


## How to Enroll in Benefits for New Employees with the City and County of San Francisco and Superior Court of San Francisco

### Congratulations on your new position!

New employees with the City and County of San Francisco and the Superior Court of San Francisco have **30 days from the date of hire** to enroll in health benefits.

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

- **What benefits are available to me?**
  - City and County of San Francisco employees, go to [sfhss.org/benefits/city-and-county](https://sfhss.org/benefits/city-and-county)
  - Superior Court of San Francisco employees, go to [sfhss.org/benefits/superior-court](https://sfhss.org/benefits/superior-court)
- **What documents do I need?** If you are going to be *adding* a dependent to your health plan elections, you will need to have the required documentation ready for upload during your online enrollment process. You will not be able to complete your online enrollment without uploading your documentation.
  - *Certified Marriage Certificate*
  - *Domestic Partner Certification*
  - *Birth Certificate*
  - *Adoption Certificate*
  - *A Social Security number must be provided for each new enrolled member*

- **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](https://sfhss.org/enroll-online) where you can find information on how to login and get started, including videos 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. Under the **Benefits** tab, click on **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](https://sfhss.org/contact-us). Our telephone hours are Monday, Tuesday, Wednesday and Friday from 9am to 12pm and from 1pm to 5pm and Thursday from 10am to 12pm and 1pm to 5pm. Our offices are currently closed to the public.

## Add Your Dependents

If you have dependents that you would like to add to your benefits plans, Click on **Add a New Dependent** to add a new dependent, then click **Save and Continue**.

### Enroll in Benefits

Dependents

Required Responses

Elect Benefits

Review & Submit

Confirmation

### 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		✓	Edit

Add a New Dependent

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**.

## What you should know when adding dependents to your health benefits.

When adding dependents not all relationship types are benefit eligible. These other relationships may be used for emergency contacts for example. To ensure your dependent is eligible for coverage, refer to the table below.

Relationship Types	When to Use	Supporting Documentation Needed
<b>Child</b>	Biological or Adopted Children.	Birth/Adoption Certificate.
<b>Domestic Partner Adult</b>	Domestic Partner.	Domestic Partnership Certificate.
<b>Domestic Partner Child</b>	Child of Domestic Partner.	Birth Certificate & Domestic Partnership Certificate.
<b>Other Child - Legal</b>	Dependents from court ordered coverage/guardianship, etc...	Court Order.
<b>Other IRS - Non Dep Adult</b>	Domestic Partners who qualify for tax favored status - Tax returns and annual attestation required.	Domestic Partner Certificate & Annual Attestation from SFHSS.
<b>Other IRS - Non Dep Child</b>	Children of Domestic Partners who qualify for tax favored status - Tax returns and annual attestation required.	Birth Certificate, Domestic Partner Certificate & complete and return Annual Domestic Partnership Attestation that will be sent from SFHSS.

## 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 to your benefits plans, select the **No** button below and click **Save and Continue**. If you have no changes to your benefits, click **Yes**.

**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 Wieldlin	Domestic Partner Adult

**Current Medical Plan Election**  
UHC PPO (City Plan)  
United Healthcare  
Member plus one Domestic Partner

**Benefit Guide**

**Manage Dependents**

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.

## Choose a Medical Plan

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.

## 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

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

**Benefit Guide**

**Manage Dependents**

**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.

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.

## 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.

## Choose a Flexible Spending Account (FSAs)

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

Health ☒ Flexible Spending Accounts ☐

Healthcare FSA ☒ Dependent Care FSA ☐

### 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](http://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)

[Benefit Guide](#)

[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 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](http://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)

[Benefit Guide](#)

[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
<b>Total</b>	<b>\$ 245.83</b>
Dollar Value of Credits	
<b>Total</b>	<b>\$ 0</b>
<b>Total Costs</b>	<b>\$ 245.83</b>
<b>Total Credits</b>	<b>\$ 0</b>
<b>Credits Minus Costs</b>	<b>\$ -245.83</b>

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**.

Dependents

Required Responses

Elect Benefits

Review & Submit

Confirmation

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](#)

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:** New hire enrollments 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](https://sfhss.org/voluntary-benefits) for a complete list of benefits. To enroll, contact **WORKTERRA** at **(888) 528-5360** or [workterra.net](https://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**.