

HEALTH CARE SECURITY ORDINANCE (HCSO) - ANNUAL REPORTING FORM 2014

Name and Address Employees Health Insurance City Option HRAs HSAs Surcharge Fair Chance Certification

Name and Address

Certificate Number 0444444
 Registered Name MURPHY MCKAY & ASSOCIATES INC
 Business dba Name
 Mailing Address 1 * (Required)
 Mailing Address 2
 City * (Required)
 State CA
 Zip *

* Required fields.

Business Type

- Select if you are a nonprofit organization.
- Select if you are filing on behalf of several entities in the same "control group". [More information](#)

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Business Size

How many persons worked for your business in each quarter of 2014? [More information](#)

	1st Quarter January to March 2014	2nd Quarter April to June 2014	3rd Quarter July to September 2014	4th Quarter October to December 2014
• Count ALL persons including those outside SF	<input checked="" type="radio"/> 0-19	<input checked="" type="radio"/> 0-19	<input checked="" type="radio"/> 0-19	<input checked="" type="radio"/> 0-19
	<input type="radio"/> 20-49	<input type="radio"/> 20-49	<input type="radio"/> 20-49	<input type="radio"/> 20-49
	<input type="radio"/> 50-99	<input type="radio"/> 50-99	<input type="radio"/> 50-99	<input type="radio"/> 50-99
	<input type="radio"/> 100-499	<input type="radio"/> 100-499	<input type="radio"/> 100-499	<input type="radio"/> 100-499
	<input type="radio"/> 500-1999	<input type="radio"/> 500-1999	<input type="radio"/> 500-1999	<input type="radio"/> 500-1999
	<input type="radio"/> 2000+	<input type="radio"/> 2000+	<input type="radio"/> 2000+	<input type="radio"/> 2000+

Businesses with fewer than 20 employees in every quarter (including those outside San Francisco) and non-profits with fewer than 50 total employees in every quarter are not required to submit the HCSO Annual Reporting Form.

Employees Covered by the HCSO

How many employees were entitled to health care spending from your business under the San Francisco HCSO in each quarter of 2014? [More information](#)

	1st Quarter January to March 2014	2nd Quarter April to June 2014	3rd Quarter July to September 2014	4th Quarter October to December 2014
Covered Employees	0	0	0	0

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	1st Quarter January to March 2014	2nd Quarter April to June 2014	3rd Quarter July to September 2014	4th Quarter October to December 2014
Covered Employees	0	0	0	0

For the questions below, only consider your employees covered by the HCSO (reprinted above from Employees page). Enter all dollar amounts in whole dollars; do not include cents.

Health Insurance

Includes medical, dental, vision, and other health insurance premiums. [More information](#)

For the Covered Employees listed above, indicate:
 1) the total number for whom you paid health insurance premiums; and
 2) the total dollar amount of these health insurance premiums, per quarter.

	1st Quarter January to March 2014	2nd Quarter April to June 2014	3rd Quarter July to September 2014	4th Quarter October to December 2014
Number of Persons	0	0	0	0
Dollar Amount Spent	0	0	0	0

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From Employees Page	1st Quarter January to March 2014	2nd Quarter April to June 2014	3rd Quarter July to September 2014	4th Quarter October to December 2014
Covered Employees	0	0	0	0

For the questions below, only consider your employees covered by the HCSO (reprinted above from Employees page).
Enter all dollar amounts in whole dollars; do not include cents.

City Option

Contributions to the [City Options](#) include contributions to Healthy San Francisco and the City Option Medical Reimbursement Account program. [More information](#)

For the Covered Employees listed above, indicate:
1) the total number for whom you made contributions to the City Option; and
2) the total dollar amount contributed to the City Option, per quarter.

	1st Quarter January to March 2014	2nd Quarter April to June 2014	3rd Quarter July to September 2014	4th Quarter October to December 2014
Number of Persons	0	0	0	0
Dollar Amount Spent	0	0	0	0

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From Employees Page	1st Quarter January to March 2014	2nd Quarter April to June 2014	3rd Quarter July to September 2014	4th Quarter October to December 2014
Covered Employees	0	0	0	0

For the questions below, only consider employees covered by the HCSO (reprinted above from Employees page).
Enter all dollar amounts in whole dollars; do not include cents.

