

## NOTICE TO EMPLOYEE OF PAYMENT TO THE CITY

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Employee Name: \_\_\_\_\_  
Employee Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Employer Contact Person: \_\_\_\_\_  
Employer Telephone No.: \_\_\_\_\_  
Employer Tax ID#: \_\_\_\_\_

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Effective 2008, San Francisco law requires your employer to make health care expenditures on your behalf. A health care expenditure is an amount of money paid by your employer to you or to a third party for the purpose of providing you with access to health care services.

For example, your employer may:

- make payments to enroll you in a health insurance plan,
- reimburse you for the costs of health care services you get on your own,
- make payments to the City so that the City may enroll you in its health care program.

Your employer has provided this Notice to inform you that it has chosen to make its required health care expenditures by making payments on your behalf to the City, so that the City may:

- (1) enroll you in *Healthy San Francisco*, a program that provides participants with comprehensive health care services, or
- (2) establish and maintain a Medical Reimbursement Account, which will reimburse you for medical expenses. For more information on *Healthy San Francisco* and the Medical Reimbursement Account, visit [www.HealthySanFrancisco.org](http://www.HealthySanFrancisco.org).

To receive these health care benefits, you must enroll in the City's program. You will receive a separate packet of information from *Healthy San Francisco* with instructions on how to enroll in this program. Be sure to:

- (1) enroll as soon as possible, and
- (2) bring this notice with you when you enroll.

If you do not receive your information packet, please call 311 or visit [www.healthysanfrancisco.org](http://www.healthysanfrancisco.org).

**If you have any questions about your employer's obligations under  
the Health Care Security Ordinance,  
please call 554-7892 or visit [www.sfgov.org/olse](http://www.sfgov.org/olse).**

**Para asistencia en Español, llame al 554-7892.**

**需要中文幫助，請電 554-7892.**