

How to Update Your Benefits Following a Qualified Life Event

Welcome!


Thank you for using SFHSS' Self-Service system to update your benefits due to a qualifying life event. A qualifying life event is an event that allows an SFHSS member to add or drop a dependent to their health benefits plans outside of the annual Open Enrollment period.

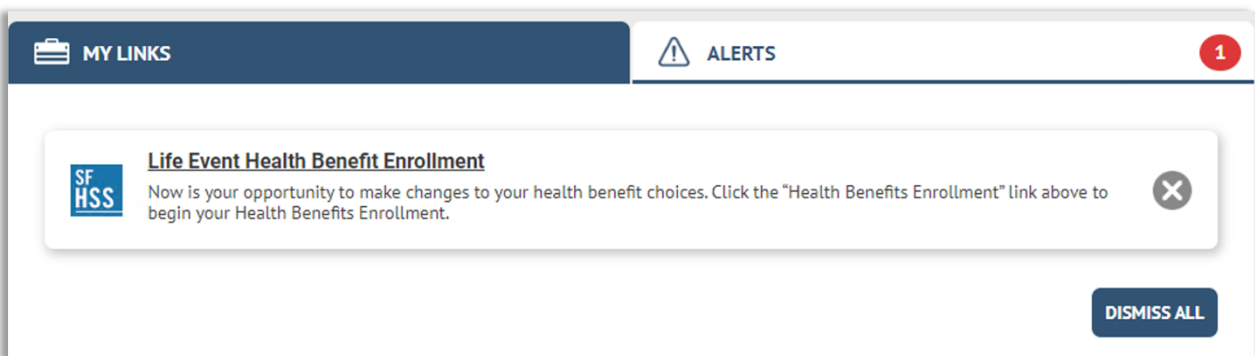
Before you get started, there are a few things to know.

- **What is a qualifying life event?** Go to sfhss.org/changing-benefit-elections to learn more.
- **What documents do I need?** If you are going to be *adding or dis-enrolling* a new dependent to your existing plans, you will need to have your required documentation ready for upload. You will not be able to complete your online enrollment without uploading your documentation.
 - *Certified Marriage Certificate*
 - *Domestic Partner Certification*
 - *Birth Certificate*
 - *Adoption Certificate*
 - *Court Orders for Divorce, Separation, Annulment, Dissolution of Partnership*
 - *Proof of coverage loss*
 - *Death Certificate*
 - *A Social Security number must be provided for each new family member being enrolled.*
- **How long do I have to update my benefits?** You must complete your election and submit your documentation no later than 30 calendar days after the qualifying life event occurs. If the election change process is not completed within 30 days of the life event, you must wait until the next Open Enrollment period in October to make any changes.

Enroll in Benefits

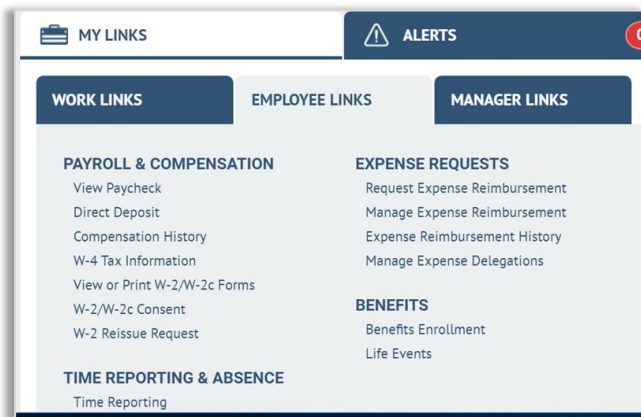


- **What if I made a mistake?** If you make an error during your online enrollment, just click on the breadcrumbs that are found at the top of the page to go back to a previous section. To edit, click on the edit button or the pencil icon  and save your changes.
- **What if I encounter an issue?** Visit sfhss.org-enroll-online where you will find information on how to login and get started, links to information about eligibility, and short videos (30 seconds each) showing you how to make specific updates and elections by topic.
- **What if I exit the system before finishing?** If you exit before submitting your enrollment request, you will need to log back in. When you get back to the **Employee Portal landing page**, you will see an **Alert** indicating that your enrollment is incomplete. Click on **Life Event Benefits Enrollment** to resume enrollment.