Health Reimbursement Accounts (HRAs)

Did you make allocations to Health Reimbursement Accounts (HRAs) on behalf of your Covered Employees for 2014? [More information](#)

Yes
 No

Stand-alone HRAs (accounts that are not paired with health insurance - [more information](#))

For the Covered Employees with access to a stand-alone HRA, list:
1) the total number of employees for whom you provided a stand-alone HRA;
2) the total dollar amount allocated to the plan; and
3) the total dollar amount reimbursed under the plan, per quarter.

	1st Quarter January to March 2014	2nd Quarter April to June 2014	3rd Quarter July to September 2014	4th Quarter October to December 2014
Number of Persons	0	0	0	0
Dollar Amount Allocated	0	0	0	0
Dollar Amount Reimbursed	0	0	0	0

Who administered the plan? Self-administered 3rd Party Administered

Which services did the plan reimburse?

Dental Vision Long Term Care Dependent Expenses
 Other _____

Did you allocate more to an Excepted Benefits HRA than the amount required for an average of 20 hours per week for any Covered Employees? For a large business, this would mean you allocated more than **\$2,637.60** (20 hours x 52 weeks x the \$2.44 expenditure rate) for an employee who worked during the full year. For a medium sized business, this would mean you allocated more than **\$1,695.20** (20 hours x 52 weeks x the \$1.63 expenditure rate). ([more information](#))

Yes
 No

HRAs (Continued)

- For how many employees did you contribute to an Excepted Benefits HRA in excess of the required expenditures for an average of 20 hours per week?
- Did you "true up" before April 10, 2015 by making replacement expenditures any unused balance in excess of an average of 20 hours per week? ([more information](#))
- Yes No
- If applicable, what was the total amount of your replacement expenditures to "true-up"?
- How did you spend the replacement "true up" funds? (insurance payments, City Option Contribution, etc.) ([more information](#))

Integrated HRAs (those paired with health insurance - [more information](#))

For the Covered Employees with access to an integrated HRA (paired with health insurance), list:

- 1) the total number of employees for whom you provided an integrated HRA;
- 2) the total dollar amount allocated to the plan; and
- 3) the total dollar amount reimbursed under the plan, per quarter.

	1st Quarter January to March 2014	2nd Quarter April to June 2014	3rd Quarter July to September 2014	4th Quarter October to December 2014
Number of Persons	<input style="width: 50px;" type="text" value="0"/>	<input style="width: 50px;" type="text" value="0"/>	<input style="width: 50px;" type="text" value="0"/>	<input style="width: 50px;" type="text" value="0"/>
Dollar Amount Allocated	<input style="width: 50px;" type="text" value="0"/>	<input style="width: 50px;" type="text" value="0"/>	<input style="width: 50px;" type="text" value="0"/>	<input style="width: 50px;" type="text" value="0"/>
Dollar Amount Reimbursed	<input style="width: 50px;" type="text" value="0"/>	<input style="width: 50px;" type="text" value="0"/>	<input style="width: 50px;" type="text" value="0"/>	<input style="width: 50px;" type="text" value="0"/>

Who administered the plan? Self-administered 3rd Party Administered

Which services did the plan reimburse?

- Medical Services Insurance Premiums Dental Vision Dependent Expenses Other

Did any of your employees voluntarily choose to "opt out" of HRA balances for amounts contributed before January 1, 2014?

(Your employees may have voluntarily and knowingly chosen to opt out of their HRA balance from before January 1, 2014 to become eligible for federal health care subsidies.)

If so, how many employees opted out?

How much was the total amount relinquished?

