EMPLOYER ANNUAL REPORTING FORM 2015 – HCSO AND FCO

Introduction

Please answer the following questions to determine whether you need to complete a 2015 Employer Annual Reporting Form and to direct you to the appropriate version of the form.

1A) For-profit businesses/employers only:
What was the highest average number of persons employed (worldwide) in any quarter of 2015? More information

○ 0-19 ○ 20-49 ○ 50-99 ○ 100+

1B) Nonprofit organizations/employers only:
What was the highest average number of persons employed (including all employees worldwide) in any quarter of 2015? More information

○ 0-19 ◉ 20-49 ○ 50-99 ○ 100+

2) Did any employees perform an average of 8 or more hours per week within the geographic boundaries of San Francisco (including tele-working from a home in San Francisco)? More information

○ Yes ◉ No

3) Did this employer perform work for a contract with the City and County of San Francisco during calendar year 2015?

◉ Yes ○ No

Account

Employers covered by the Health Care Security Ordinance (HCSO) and the Fair Chance Ordinance must submit the 2015 Employer Annual Reporting Form by April 30, 2016.

Failure to report on Health Care Expenditures constitutes a violation of §14.3 (b) of Chapter 14 of the San Francisco Administrative Code. Violators shall be subject to a penalty of $500 per quarter until the Form is submitted. In addition, the new Fair Chance Ordinance, which became effective August 13, 2014, also requires covered employers to report on compliance with that law.

Please note that you will not be able to save this form and return to it later. Before you begin, carefully read the Instructions and review the information you will need to complete the form.

If you need additional assistance, call (415) 554-7892.

Enter your Business Account Number and click "Validate." This number can be found on the business registration certificate(s) issued by the San Francisco Treasurer & Tax Collector, on the letter recently mailed to you about submitting this Form, or on the San Francisco Data website.
More information
Please enter your 7-digit Business Account Number.

Business Account Number

Name and Address

Certificate Number
Registered Name
Business dba Name
Mailing Address 1*
Mailing Address 2
City*
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

Business Size

How many persons worked for your business in each quarter of 2015? More information

	1st Quarter January to March 2015	2nd Quarter April to June 2015	3rd Quarter July to September 2015	4th Quarter October to December 2015
• Count ALL persons including those outside SF	◉ 0-19	◉ 0-19	◉ 0-19	◉ 0-19
	○ 20-49	○ 20-49	○ 20-49	○ 20-49
	○ 50-99	○ 50-99	○ 50-99	○ 50-99
	○ 100-499	○ 100-499	○ 100-499	○ 100-499
	○ 500-1999	○ 500-1999	○ 500-1999	○ 500-1999
	○ 2000+	○ 2000+	○ 2000+	○ 2000+

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 2015?
More information

	1st Quarter January to March 2015	2nd Quarter April to June 2015	3rd Quarter July to September 2015	4th Quarter October to December 2015
Covered Employees	0	0	0	0

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 2015	2nd Quarter April to June 2015	3rd Quarter July to September 2015	4th Quarter October to December 2015
Number of Persons	0	0	0	0
Amount employer spent ($)	0	0	0	0

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 2015	2nd Quarter April to June 2015	3rd Quarter July to September 2015	4th Quarter October to December 2015
Number of Persons	0	0	0	0
Amount employer spent ($)	0	0	0	0

Revocable Health Care Expenditures (such as Revocable HRAs)

Did you make Revocable Health Care Expenditures (such as allocations to revocable Health Reimbursement Accounts) for 2015? More information

(•) **Yes** - Please complete the sections below. Note that the questions have changed from prior years.

( ) **No**

For the Covered Employees for whom you made Revocable Expenditures, such as allocations to a revocable HRA, please list:
1) the total number of employees for whom you make the revocable expenditure;
2) the total dollar amount allocated to the benefit; and
3) the total dollar amount actually paid out (such as reimbursements from an HRA).

	1st Quarter January to March 2015	2nd Quarter April to June 2015	3rd Quarter July to September 2015	4th Quarter October to December 2015
Number of Persons	0	0	0	0
Dollar Amount Allocated	0	0	0	0
Dollar amount paid out	0	0	0	0

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

Which types of services did the plan cover? (e.g. the types of expenses for which employees could seek reimbursement from the HRA)

[ ] Dental [ ] Vision [ ] Long Term Care [ ] Dependent Expenses

[ ] Other

Irrevocable Reimbursement Accounts, such as HSAs

This section is limited to payments made to irrevocable reimbursement accounts, such as Health Savings Accounts (HSAs). Funds from these accounts never revert to the employer under any circumstance. More information

What type of irrevocable expenditure did you make for 2015?

Note: If you did not make any type of irrevocable expenditure, please check **Other type of Irrevocable expenditure** and leave the textbox blank. If you made other type of irrevocable expenditure, please enter the type name in the textbox after you check **Other type of Irrevocable expenditure**.

( ) **Health Savings Account**

( ) **Other type of Irrevocable Expenditure**

For the employees covered by the HCSO, indicate:
1) the total number for whom you made a contribution to an irrevocable reimbursement plan, such as an Health Savings Account (HSA); and
2) the total dollar amount of the employer payments, per quarter (do not include amounts contributed by the employee).

	1st Quarter January to March 2015	2nd Quarter April to June 2015	3rd Quarter July to September 2015	4th Quarter October to December 2015
Number of Persons	0	0	0	0
Amount employer spent ($)	0	0	0	0

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Surcharge

Did you impose a surcharge on your customers at any time in 2015 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 2015 through this surcharge for employee health care? 0

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.

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 during 2015 (including telecommuters working in San Francisco)? 0

2) During 2015, did your company's employment application for jobs in San Francisco, including online applications, ask about arrest or conviction records?

○ **Yes** ○ **No**

3) During 2015, 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

Did your company inquire about any the above in 2015?

○ **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 during 2015?

○ **Yes** ○ **No** ○ **Do not know**

7) Is your business exempt from any of the FCO's restrictions (either because you are required to conduct background checks under state or federal law, or because your employees are drivers or work with children, seniors, or disabled individuals)? More Information

○ **Yes** ○ **No**

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.
This form is public and subject to public disclosure.

Please review all of your answers in all the pages carefully by clicking on the top navigation buttons or the bottom Previous and Next buttons before submitting your Annual Reporting Form. Once you submit the form, a copy will be sent to the email address provided above.