- **Problems logging in?** If you experience technical issues accessing your account and cannot resolve with our online resources, call the **Dept. of Technology's Help Desk** at (628) 652-5000.
- **Questions?** Call SFHSS at (628) 628-4700 or visit sfhss.org/contact-us.

Let's Get Started



1. Go to the San Francisco Employee Gateway <https://sfgov.org/sfc/employee-gateway>
2. Click on the **San Francisco Employee Portal icon**.
3. Enter your Employee ID and password. Click **Agree & Sign In**.
4. Complete the security verification and click **Verify**.
5. Under the *Employee Links* tab (under the *My Links* tab), click on **Life Events**.

Select the event that has happened in your life:

Select the event that has happened in your life

- I got married.
- I had a baby.
- I have a new domestic partnership.
- I married my domestic partner.
- I got divorced/legally separated.
- My domestic partnership ended.
- I and/or my dependent has gained other coverage.
- I adopted or gained legal guardianship of a child.
- My dependent died.
- I and/or my dependent has lost coverage.
- Requesting benefit change due to IRS guidance re. COVID-19.

If you select *I got married, I had a baby, I married my domestic partner, or I adopted or gained legal guardianship of a child*, you will be **adding a new dependent**.

If you select *I got divorced/legally separated, my domestic partnership ended, or my dependent has died*, you will be **dis-enrolling a dependent** from your benefits.

Remember, when dis-enrolling dependents, you must uncheck their benefit elections for medical, dental and vision plans separately otherwise they may not be dropped from your benefit plans.

Begin a Life Event

Begin a Life Event

Choose Life Event

Marriage

I got married.

A qualifying life event is the only time you can change your benefit elections outside of the annual Open Enrollment period in October.

You must complete the election change process, including the submission of all required documentation, no later than **30 calendar days** after the qualifying life event occurs. If the election change process is not completed **within 30 days** of the date of the qualifying event, you must wait until the next Open Enrollment period in October to make any changes. Please note, an individual with *End Stage Renal Disease* may be prohibited from changing medical plans.

In addition to complete documentation required, a Social Security number must be provided for each of the family members being enrolled.

A copy of the marriage certificate must be submitted within 30 days of the legal date of the marriage.

A Social Security number must be provided for your spouse and any of his or her eligible children.

Coverage for your spouse and his or her eligible children will be effective the first day of the coverage period following the submission of the required application and documentation.

Visit sfhss.org for more information on [life event changes](#) and required documentation for [dependent eligibility](#).

What Date Did Event Take Place

Continue

1. On this page, you will see the life event you selected (e.g. "I got married"). Read through the information listed about the life event.
2. **What Date Did Event Take Place?** Click on the **Calendar** and enter the date of your marriage, birth of your new child, etc. If the date of your life event is over 30 days ago, you will not be able to continue the enrollment process. Call SFHSS with any questions.
3. Click **Continue**.

Upload Documentation

1. Adding a new life event requires documentation. Click the **Manage/Upload Documents** button to continue. Place all your documents in one attachment as you can only upload one document.

Begin a Life Event

Choose Life Event

Marriage

Upload Documentation

Upload Marriage Certificate

You are required to upload a marriage certificate. Click on the Manage/Upload Documents button to upload a supporting document.

Manage/Upload Documents

2. Once you upload your documentation, you will receive a confirmation that it was uploaded.

Upload Marriage Certificate

You are required to upload a marriage certificate. Click on the Manage/Upload Documents button to upload a supporting document.

✔ A Marriage Certificate has been uploaded.

Manage/Upload Documents

3. Next, you will see **Your life event has been created** indicating that your life event has been submitted. Now you can add new dependents and make benefits election changes.

✔ **Your life event has been submitted**

A new Benefits Enrollment event has been prepared to make any updates you would like to your dependents and/or elections.

Begin your Benefits Enrollment

Review Your Dependents

If you have any existing dependents, they will be listed here. Click **Edit** to make any changes.

- If you married your Domestic Partner, change the relationship to *spouse*.
- If you got divorced or legally separated, change the relationship to *Ex-Spouse*.
- If your domestic partnership ended, change the relationship to *Ex-Domestic Partner*.