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From Employees Page	1st Quarter January to March 2014	2nd Quarter April to June 2014	3rd Quarter July to September 2014	4th Quarter October to December 2014
Covered Employees	0	0	0	0

For the questions below, only consider your employees covered by the HCSO (reprinted above from Employees page). Enter all dollar amounts in whole dollars; do not include cents.

Health Savings Accounts (HSAs)

This section is limited to payments made to Health Savings Accounts for employees covered under a high deductible health plan (HDHP) and paid irrevocably to a qualified trustee. HSA contributions are the property of the employee and never return to the employer. [More information](#)

For the Covered Employees listed in above, indicate:

- 1) the total number for whom you paid into a Health Savings Account (HSA); and
- 2) the total dollar amount of these payments, per quarter.

	1st Quarter January to March 2014	2nd Quarter April to June 2014	3rd Quarter July to September 2014	4th Quarter October to December 2014
Number of Persons	<input style="width: 50px;" type="text" value="0"/>	<input style="width: 50px;" type="text" value="0"/>	<input style="width: 50px;" type="text" value="0"/>	<input style="width: 50px;" type="text" value="0"/>
Dollar Amount Spent	<input style="width: 50px;" type="text" value="0"/>	<input style="width: 50px;" type="text" value="0"/>	<input style="width: 50px;" type="text" value="0"/>	<input style="width: 50px;" type="text" value="0"/>

Surcharge

Did you impose a surcharge on your customers at any time in 2014 to cover, in whole or in part, the costs of providing health care and/or complying with the HCSO? [More information](#)

Yes
 No

If yes, how much did you collect from your customers in 2014 through this surcharge for employee health care?

Fair Chance Ordinance Reporting

The San Francisco Board of Supervisors passed the [Fair Chance Ordinance](#) on February 4, 2014. Starting August 13, 2014, the new Ordinance requires employers with 20 or more employees **to follow strict rules regarding the use of arrest and conviction records in hiring and employment decisions**. The law applies to positions that perform 8 hours per week of work or more in San Francisco.

Please find more information about the Fair Chance Ordinance [here](#).

*The Office of Labor Standards Enforcement (OLSE) is gathering information to understand the impact of the law and to identify opportunities for education and outreach to employers. Pursuant to the law, the OLSE will not impose penalties for non-compliance during the first 12 months that the law is in effect. **Employers covered by the law are required to report to the OLSE.***

Reporting Instructions

1) How many employees did your company hire to work in San Francisco between August 13, 2014 and December 31, 2014 (including telecommuters working in SF)?

2) During that time, did your company's employment application for jobs in San Francisco, including online applications, ask about arrest or conviction records?

Yes No

3) During that time, did your company conduct criminal background checks for any applicants before you conducted a live interview with them?

Yes No

4) The FCO prohibits employers from inquiring about the following at any time:

- An arrest not leading to a conviction, except for unresolved arrests;
- A conviction that is more than 7 years old;
- Participation in a diversion or deferral of judgment program;
- A conviction that has been dismissed, expunged, or otherwise invalidated;
- A conviction in the juvenile justice system;
- An offense other than a felony or misdemeanor, such as an infraction

between August 13 and December 31, 2014, did your company inquire about any the above?

Yes No

5) Did you change your job application process to comply with the Fair Chance Ordinance?

- Yes, we changed our application and/or background check process.
- No, our existing application and/or background check process was already compliant with the law.
- No, we never considered arrest records or convictions, and we still do not.
- No, we have not yet changed our process to comply with the law.

6) Did you hire anyone with a conviction history between August 13, 2014 and December 31, 2014?

Yes No Do not know

If Yes, how many?

Fair Chance Ordinance Resources and Support

Website: www.sfgov.org/olse/fco
 Email: fce@sfgov.org
 Fair Chance Ordinance Hotline: (415) 554-5192

Certification

By submitting this form, I certify that the information on this form is being submitted by the registered owner of the business or a duly authorized representative of the entity. Under the laws of the State of California, I declare under penalty of perjury that I have read the foregoing and that the information being submitted is true, correct, and complete to the best of my knowledge and belief.

Name *

Email *

Title

Telephone *

* Required fields.