





Log in

[Forgot password?](#)

New to Maine Paid Leave?
[Register as an Employer](#)



Employer Registration



Third-Party Administrator



Employer Resources

Making a Payment (for Employers)





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The data you see in this tutorial is completely fictitious. It was made for instructional purposes only. Any resemblance to a real person or business is completely coincidental.

SAMS CLAMS

-*2144

45 COMMERCE DR
AUGUSTA ME 04330-7889Welcome, Sam
[Manage My Profile](#) [Summary](#) [Action Center](#) [Settings](#) [More...](#)

Filter

**Paid Family and Medical Leave
Contributions**SAMS CLAMS
45 COMMERCE DR
AUGUSTA ME 04330-7889**Account**

000-0167015

Balance

\$250.00[> Make a Payment](#)[> View and File Wage Reports](#)[> Add or Change Refund Bank Account](#)**Employer Information**Paid Family Medical Leave Premium Rate until 31-Dec-
2025

Premium Rate

0.50[> View Employer Details](#)

To make a payment towards your account balance, click **Make a Payment** on the Account panel of the logged-on summary screen.

< SAMS CLAMS

Payment Authorization

Paid Family and Medical Leave Contributions

000-0167015

SAMS CLAMS

 Payment Options

Payment Options

How do you want to pay? *

- Bank Account**
Use your bank account to make an ACH debit payment
- Credit Card**
Use your credit card to make a payment

Cancel

< Previous

Next >

Select your desired payment method, then click **Next**.

Payment Authorization

Paid Family and Medical Leave Contributions

000-0167015

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Pay with Credit Card

Amount

* Confirm Amount

Credit Card Payment

2.3% Credit Card Fee

Total Amount

You will be redirected to our payment vendor to make your payment.

Cancel

< Previous

Next >

If paying with a credit card, enter the amount you want to pay in both the **Amount** and **Confirm Amount** fields, then click **Next**.

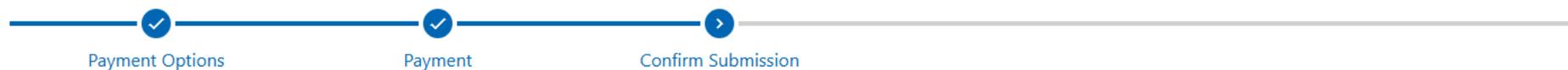
[← SAMS CLAMS](#)

Payment Authorization

Paid Family and Medical Leave Contributions

000-0167015

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Confirm Submission

I certify that the information I have provided is correct to the best of my knowledge. I understand I am subject to administrative penalties, including penalties for perjury, or legal action if it is determined that I withheld information or provided false information.

You are required to re-enter your password to confirm this submission. Your password will act as your signature.

* Password 

You will be redirected to our credit card vendor to complete this submission by making your payment.

[Cancel](#)[← Previous](#)[Pay](#)

Enter your password and click **Pay** to be redirected to a third-party site to complete your payment. Once you submit your credit card payment, you will be redirected back to the Contributions Portal.

[← SAMS CLAMS](#)

Payment Authorization

Paid Family and Medical Leave Contributions

000-0167015

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Payment Options



Payment

Pay with Bank Account

Amount Confirm Amount * Type [Cancel](#)[← Previous](#)[Next →](#)

If paying with your bank account, enter the amount you want to pay in both the **Amount** and **Confirm Amount** fields and select your bank account type.

✓
Payment Options

➤
Payment

Pay with Bank Account

Amount

Confirm Amount

Type ▼

* Routing Number

* Account Number

* Confirm Account Number

* Bank Account Type Checking
 Savings

Save for future use Yes No

Cancel

< Previous

Next >

Enter the routing and account numbers for the bank account you want to pay with and indicate whether it is a checking or savings account. If you wish to save this bank account, select the **Yes** option for Save for future use and enter a nickname if desired. Then click Next.

[← SAMS CLAMS](#)

Payment Authorization

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Confirm Submission

I certify that the information I have provided is correct to the best of my knowledge. I understand I am subject to administrative penalties, including penalties for perjury, or legal action if it is determined that I withheld information or provided false information.

You are required to re-enter your password to confirm this submission. Your password will act as your signature.

* Password 

[Cancel](#)[← Previous](#)[Submit](#)

Your password will act as your signature. Enter your password and click **Submit**.

[← SAMS CLAMS](#)

Confirmation

We have received your request to make a payment in the amount of **\$250.00** .

Your confirmation number is **0-000-110-586**.

Date submitted: **15-Apr-2025**.

Please allow 3-5 business days for the payment to process and post to your account.

Next Steps

1. This is only the payment request

Please review your bank statements to confirm that this transaction was successful.

2. Please note that it may take up to 3-5 days from the payment date shown above before your payment is reflected on your account

If you do not see a payment processed after this time frame, please contact your banking institution.

3. Please print a copy of this page for your records

If you login to your account, you can view your submission under the "More" tab near the top of your screen. Navigate to the Submissions panel and select "Search Submissions" to view your processed payments.

To save this confirmation screen, click the **Printable View** button. To return to your account, click the **OK** button.

[Printable View](#)[OK](#)

Your payment has been submitted. Your confirmation number is displayed, and you can click **Printable View** to see a printer friendly version of this screen.





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