Enroll in Benefits

Progress: Dependents (Completed), Required Responses (Completed), Elect Benefits (Pending), Review & Submit (Pending), Confirmation (Pending)

Review Dependents

Please review your dependent information below for accuracy as inaccurate data may affect plan eligibility. Click on the Edit button to make corrections to an existing dependent. Click on the Add a New Dependent button to add a new dependent.

Name	Relationship	Date of Birth	Marital Status	Disabled	Dependent
Michael Wieldlin	Domestic Partner Adult	05/26/1967	Single		✓

[Add a New Dependent](#) [Edit](#) [Save and Continue](#)

Click on **Add a New Dependent** to add a new dependent, then click **Save and Continue**.

Fill in the **Dependent/Beneficiary Personal Information** window. Click the save button and close the screen by clicking the **X** in the top right corner of the window.

Review Your Personal Information

If you need additional assistance updating your personal information, please do one of the following:

- If you are an active employee, please contact your department HR representative.
- If you are a retired employee, please contact us at **(628) 652-4700**.

Current Benefit Elections

Please review your current benefits elections and current elections for your current and newly added dependents.

If you need to add your new dependent or drop an existing dependent (divorce/dissolution/end of domestic partnership) from your benefits plans, select the **No** button below and click **Save and Continue**. If you have no changes to your benefits, click **Yes**.

Progress bar: Dependents (filled), Required Responses (filled), Elect Benefits (active), Review & Submit (empty), Confirmation (empty)

Navigation: Confirm Personal Information, Current Elections

Current Elections

Please review your current and new elections. If you have no changes to your benefits in the list of elections, select the "Yes" button below. If you would like to make changes to the list of elections, select the "No" button below. Click to "Save and Continue."

Active employees: Some union contracts provide for Employer-paid Long-Term Disability, Group Life and Computer Vision Care. You cannot elect to enroll or disenroll from these. If you have no changes to the other benefits, you can still enroll in a Healthcare or Dependent Care FSA on a later screen.

Plan	Current Election	Current Coverage Level	New Election	New Coverage Level	My Cost
Medical	UHC PPO (City Plan)	Member plus one Domestic Partner	Same	Same	\$ 0.00
Dental	Delta Dental PPO	Member plus one Domestic Partner	Same	Same	\$ 0.00
Vision Premier	Waived		Same		\$ 0.00
Life	Superior Court SEIU 25K	\$25,000	Same	Same	\$ 0.00
Long-Term Disability	Grp Long Term Disability 60%	60% of Salary	Same	Same	\$ 0.00

Do you agree with the new elections shown above?

Yes

No

Buttons: Go Back, Save and Continue

Choose a Medical Plan

Dependents Required Responses **Elect Benefits** Review & Submit Confirmation

Health Flexible Spending Accounts

Medical + Basic Vision Dental Vision Premier

Choose a Medical Plan

Who would you like to enroll in this plan?

Enroll	Name	Relationship
<input type="checkbox"/>	Brian Johnson	Self
<input checked="" type="checkbox"/>	Michael Wieldin	Domestic Partner Adult

Member plus one Domestic Partner

The above list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, use the Manage Dependents button to add new dependents to your list.

You may enroll any of these individuals for coverage under this plan by checking the **Enroll** box next to the dependent's name.

Note: Active employees currently enrolled in Blue Shield with a Medicare domestic partner, your Medicare domestic partner will be enrolled in United Healthcare Medicare Advantage PPO. You will manage their enrollment in the upcoming Families with Medicare and Non-Medicare Members: BSC/UHC Split screen. Please call SFHSS Member Services at (628) 652-4700 or (800) 541-2266 if you need assistance.

[Manage Dependents](#)

The above list displays all individuals who are eligible dependents. If an individual is missing from this list, click on the **Manage Dependents** button to add new dependents to your list.

You may enroll any of these individuals for coverage under this plan by checking the **Enroll** box next to the dependent's name.

If you are dropping a dependent (ex-spouse, ex-domestic partner, step-children), be sure to uncheck their name to dis-enroll them from a medical plan.

