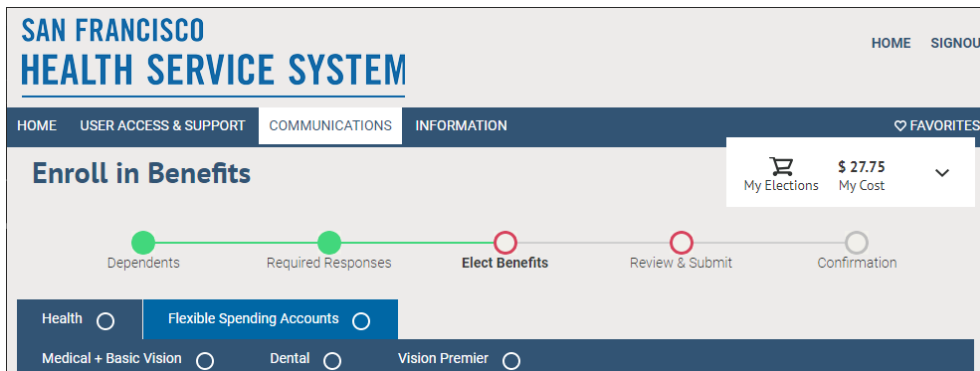


eBenefits Login

You can now elect your health benefits online with eBenefits. See below for a walkthrough!

1. Access the SF Employee Gateway at <https://sfgov.org/sfc/employee-gateway>. SFHSS recommends Safari, Chrome, Firefox or Edge.
2. Click the SF Employee Portal icon.
3. Type in your **DSW number*** and Password then click the Agree & Sign In button. (If your DSW begins with a leading zero, do not include the zero)
4. Type in your Multi-Factor Authentication secure code and click Verify.
5. On the SF Employee Portal, click on Alerts and then click on Health Benefits Open Enrollment.
 - a. If you do not have a link for Open Enrollment or your link does not initiate an online benefit elections session, please call us at 628.652.4700.
6. You are now in the enrollment process. You will be asked to:
 - a. Add or verify your Dependents (if any)
 - b. Confirm your Personal Information
 - c. Elect your Medical and Vision coverage
 - d. Review and Submit elections
 - e. Upload Documents such as marriage or birth certificates
7. At the top of the page, you will see:



Shopping Cart

Clicking on your shopping cart will show you the health benefits you are electing for the upcoming plan year.

Breadcrumb Navigation

You can jump to different benefit enrollments by clicking on the green orbs.

* **DSW Numbers** are unique ID numbers assigned to you in our benefits system and are not your SFUSD Employee ID number

Review Dependents

The Review Dependents screen will show you your eligible dependents/beneficiaries.

Need to make a change?

Click the Edit button if you need to change a dependent's information.

The screenshot shows the 'Enroll in Benefits' process with five steps: Dependents, Required Responses, Elect Benefits, Review & Submit, and Confirmation. The 'Review Dependents' step is currently active. Below the progress bar, there is a section titled 'Review Dependents' with a paragraph of instructions. Underneath is a table with columns for Name, Relationship, Date of Birth, Marital Status, Disabled, and Dependent. There are two buttons: 'Add a New Dependent' and 'Save and Continue'. At the bottom, it says 'City and County of San Francisco © 2018'.

Name	Relationship	Date of Birth	Marital Status	Disabled	Dependent
<input type="button" value="Add a New Dependent"/>					
<input type="button" value="Save and Continue"/>					

Click the Add a New Dependent button if you plan on enrolling a new dependent on your health coverage. You will be asked to enter the dependent's:

- First Name
- Last Name
- Date of Birth
- Gender
- Social Security Number (if applicable)
- Marital Status
- Address and Phone number (if different from your own)

The new dependent will be added to your profile once you click Save.

Personal Information

The Confirm Personal Information screen will show you your contact information and emergency contacts.

[Want to change your contact info?](#)

Contact the San Francisco Unified School District Benefits Office at 415.241.6101.

The screenshot shows a progress bar at the top with five steps: Dependents, Required Responses, Elect Benefits, Review & Submit, and Confirmation. The 'Confirm Personal Information' step is highlighted with a blue arrow. Below the progress bar, the title 'Confirm Personal Information' is displayed. A message asks the user to validate the information and provides edit icons for each field: Full Name, Home Address, Business Number, Home Number, Business Email, Other Email, and Emergency Contacts. A list of instructions for assistance is provided at the bottom, and a 'Save and Continue' button is located in the bottom right corner. The footer reads 'City and County of San Francisco © 2018'.

Enroll in Benefits

Dependents Required Responses Elect Benefits Review & Submit Confirmation

Confirm Personal Information

Please validate the information listed below. To make a change, click the corresponding edit icon.

Full Name: [edit icon]

Home Address: [edit icon]

Business Number: [edit icon]

Home Number: [edit icon]

Business Email: [edit icon]

Other Email: [edit icon]

Emergency Contacts: [edit icon]

If you need additional assistance editing 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 the San Francisco Health Service System at (415) 554-1750.

