



SF MRA Enrollment Form

To gain the benefits of your SF Medical Reimbursement Account (SF MRA), you first need to enroll. To enroll, fill out and return this form. All information remains confidential. In 1-3 weeks, SF City Option (SFCO) will let you know about your enrollment status.

If you have any questions, call SF City Option Customer Service at **1(877) 772-0415**.
Monday through Friday, 8:30am-5:30pm Pacific Time or email **info@sfcityoption.org**.

This form is available in English, Spanish, Chinese, and Tagalog.
Este formulario está disponible en Español: **sfcityoption.org/es/enroll**
此表格可在以下網頁獲得中文版: **sfcityoption.org/zh/enroll**
Magagamit ang form na ito sa Tagalog sa: **sfcityoption.org/tl/enroll**

Get your results faster!



To get your benefits faster, you can enroll online.
Simply scan the QR Code or visit: **sfcityoption.org/enroll**

**Required Field.*

| | | | |
|--|---------|---|--|
| *First Name: | | *Last Name: | |
| *Date of Birth (MM/DD/YYYY): / / | | *Social Security Number: - - - | |
| *Mailing Address: | | <p>SF City Option will not share your personal information with immigration or law enforcement. Your immigration status will not affect your eligibility for the SF City Option program.</p> <p>We will disclose your personally identifiable information, including your SSN, date of birth, and name, to Covered California to determine whether you are eligible to apply your SF City Option funds to the payment of premiums for an insurance plan purchased through Covered California and, if you are eligible, to assist you with applying your SF City Option funds in this manner. If you do not authorize SF City Option to disclose your personally identifiable information to Covered California, please check the box below.</p> <p><input type="checkbox"/> Do not disclose my personally identifiable information to Covered California.</p> | |
| Apartment/Unit/Building/Floor: | | | |
| *City: | *State: | *Zip Code: | |
| *Primary Phone Number: CHOOSE ONE OPTION ONLY <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile () - | | What is your preferred method of contact? CHOOSE ONE OPTION ONLY <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text | |
| Email Address: | | By providing your phone number and/or email address you agree to receive emails, calls, or texts from the SFCO program. If you want to stop receiving SFCO emails, calls, or texts, please call Customer Service at 1(877) 772-0415 or email info@sfcityoption.org . | |
| *Employer Name(s): | | | |

* What is your preferred spoken language? CHOOSE ONE OPTION ONLY

☐ English ☐ Spanish ☐ Cantonese ☐ Mandarin ☐ Vietnamese ☐ Russian ☐ Tagalog ☐ Other: _____

Certification

☐ I certify that the information provided on this form is true and accurate to the best of my knowledge. I understand if my application is approved for an SF MRA, only eligible payments made by my employer(s) will be transferred to an SF MRA. If approved for SF MRA, I agree to have any future payments from my employer(s) deposited into an SF MRA.

*Signature: _____ *Date: _____

Mail your form to: San Francisco City Option • P.O. Box 194367, San Francisco, CA 94119
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For SF City Option Internal Use Only

RECEIVED DATE: _____

PROCESSED DATE: _____