Enroll in a Dental Plan

Dependents Required Responses **Elect Benefits** Review & Submit Confirmation

Health Flexible Spending Accounts

Medical + Basic Vision **Dental** Vision Premier

Choose a Dental Plan

Who would you like to enroll in this plan?

Enroll	Name	Relationship
<input type="checkbox"/>	Brian Johnson	Self
<input checked="" type="checkbox"/>	Michael Wieldin	Domestic Partner Adult

Member plus one Domestic Partner

The above list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, use the Manage Dependents button to add new dependents to your list.

You may enroll any of these individuals for coverage under this plan by checking the Enroll box next to the dependent's name.

Manage Dependents

Current Dental Plan Election
Delta Dental PPO
Delta Dental
Member plus one Domestic Partner

Benefit Guide

The above list displays all individuals who are eligible dependents. If an individual is missing from this list, click on the **Manage Dependents** button to add new dependents to your list.

You may enroll any of these individuals for coverage under this plan by checking the **Enroll** box next to the dependent's name. If you are dropping a dependent (ex-spouse, ex-domestic partner, step-children), be sure to uncheck their name to **dis-enroll** them from a medical plan.

Enroll in a Vision Premier Plan

Dependents Required Responses **Elect Benefits** Review & Submit Confirmation

Health Medical + Basic Vision **Vision Premier**

Enroll in a Vision Premier Plan

Who would you like to enroll in this plan?

Waive this coverage

Enroll	Name	Relationship
<input checked="" type="checkbox"/>	Debra Simmons	Self

The above list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, use the Manage Dependents button to add new dependents to your list.

Vision Premier is only available to your dependents enrolled in an SFHSS medical plan. If you elect to enroll in Vision Premier by clicking the **Elect this Plan** button below, all family members enrolled in medical must be enrolled by checking the **Enroll** box next to each individual's name.

[Manage Dependents](#)

The above list displays all individuals who are eligible dependents. If an individual is missing from this list, click on the **Manage Dependents** button to add new dependents to your list. You may enroll any of these individuals for coverage under this plan by checking the Enroll box next to the dependent's name.

Note: You can only enroll in the **Vision Premier** plan if you are enrolled in an SFHSS medical plan. If you elect to enroll in **Vision Premier**, then all your dependents who are also enrolled in a medical plan are required to enroll in the **Vision Premier** plan. Enroll your new dependent by checking the box next to their name.

If you want to need to add a dependent, click the **Manage Dependents** button.

If you are dropping a dependent (ex-spouse, ex-domestic partner, step-children), be sure to uncheck their name to dis-enroll them from a medical plan.

Choose a Flexible Spending Account (FSAs)

Dependents Required Responses **Elect Benefits** Review & Submit Confirmation

Health Flexible Spending Accounts

Healthcare FSA Dependent Care FSA

Choose Flex Spending Health - U.S.

Current Flex Spending Health - U.S. Plan Election

Health Care FSA
P&A Group FSA
\$2,700 Pledge

[Benefit Guide](#)

Choose a Flex Spending Health - U.S. Plan

A Healthcare Flexible Spending Account (FSA) allows you to pay for qualifying healthcare expenses, like co-pays and deductibles, with pre-tax dollars. You can submit claim online at www.padmin.com.

For more information, please review the [Flexible Spending Plan Details](#)

Enroll in Health Care FSA

Please note that FSAs require enrollment annually during the Open Enrollment period. Your participation in the plan does not carry over from year to year without an active election.

Your annual pledge must be between \$250.00 and \$2,700.00, which are the limits established for this plan.

Health Care FSA Total Annual Amount:

(Prior year election was \$2,700 Pledge)

[Save and Continue](#)

If you are enrolled in a **Health Care FSA**, you will be able to make FSA elections, including updating current election amounts.

If you would like to enroll in a new FSA, check the **Enroll in Health Care FSA**.

Dependents Required Responses **Elect Benefits** Review & Submit Confirmation

Health Flexible Spending Accounts

Healthcare FSA Dependent Care FSA

Choose Flex Spending Dependent Care

Current Flex Spending Dependent Care Plan Election

Waived

[Benefit Guide](#)

Choose a Flex Spending Dependent Care Plan

A Dependent Care FSA can help pay for qualifying child care and elder care expenses, such as certified children's day care, pre-school, day camp, before/after school programs, as well as adult day care for elders. Eligible dependent care expenses enable you (and, if married, your spouse) to work. You can submit claims online at www.padmin.com. Children must be under age 13.