Save and Continue

City and County of San Francisco © 2018

It is important that your contact information is up to date as your confirmation statement and other benefit information will be mailed to that address.

Medical & Vision Enrollment

Prior to electing new health benefits, you will be shown your current year's benefit elections.

No changes?

If you do not need to change any health plans or a dependent's enrollment, click the Yes button then the Save and Continue button to submit your elections.

Want to elect a new plan?

If you need to make a change, click the No button, then the Save and Continue button to make your benefit changes. Keep reading below if you need to make a change.

Medical and Vision elections

You will be asked to elect or waive your Medical plan first then your Vision* choice will follow.

Click the Benefits Guide button at the top to download a PDF copy of your benefits guide.

If you want medical coverage, click the checkbox next to person's name who you want to enroll, then scroll down the page to elect your medical plan.

Click the Elect this Plan button to enroll in that medical plan. Each plan has a small text description, link to a detailed description on SFHSS.org and a link to find providers near you.

Want to waive your coverage?

If you do not want medical coverage, click the checkbox next to Waive this coverage.

Don't forget to save!

Click the Save and Continue button at the bottom of the page to move onto the next section.

*Vision Premier is only available to your dependents enrolled in an SFHSS medical plan. If you elect to enroll in Vision Premier, all family members enrolled in medical must be enrolled by checking the Enroll box next to each name.

Election Review and Submission

Review your choices!

After entering your elections on the previous screens, you can review your choices on Review Your Elections with cost summary.

If you accidentally enrolled in the wrong plan, click the Pencil icon next to that plan to make a change.

If your elections are correct, scroll to the bottom of the page and click the Continue button.

Enroll in Benefits

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

Review Your Elections
Please review and verify your elections.

Health Benefits

Medical Kaiser Permanente HMO Member Only	\$20.86 My Cost
Vision Premier VSP Premier Plan Member Only	\$4.58 My Cost

Cost Summary	
Your Costs	
Before Tax	\$ 43.75
After Tax	\$ 0.00
Total	\$ 43.75

Enroll in Benefits

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

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 to the Enrollment Summary as many times as you'd like up until your enrollment deadline. However, once you select the Submit button your benefit choices will be sent to the Benefits Department 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 my 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**

Time to Submit!

Please read the legal disclaimer, then click the Submit button at the bottom to submit your elections.

Confirmation Statements

eBenefits gives you the opportunity to print a confirmation statement of your submitted elections.

Click the Printer icon  to print a copy for your records.


Enroll in Benefits

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.

Your elections have been submitted but not finalized. 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.

[Modify Elections](#)  Click here to print

A confirmation letter from SFHSS will be mailed to you in early December for your finalized benefit elections & costs.

For newly added dependents, your application will not be processed until SFHSS receives supporting documentation:

Spouse = Certified Marriage Certificate
Domestic Partner = Domestic Partner Certification
Child = Birth Certificate, Adoption Verification

Please upload your supporting documentation by clicking the button below. If you would rather, you may fax to SFHSS
Benefit elections will be revised if documentation for dependents is not submitted or dependents are not eligible.

[Upload Documents](#) [Save and Continue](#)

SFHSS will mail you a finalized confirmation statement in early December of your entered elections. If the finalized confirmation statement does not match your printed submission, please contact SFHSS Member Services at 628.652.4700, provide us with a copy of your submission and we will make the appropriate changes* to your health coverage.

***Benefit elections will be revised if documentation for dependents is not submitted or if dependents are ineligible.**

Document Upload

Did you add new dependents?

If you added a new dependent, click the Upload Documents button to verify their eligibility.

Enroll in Benefits

Enrollment Completion

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

Your elections have been submitted but not finalized. 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.

Modify Elections

Click here to print

A confirmation letter from SFHSS will be mailed to you in early December for your finalized benefit elections & costs.

For newly added dependents, your application will not be processed until SFHSS receives supporting documentation:

- Spouse = Certified Marriage Certificate
- Domestic Partner = Domestic Partner Certification
- Child = Birth Certificate, Adoption Verification

Please upload your supporting documentation by clicking the button below. If you would rather, you may fax to SFHSS. Benefit elections will be revised if documentation for dependents is not submitted or dependents are not eligible.

Upload Documents

Save and Continue

Document Upload Steps

Click the Add Attachment button to choose a photo or document from your library.

Click Upload when you make your choice.

Click the text field to label your upload, then click Save.

Click the X in upper-right corner of your screen to close document upload, then click Save and Continue.

Additional SFUSD Benefits

Employees of the San Francisco Unified School District have the opportunity to apply for additional benefits, such as Flexible Spending Accounts through HealthEquity (FSA) (877) 924-3967 at healthequity.com, by visiting sfusd.edu.

Please call the SFUSD Benefits Office at 415.241.6101 for a list of additional voluntary supplemental benefits programs.