


How to Enroll in Benefits for New Employees

Congratulations on your new position!

New employees with the City and County of San Francisco, the Superior Court of San Francisco, the San Francisco Unified School District and the City College 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
 - Superior Court of San Francisco employees, go to sfhss.org/benefits/superior-court
 - San Francisco Unified School District employees, go to https://sfhss.org/benefits/unified_school_district
 - City College of San Francisco employees, go to sfhss.org/benefits/city-college
- **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.
 - *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/how-to-enroll 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. City College employees and San Francisco Unified District employees, you must provide the DT help desk your DSW. If you do not know your DSW, contact SFHSS.
- **Questions?** Call SFHSS at **(628) 628-4700** or visit 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.

Let's Get Started



SF Employee Portal

WORK LINKS	EMPLOYEE LINKS	MANAGER LINKS
HR INFORMATION (NEW) How to Submit Vaccine Status Add Vaccine Status Update/View Vaccine Status	PAYROLL & COMPENSATION View Paycheck Direct Deposit Compensation History W-4 Tax Information View or Print W-2/W-2c Forms W-2/W-2c Consent W-2 Reissue Request	
TIME REPORTING & ABSENCE Time Reporting Leave/Comptime Balances Time Approval Status Time Reporting Preferences	eBENEFITS New Hire / Retiree Enrollment Open Enrollment Submit a Qualifying Life Event Continue your Enrollment	
CASH ADVANCES Create/Manage Cash Advance Delete Cash Advance Request		

1. Login to the My Apps Dashboard
<https://myapps.sfgov.org>
2. Enter your DSW and password. Click Agree & Sign In.
3. Complete the security verification and click Verify.
4. Click on the **San Francisco Employee Portal** tile.
5. Under the **My Links** tab, select **Employee Links**. Look for the **eBenefits** and click on **New Hire/Retiree Enrollment**.

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	
Bob Smith	Domestic Partner Adult	1/1/1979	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 a CCSF or Courts employee, you can update your information in the Employee Portal.
- SFUSD and City College employees must update address information directly with their employer.
- 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
Child	Biological or Adopted Children.	Birth/Adoption Certificate.
Domestic Partner Adult	Domestic Partner.	Domestic Partnership Certificate.
Domestic Partner Child	Child of Domestic Partner.	Birth Certificate & Domestic Partnership Certificate.
Other Child - Legal	Dependents from court ordered coverage/guardianship, etc...	Court Order.
Other IRS - Non Dep Adult	Domestic Partners who qualify for tax favored status - Tax returns and annual attestation required.	Domestic Partner Certificate & Annual Attestation from SFHSS.
Other IRS - Non Dep Child	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**.

Dependents

Required Responses

Elect Benefits

Review & Submit

Confirmation

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

[Go Back](#)
[Save and Continue](#)

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.

Dependents

Required Responses

Elect Benefits

Review & Submit

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"/>	John Doe	Self
<input checked="" type="checkbox"/>	Bob Smith	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 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 enrolled in United Healthcare Medicare Advantage PPO. You will manage their enrollment in the upcoming Families with a Non-Medicare Members: BSC/UHC Split screen. Please call SFHSS Member Services at (828) 652-4700 or (800) 543-1266 if assistance.

[Manage Dependents](#)

Available Plans (5)

Kaiser Permanente HMO

Kaiser Permanente

Currently Selected

\$ - \$373.04

My Cost

Kaiser Permanente HMO has no deductibles to keep track of and virtually no paperwork for the services you receive. There are pre-set copays for most covered services, including prescriptions. There is no paperwork to fill out or bills to pay for the services you receive. You do not need a referral for certain specialists, like copy and paste, and you can schedule a Primary Care Physician (PCP) or one will be assigned to you. You can change your doctor at any time. You must live or work in a zip code served by the plan. The Evidence of Coverage (EOC) contains a complete list of benefits and exclusions. Click on the blue button below for plan documents.