For more information, please review the [Flexible Spending Plan Details](#)

Enroll in Child Care Dependent Care FSA

Please note that FSAs require enrollment annually during the Open Enrollment period. Your participation in the plan does not carry over from year to year without an active election.

Your annual pledge must be between \$250.00 and \$5,000.00, which are the limits established for this plan.

Child Care Dependent Care FSA Total Annual Amount:

(Prior year election was \$ 0)

[Save and Continue](#)

Click save and continue. You will then advance to the **Dependent Care FSA**. Make any changes and then click **Save and Continue**.

Review Your Elections

This is your opportunity to review your elections. Included on this page is a cost summary. To edit a section, click on the pencil. Click the **Continue** button.

Dependents
Required Responses
Elect Benefits
Review & Submit
Confirmation

Review Elections

Review Your Elections

Please review and verify your elections.

Health Benefits

Medical ✎

UHC PPO (City Plan)
Member plus one Domestic Partner

\$0.00
My Cost

Dependent	Relationship	Covered
Michael Wieldlin	Domestic Partner Adult	Y

Dental ✎

Delta Dental PPO
Member plus one Domestic Partner

\$0.00
My Cost

Dependent	Relationship	Covered
Michael Wieldlin	Domestic Partner Adult	Y

Vision Premier ✎

Waive

Life Insurance

Life

Superior Court SEIU 25K
\$25,000

\$0.00
My Cost

Cost Summary

Costs

Before Tax	\$ 245.83
After Tax	\$ 0.00
Total	\$ 245.83

Dollar Value of Credits

Total	\$ 0
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Total Costs	\$ 245.83
Total Credits	\$ 0
Credits Minus Costs	\$ -245.83

If you need to go back to a previous screen, use the breadcrumbs at the top of the page to navigate there.

Disability Insurance

Long-Term Disability

Grp Long Term Disability 60%
60% of Salary

\$0.00
My Cost

Spending Accounts

Flex Spending Health - U.S. ✎

Health Care FSA
\$2,700 Pledge

\$225.00
My Cost

Flex Spending Dependent Care ✎

Child Care Dependent Care FSA
\$250 Pledge

\$20.83
My Cost

Continue

Submit Elections

Review the information on the page and click **Submit**.

DependentsRequired ResponsesElect BenefitsReview & SubmitConfirmation

Review Elections

Submit Elections

Submit Elections

You have almost completed your enrollment. If you have no further changes, select the **Submit** button on this page to finalize your benefit choices. Select the **Go Back** button if you are not ready to submit your choices and wish to return to the Enrollment Summary.

Do not submit your benefit choices until you have completed your enrollment. You may store your choices on each page and return at a later time to complete. However, once you select the **Submit** button your benefit choices will be sent to the Health Service System for processing.

Once your enrollment is processed, you may not be able to make any further benefit changes until the next Open Enrollment period or if you have a qualified family status change.

By submitting your benefit choices you are authorizing San Francisco Health Service System to deduct your premium contributions from your wages. You are also authorizing San Francisco Health Service System to send necessary personal information to selected insurance carriers to complete your enrollment. Your enrollment will not be complete until your submissions have been reviewed and confirmed by San Francisco Health Service System.

If you have selected the Kaiser plan, by submitting your enrollment, you are agreeing to Kaiser Health Plan Arbitration Agreement:

I understand that (except for Small Claims Court cases, claims subject to a Medicare appeals procedure or the ERISA claims procedure regulation, and any other claims that cannot be subject to binding arbitration under governing law) any dispute between myself, my heirs, relatives, or other associated parties on the one hand and Kaiser Foundation Health Plan, Inc. (KFHP), any contracted health care providers, administrators, or other associated parties on the other hand, for alleged violation of any duty arising out of or related to membership in KFHP, including any claim for medical or hospital malpractice (a claim that medical services were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered), for premises liability, or relating to the coverage for, or delivery of, services or items, irrespective of legal theory, must be decided by binding arbitration under California law and not by lawsuit or resort to court process, except as applicable law provides for judicial review of arbitration proceedings. I agree to give up our right to a jury trial and accept the use of binding arbitration. I understand that the full arbitration provision is contained in the Evidence of Coverage.

