

GENERAL SERVICES AGENCY  
OFFICE OF LABOR STANDARDS ENFORCEMENT  
DONNA LEVITT, MANAGER



**Health Care Accountability Ordinance (HCAO)**  
**KNOW YOUR RIGHTS**

This notice is intended to inform you of your rights under the Health Care Accountability Ordinance (HCAO), Chapter 12Q of the San Francisco Administrative Code. The HCAO requires your employer to provide health insurance to you. Your employer can do this by enrolling you in a health plan, by making payments to the City, or, under limited circumstances, by making payments directly to you. The Office of Labor Standards Enforcement (OLSE) is charged with enforcing this Ordinance. You will be asked to sign this document after you have reviewed the following information. Do not sign this document unless you fully understand your rights under this law.

**THE HCAO COMPONENTS**

- I.** If you live in San Francisco (regardless of where you work) or if you work in San Francisco, at the San Francisco Airport, or at the San Bruno Jail, your employer must:
  - A. Offer you health coverage that meets the Minimum Standards starting on the first day of the month following 30 calendar days after your first day of work\*; **OR**
  - B. For each month in which you averaged at least 20 hours of work per week, pay the City \$4.50 per hour for each hour you work, up to 40 hours or \$180 per week.
  
- II.** If you do not live in San Francisco and do not work in San Francisco, at the San Francisco Airport, or at the San Bruno Jail, your employer must:
  - A. Offer you health coverage that meets the Minimum Standards starting on the first day of the month following 30 calendar days after your first day of work\*; **OR**
  - B. For each month in which you averaged at least 20 hours of work per week, pay you \$4.50 per hour for each hour you work, up to 40 hours or \$180 per week, so that you can obtain health insurance coverage on your own.

*\*Note that your employer must offer at least one plan that does not require you to contribute any amount towards the cost of premiums for health plan coverage for yourself.*

**EXEMPTIONS FROM COVERAGE**

Certain categories of employees, including but not limited to students, trainees, and employees of employers subject to Prevailing Wage requirements, are exempt under the HCAO. For more information, go to [www.sfgov.org/olse/hcao](http://www.sfgov.org/olse/hcao) or call (415) 554-7903.

**VOLUNTARY WAIVER OF COVERAGE**

Employees may refuse health coverage offered by an employer if the employee signs the Voluntary Waiver Form. Employees may revoke this voluntary waiver at any time.

**RETALIATION PROHIBITED**

Your employer may not retaliate against you or any other employee for trying to learn more about the HCAO or exercising your rights under the law. If you believe that you have been discriminated or retaliated against for inquiring about or exercising your rights under the HCAO, contact the OLSE at (415) 554-7903 to file an HCAO complaint.

Do not sign this document unless you fully understand your rights under this law. If you have any questions about your employer’s responsibilities or your rights under this Ordinance, contact the OLSE at (415) 554-7903 or visit <http://sfgov.org/olse/hcao> for more information about this law.

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Name of Employee

Date

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Signature of Employee

**Para asistencia en Español, llame al 554-7903**  
**需要中文幫助，請電 554-7903**

*NOTE: For a complete copy of the Health Care Accountability Ordinance or the Minimum Standards, visit <http://sfgov.org/olse/hcao>.*