[Kaiser Permanente HMO](#)

[Search for providers in this plan](#)

Health Net ConnoyCare HMO

Health Net ConnoyCare HMO

Elect this Plan

\$ -295.99

My Cost

Owned by physicians and hospitals, ConnoyCare is a community of caregivers championing health. Our focus is on improving health outcomes for the entire Bay Area, and supporting individuals in a way that is empathetic and respectful. Our large network of physicians and other providers will offer consistently high-quality care with clear, reasonable costs.

[Health Net ConnoyCare HMO](#)

[Search for providers in this plan](#)

Trio HMO - Blue Shield of CA

Blue Shield of California

Elect this Plan

\$ -339.96

My Cost

This HMO is made up of a network of local doctors, specialists and hospitals that work closely together to coordinate your care and deliver a dedicated Concierge Service and new home visits based on location. California Pacific Health Center (CPHC) has added to the Trio network in April 2025. This HMO has no deductibles to keep track of and virtually no paperwork for the services you receive. You only pay a copay for most covered services like doctor visits, urgent care and emergency care. In the Trio plan, your Primary Care Physician (PCP) coordinates your care and refers you to specialists and hospitals within their medical group. Independent Practice Association (IPA). Each member of your family can choose a different physician and medical group (MG). You can change your doctor at any time. To enroll, you must live or work in a zip code served by the plan. The Evidence of Coverage (EOC) contains a complete list of benefits and exclusions. Click on the blue button below for plan documents.

[Trio HMO - Blue Shield of CA](#)

[Search for providers in this plan](#)

Access HMO - Blue Shield of CA

Blue Shield Access

Elect this Plan

\$ -283.26

My Cost

Access HMO is affordable and predictable - you pay using the copayment for most covered services. The doctor visits, urgent care and emergency care. The plan has no deductibles to keep track of and virtually no paperwork for the services you receive. You can select your own Primary Care Physician (PCP). If you do not, one will be assigned to you. Your PCP coordinates all your care as well as refers you to specialists and hospitals within their medical group. Independent Practice Association (IPA). Each member of your family can choose a different physician and medical group (MG). You can change your doctor at any time. To enroll, you must live or work in a zip code served by the plan. The Evidence of Coverage (EOC) contains a complete list of benefits and exclusions. Click on the blue button below for plan documents.

[Access HMO - Blue Shield of CA](#)

[Search for providers in this plan](#)

Blue Shield of CA PPO Accolade

Blue Shield Accolade

Elect this Plan

\$ -110.32

My Cost

Blue Shield PPO of Accolade allows you to choose any healthcare provider. If you receive services from an in-network provider, your out-of-pocket expenses are less, and claims are submitted for you by your doctor. If you obtain services from an out-of-network provider, you may be required to pay for services directly and submit your own claims. Because the plan does not assign a Primary Care Physician (PCP), you coordinate your own care and do not need a referral to see a specialist. Some services require prior approval (called Prior Authorization) before those services will be covered by the plan. UHC PPO does not have service area requirements. The Evidence of Coverage (EOC) contains a complete list of benefits and exclusions. Click on the blue button below for plan documents.

[Blue Shield of CA PPO Accolade](#)

[Search for providers in this 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

Current Dental Plan Election

Delta Dental PPO

Delta Dental Member plus one Domestic Partner

Benefit Guide

Choose a Dental Plan

Who would you like to enroll in this plan?

Enroll	Name	Relationship
<input type="checkbox"/>	John Doe	Self
<input checked="" type="checkbox"/>	Bob Smith	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

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: Dental benefits for City College employees and SFUSD employees are not administered by SFHSS. Not applicable benefits will not appear in eBenefits.