*Disputes arising from the following fully-insured Kaiser Permanente Insurance Company coverages are not subject to binding arbitration: 1) the Preferred Provider Organization (PPO) and the Out-of-Network portion of the Point-of-Service (POS) plans; 2) Preferred Provider Organization (PPO) plans; 3) Out-of-Area Indemnity (OOA) plans; and 4) KPIC Dental plans.

By enrolling in a Kaiser Permanente plan, I understand that this action will serve as my electronic signature of agreement to the conditions provided in **Kaiser Foundation Health Plan Arbitration Agreement** (above) and that by law this electronic signature will have the same effect as a signature on a paper form.

Note: If you do not wish to accept the arbitration agreement above you must make a new Health Plan selection.

Go Back Submit

Enrollment Completion

- Your elections have been submitted and are subject to approval and final processing by SFHSS.
- Click the **printer icon** to print a summary of the benefit elections for your records. You will not be able to print the election summary after you exit this session.

Dependents Required Responses Elect Benefits Review & Submit Confirmation


Enrollment Completion

If you would like to go back and make changes, click the "Modify Elections" button.

Modify Elections

Enrollment Completion

Your elections have been submitted and are subject to approval and final processing by SFHSS. Click the printer icon to print a summary of the benefit elections you have just made for your records. You will not be able to print the election summary after you exit this session.

 Click here to print

For life event changes, your application will not be processed until SFHSS receives supporting documentation as outlined below. If you did not already submit the correct documentation, please do so now:

Spouse: Certified Marriage Certificate
 Domestic Partner: Domestic Partner Certification
 Child: Birth Certificate, Adoption Certificate, Court Order
 Divorce, Separation, Annulment, Dissolution of Partnership: Legal Documentation
 Loss of other Coverage: Proof of coverage loss stating who lost coverage and when
 Obtained other Coverage: Proof of coverage stating who acquired coverage and when
 Death of Dependent: Death Certificate

Please upload your supporting documentation by clicking the button below. If you would prefer, you may fax to (628) 652-4701. Benefit elections will be revised if documentation for dependents is not submitted or dependents are not eligible.

Upload Documents

You can exit your online benefits enrollment by clicking the Exit button or on 'Sign Out' in the top right-hand corner.

Exit

- **Remember:** Life event changes will not be processed until we receive your supporting documentation. If you did not submit the correct documentation, click the **Upload Documentation** button.
- The alert will still appear until SFHSS has finalized your enrollment.
- You can exit your online benefits enrollment by clicking **Exit** or **Sign Out** in the top right-hand corner.

Voluntary Benefits

If you would like to enroll in voluntary benefits, start by visiting sfhss.org/voluntary-benefits for a complete list of benefits. To enroll, contact **WORKTERRA** at **(888) 392-7597** or workterra.net.

Dependents Required Responses Elect Benefits Review & Submit Confirmation

Enrollment Completion

Voluntary Benefits

Voluntary Benefits

Employees of the City and County of San Francisco and the Superior Court have the option of enrolling in voluntary benefits. New visitors (and those logging in for the first time since spring 2019) will need to login using the following information:

User ID: Employee DSW Number – If your number is 5 digits add a 0 in front to make 6 digits
Password: First 4 letters of your last name and First 4 digits of your social security number (example abcd1234)
Employer: ccsf

Returning visitors your User ID and Employer is the same as defined above. Your password is the one you elected when you previously visited the site.
<https://www.workterra.net>

If you enroll in voluntary benefits, your confirmation statement will be mailed to you by Workterra. If you need any assistance with Voluntary Benefits or logging into Workterra, please call Workterra at 1-888-392-7597.

Thank you for using self-service benefits
You can exit your online benefits enrollment by clicking the Exit button or on 'Sign Out' in the top right-hand corner.

Exit

Contact Us

Our phone hours are Monday, Tuesday, Wednesday and Friday from 9am to 12pm and 1pm to 5pm and on Thursdays from 10am to 12pm and 1pm to 5pm at **(628) 652-4700**. Our fax number is **(628) 652-4701**.