



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 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:		We only use the provided information, including your SSN, to match your enrollment to employer contributions, confirm enrollment or eligibility for SF City Option programs, and maximize available dollars into your account. 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 MRA Program.	
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	
Email Address:		By providing your phone number and/or email address you agree to receive emails or calls from the SFCO program. If you want to stop receiving SFCO calls and/or emails, 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: _____