Available Plans (3)

<div>Delta Dental PPO</div> <div>Delta Dental</div> <div>Currently Elected</div> <div>\$ 4.62</div> <div>My Cost</div> <div>Delta Dental PPO offers two different networks to choose from: PPO network or Premier network. New for 2021, Nitrous oxide gas and other non-IV sedation is now covered. Also included is the SmileWay program which provides additional coverage for members with specific chronic conditions. See the plan documents and provider links for more details. The plan does not have service area requirements. You will receive a higher percentage of coverage and lower out-of-pocket costs if you go to a network dentist. If you select a dentist outside of the PPO or Premier network, many services will be covered at a lower percentage, so you will pay more out-of-pocket costs. No ID card is required to receive services and there are no claim forms to file. Your Delta Dental dentist will submit paperwork for you. Be sure to ask your Delta Dental dentist about costs before receiving services. The Evidence of Coverage (EOC) contains a complete list of benefits and exclusions. Click on the blue button below for plan documents.</div> <div>Delta Dental PPO</div> <div>Search for providers in this plan</div>	<div>DeltaCare USA DHMO</div> <div>DeltaCare USA</div> <div>Elect this Plan</div> <div>\$ 0.00</div> <div>No Cost</div> <div>When you enroll in DeltaCare USA, DHMO (Dental Health Maintenance Organization), you can select your Primary Care dentist from an existing network of carefully screened, private practice dentists. You must visit your Primary Care dentist to receive benefits. There are no restrictions on pre-existing conditions (except work-in-progress) and members have access to specialty care and out-of-area emergency care. Copays and your out-of-pocket costs are clearly defined before treatment begins. Services are covered either at no-cost or with a fixed copay, so there are generally lower out-of-pocket costs. Before you elect any DHMO plan, make sure that the plan's network includes the dentist of your choice. The Evidence of Coverage (EOC) contains a complete list of benefits and exclusions. Click on the blue button below for plan documents.</div> <div>DeltaCare USA DHMO</div> <div>Search for providers in this plan</div>	<div>UnitedHealthcare Dental DHMO</div> <div>United Healthcare - Pacific Union Dental</div> <div>Elect this Plan</div> <div>\$ 0.00</div> <div>No Cost</div> <div>When you enroll in UnitedHealthcare Dental DHMO (Dental Health Maintenance Organization), you can select your Primary Care dentist from one of the licensed dentists contracted with the plan. If you do not, one will be automatically assigned to you. Each dentist offers a wide variety of dental services, all at a set copay. Primary dentists and clinics may coordinate your care and give you a referral to a specialist, if needed. There is no deductible to meet and no annual maximum for services covered by the plan. You may transfer to another plan provider. The Evidence of Coverage (EOC) contains a complete list of benefits and exclusions. Click on the blue button below for plan documents.</div> <div>UnitedHealthcare Dental DHMO</div> <div>Search for providers in this plan</div>
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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"/>	Jane Doe	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.

Available Plans (1)

VSP Premier Plan
Vision Service Plan

Currently Elected

\$ 4.85
My Cost

You have two vision plans to choose from. You can stay enrolled in the VSP Basic Plan, which is automatically included your medical plan, or you can enroll in the VSP Premier Plan, for enhanced benefits, such as a \$300 allowance on frames or a \$250 allowance on contact lenses, every calendar year. Lens enhancements (such as anti-reflective, anti-scratch, premium and custom progressive lenses) are available with an additional \$25 copay. If you enroll in VSP Premier, any dependents currently enrolled in a medical plan, will also be enrolled in the VSP Premier Plan. The Evidence of Coverage (EOC) contains a complete list of benefits and exclusions. Click on the blue button below for plan documents.

