

EMPLOYER ANNUAL REPORTING FORM 2017 – HCSO AND FCO

Introduction

Please answer the following questions to determine whether you need to complete a 2017 Employer Annual Reporting Form and to direct you to the appropriate version of the form. [More information](#)

1) Did any employees work an average of 8 or more hours per week (or 104 hours in a quarter) within the geographic boundaries of San Francisco (including tele-working from a home in San Francisco) during any quarter of 2017?

Yes No

2) Is the employer a for-profit or a non-profit employer?

For profit Non-profit

3) What was the highest average number of persons performing work for compensation for your business or organization (worldwide) in any quarter of 2017?

0-19 20-49 50-99 100+

4) Did any employees perform work for a contract with the City and County of San Francisco during calendar year 2017?

Yes No

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EMPLOYER ANNUAL REPORTING FORM 2017 – HCSO AND FCO

Account

Employers covered by the Health Care Security Ordinance (HCSO) and/or the Fair Chance Ordinance must submit the 2017 Employer Annual Reporting Form by April 30, 2018.

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 [Fair Chance Ordinance](#) 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, review the [Instructions](#) and/or sign up for or review an [Employer Annual Reporting Form instructional webinar](#). You may also call the OLSE office at (415) 554-7892.

If your business is not registered with the San Francisco Treasurer and Tax Collector's Office, you must register and obtain the Business Account Number before completing this form.

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 - if it only has six digits enter a zero first.

Business Account Number

Validate

Name and Address

Certificate Number

Registered Ownership Name

Business dba Name

Mailing Address 1*

Mailing Address 2

City*

State

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" or under common control. [More information](#)

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Business Size

How many people worked for your business in each quarter of 2017? [More information](#)

	1st Quarter January to March 2017	2nd Quarter April to June 2017	3rd Quarter July to September 2017	4th Quarter October to December 2017
• Count ALL individuals including those outside SF	<input checked="" type="radio"/> 0-19 <input type="radio"/> 20-49 <input type="radio"/> 50-99 <input type="radio"/> 100-499 <input type="radio"/> 500-1999 <input type="radio"/> 2000+	<input checked="" type="radio"/> 0-19 <input type="radio"/> 20-49 <input type="radio"/> 50-99 <input type="radio"/> 100-499 <input type="radio"/> 500-1999 <input type="radio"/> 2000+	<input checked="" type="radio"/> 0-19 <input type="radio"/> 20-49 <input type="radio"/> 50-99 <input type="radio"/> 100-499 <input type="radio"/> 500-1999 <input type="radio"/> 2000+	<input checked="" type="radio"/> 0-19 <input type="radio"/> 20-49 <input type="radio"/> 50-99 <input type="radio"/> 100-499 <input type="radio"/> 500-1999 <input type="radio"/> 2000+

Employees Covered by the HCSO

How many employees were entitled to health care spending from your business under the San Francisco Health Care Security Ordinance in each quarter of 2017?

[More information](#)

	1st Quarter January to March 2017	2nd Quarter April to June 2017	3rd Quarter July to September 2017	4th Quarter October to December 2017
Covered Employees	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

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Health Insurance

Did the employer spend money on insurance for covered employees, including medical, dental, or vision premiums or contributions to a union health insurance trust?

[More information](#)

- Yes** - Please complete the sections below.
- No**

For the employees covered by the HCSO 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 2017	2nd Quarter April to June 2017	3rd Quarter July to September 2017	4th Quarter October to December 2017
Covered Employees	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Amount employer spent (\$)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

City Option

Did the employer make contributions to the SF City Options for covered employees? These contributions provide employees with access to 3 possible SF City Option programs including SF MRA, and SF CoveredMRA, or Healthy San Francisco.

[More information](#)

- Yes** - Please complete the sections below.
- No**

For the employees covered by the HCSO, indicate:

- 1) the total number for whom you made contributions to the SF City Option; and
- 2) the total dollar amount contributed to the SF City Option, per quarter.

If your company made contributions to SF City for Covered Employees in 2016, you can obtain the total number of employees and total dollar amount by logging into your company's Employer Portal Account at <https://employerportal.healthysanfrancisco.org/> and reviewing your paid rosters for each quarter. If you have additional questions about SF City Option, email employerservices@sfcityoption.org.

	1st Quarter January to March 2017	2nd Quarter April to June 2017	3rd Quarter July to September 2017	4th Quarter October to December 2017
Covered Employees	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Amount employer contributed (\$)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

Other Health Care Expenditures

Did you make other Health Care Expenditures for your employees covered by the HCSO, such as contributions to Health Savings Accounts? [More information](#)

- Yes** - Please complete the sections below.
 No

What type of health care expenditure did you make for 2017?

Note: Revocable expenditures were not valid in 2017. Do not include amounts contributed to Flexible Spending Accounts, Revocable HRAs, and other revocable benefits or accounts.

- Health Savings Account
 Medical Savings Account
 Irrevocable Health Reimbursement Account
 Other type of Health Care Expenditure Description:

For the employees covered by the HCSO, indicate:

- 1) the total number for whom you spent money on this type of plan; 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 2017	2nd Quarter April to June 2017	3rd Quarter July to September 2017	4th Quarter October to December 2017
Number of Covered Employees	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Amount Employer Spent (\$)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

Surcharge

Did you impose a surcharge on your customers at any time in 2017 to cover, in whole or in part, the costs of providing health care and/or complying with the HCSO? [More information](#)

- Yes** - Please complete the sections below.
 No

If yes, how much did you collect (in dollars) from your customers in 2017 through this surcharge for employee health care?

(Required)

If yes, please enter the language on your menu and receipts to identify the surcharge:

(Required)

Fair Chance Ordinance Reporting

The San Francisco Fair Chance 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.

Employers covered by the law are required to report to the OLSE. [More information](#)

1) How many employees did your company hire to work in San Francisco during 2017 (including telecommuters working in San Francisco)?

2) During 2017, did your company's employment application for jobs in San Francisco, including online applications, ask about arrest or conviction records?

Yes No

3) During 2017, 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 2017?

Yes No

5) Did you change your job application process in 2017 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 2017?

Yes No Do not know

7) Is your business exempt from any of the FCO's provisions (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

7a) If so, please select the type of jobs for which you are hiring:

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*	<input type="text"/>		
Email*	<input type="text"/>	Confirm Email*	<input type="text"/>
Title	<input type="text"/>	Telephone *	<input type="text"/>

* 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. Please retain that copy in your records.

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Submit

Cancel