

Complete this form to determine if you qualify for a Medical Reimbursement Account (SF MRA).  
After you submit this form, SF City Option (SFCO) will let you know if you are eligible for SF MRA within 1-3 weeks.

If you have any questions, please call 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!

For quicker processing, complete your SF MRA Enrollment Form online at: **sfcityoption.org/enroll**

\*Required Field.

*First Name:		*Last Name:	
*Date of Birth (MM/DD/YYYY):       /       /		*Social Security Number (LAST 4 DIGITS):	
*Mailing Address:		We only use the provided information, including your SSN, to match your enrollment to employer contributions. The SFCO Program is committed to protecting the privacy of your personal information. SF City Option will not share your personal information with any outside agencies, including 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 <b>1(877) 772-0415</b> or email <b>info@sfcityoption.org</b> .	
*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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Monday through Friday, 8:30am-5:30pm Pacific Time or email **info@sfcityoption.org**.

**For SF City Option Internal Use Only**

RECEIVED DATE: \_\_\_\_\_

PROCESSED DATE: \_\_\_\_\_