[VSP Premier Plan](#)

[Search for providers in this plan](#)

Choose a Flexible Spending Account (FSAs)

The screenshot shows the 'Elect Benefits' step in the eBenefits process. The top navigation bar includes 'Dependents', 'Required Responses', 'Elect Benefits' (active), 'Review & Submit', and 'Confirmation'. Below this, the 'Health' category is selected, and 'Flexible Spending Accounts' is the active sub-section. The 'Healthcare FSA' option is selected, while 'Dependent Care FSA' is unselected. The main content area is titled 'Choose a Flex Spending Health - U.S. Plan'. It explains that a Healthcare Flexible Spending Account (FSA) allows payment for qualifying healthcare expenses. A link for 'Flexible Spending Plan Details' is provided. A checkbox labeled 'Enroll in Health Care FSA' is checked. Below this, it states that FSA contributions for the upcoming plan year require enrollment during the Open Enrollment Period. It also notes that the annual pledge must be between \$250.00 and \$2,750.00. A text input field for 'Health Care FSA Total Annual Amount' is present. On the left, a sidebar shows the 'Current Flex Spending Health - U.S. Plan Election' with details: 'Health Care FSA', 'P&A Group FSA', and '\$2,700 Pledge'. A 'Benefit Guide' link is also visible. A 'Save and Continue' button is at the bottom right.

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**.

The screenshot shows the 'Elect Benefits' step in the eBenefits process, specifically for the 'Dependent Care FSA'. The top navigation bar is the same as the previous screenshot. In the category selection, 'Healthcare FSA' is now selected with a checkmark, and 'Flexible Spending Accounts' is the active sub-section. The 'Dependent Care FSA' option is selected, while 'Healthcare FSA' is unselected. The main content area is titled 'Choose a Flex Spending Dependent Care Plan'. It explains that a Dependent Care FSA can help pay for qualifying child and elder care expenses. A link for 'Flexible Spending Plan Details' is provided. A checkbox labeled 'Enroll in Child Care Dependent Care FSA' is checked. Below this, it notes that FSAs require annual enrollment during the Open Enrollment period and that participation does not carry over. It also states that the annual pledge must be between \$250.00 and \$5,000.00. A text input field for 'Child Care Dependent Care FSA Total Annual Amount' has the value '250' entered. A note below the field states '(Prior year election was \$ 0)'. On the left, a sidebar shows the 'Current Flex Spending Dependent Care Plan Election' with the status 'Waived'. A 'Benefit Guide' link is also visible. A 'Save and Continue' button is at the bottom right.

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

Note: FSA benefits for City College employees and SFUSD employees are not administered by SFHSS and are not available for Retirees. Not applicable benefits will not appear in eBenefits.

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

Kaiser Permanente HMO
Member Only

\$0.00
My Cost

Dependent	Relationship	Covered
Ellie Brown	Spouse	N
Morgan Brown	Child	N

Dental

Delta Dental PPO
Member plus one dependent

\$4.62
My Cost

Dependent	Relationship	Covered
Ellie Brown	Spouse	Y
Morgan Brown	Child	N

Vision Premier

VSP Premier Plan
Member Only

\$4.85
My Cost

Dependent	Relationship	Covered
Ellie Brown	Spouse	N
Morgan Brown	Child	N

Cost Summary

Costs
Before Tax \$ 9.47
After Tax \$ 0.00
Total \$ 9.47

Dollar Value of Credits
Total \$ 373.04

Total Costs \$ 9.47
Total Credits \$ 373.04
Credits Minus Costs \$ 363.57

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

City of San Francisco employees and Superior Court employees who 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 access the Workterra tile from myapps.sfgov.org

The screenshot shows the 'Voluntary Benefits' page within the WORKTERRA application. At the top, a progress bar indicates five steps: Dependents, Required Responses, Elect Benefits, Review & Submit, and Confirmation. The 'Voluntary Benefits' step is currently active. On the left, there are two navigation buttons: 'Enrollment Completion' and 'Voluntary Benefits'. The main content area includes the title 'Voluntary Benefits', a brief explanation of the enrollment option for City and County of San Francisco and Superior Court employees, contact information for WORKTERRA, and instructions on how to exit the application. An 'Exit' button is located in the bottom right corner.

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**.