box. The amount you owe can be found in the letter/email your received from the Benefits Department. Enter your name and your CCS employee ID. Click “Continue”

CCSD BENEFIT CONTRIBUTIONS

Options

1 Benefit Contribution - (# Available: unlimited) 1.00 Enter \$ Amount

Employee First Name *
Benefits

Employee Last Name *
Department

Employee ID # *
12345

5. Carefully review the Order Preview screen. If correct click "Continue to Payment."


Order Preview

Employee First Name: Benefits
Employee Last Name: Department
Employee ID #: 12345

1 Benefit Contribution @ **\$1.00ea.**


Price / Fees

Tickets: \$1.00
Order Total: \$1.00



6. On the final page, enter your credit/debit card information. Click the Acknowledgement Check Box at the bottom of the screen then click "Submit Order."

Credit Card #



Expiration Date

/

Security Code

Billing Zipcode

I acknowledge that:

By purchasing tickets, you agree to Local Level Events's [Terms and Conditions](#).

