

Health Care Payment Confirmation

Congratulations! Your employer has elected to comply with the San Francisco health care laws by making a payment to SF City Option so that you can access an SF Medical Reimbursement Account (SF MRA).



An SF MRA is a health care account that can be used to get repaid for eligible health care expenses. It can be used by you, your spouse or domestic partner, and your dependents. Eligible expenses include medical, dental, vision, and wellness expenses.

For more information, visit sfcityoption.org

WATCH FOR YOUR WELCOME LETTER IN THE MAIL

You are not yet enrolled in an SF MRA. SF City Option will mail you instructions on what you need to do to start the enrollment process.

If you don't receive a welcome letter within the next few weeks or have program questions, call Customer Service at **1(877) 772-0415**.

The San Francisco Health Care Security Ordinance (HCSO) and the Healthy Airport Ordinance (HAO) require your employer to make health care expenditures on your behalf.

For more information about these San Francisco laws, visit: **sfgov.org/olse**.

Este aviso esta disponible en Español en **sfcityoption.org/es**

這份中文通告可以在以下 網頁獲得: **sfcityoption.org/zh**

Ang paunawang ito ay magagamit sa Tagalog **sfcityoption.org**

Instructions for Employers:

Fill out the section below and give this notice to the employee after your first payment to SF City Option on the employee's behalf. SF City Option will provide you confirmation of your payment. Give your employees this notice after you receive payment confirmation from SF City Option.

Business Name: _____

Payment Clearance Date: _____