

## EMPLOYER ANNUAL REPORTING FORM 2016 – HCSO, PPLO AND FCO

### Introduction

Please answer the following questions to determine whether you need to complete a 2016 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 you employed (worldwide) in any quarter of 2016? [More information](#)

- 0-19  20-49  50-99  100+

1B) Nonprofit organizations/employers only:

What was the highest average number of persons you employed (worldwide) in any quarter of 2016? [More information](#)

- 0-19  20-49  50-99  100+

2) 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)? [More information](#)

- Yes  No

3) Did any employees work for a contract with the City and County of San Francisco during calendar year 2016?

- Yes  No

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## EMPLOYER ANNUAL REPORTING FORM 2016 – HCSO, PPLO AND FCO

### Account

Employers covered by the Health Care Security Ordinance (HCSO), Paid Parental Leave Ordinance (PPLO) and/or the Fair Chance Ordinance must submit the 2016 Employer Annual Reporting Form by May 1, 2017.

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. The [Fair Chance Ordinance](#) also requires covered employers to report on compliance with that law.

Please note that once you start on this form, 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, after reading the instructions, 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

Validate

Business Name:

Is this your Business?

Continue

Cancel

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

**Do not use your browser back button to navigate between pages.**

## EMPLOYER ANNUAL REPORTING FORM 2016 – HCSO, PPLO AND FCO

Name and Address

Employees

Health Insurance

City Option

Revocable

HSA, etc.

Surcharge

Paid Parental Leave

Fair Chance

Certification

### Name and Address

Certificate Number

Registered Name

Business dba Name

Mailing Address 1\*

Mailing Address 2

City\*

State

Zip\*

Please note that business name or address corrections must be directed to the SF Treasurer and Tax Collector's Office. OLSE does not have access to make those corrections.

\* Required fields.

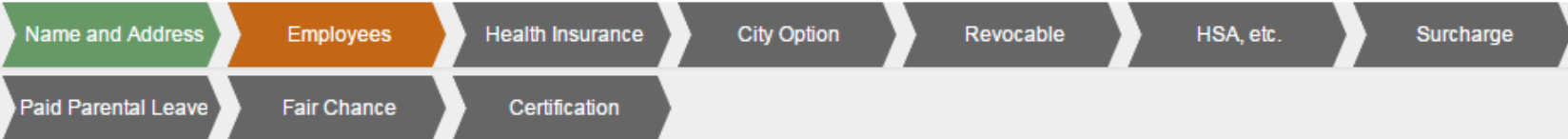
#### Business Type

- 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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Cancel

## EMPLOYER ANNUAL REPORTING FORM 2016 – HCSO, PPLO AND FCO



### Business Size

How many persons worked for your business in each quarter of 2016? Count ALL persons including those outside SF. [More information](#)

	1st Quarter January to March 2016	2nd Quarter April to June 2016	3rd Quarter July to September 2016	4th Quarter October to December 2016
<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 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"/> 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"/> 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"/> 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"/> 500-1999
<input type="radio"/> 2000+	<input type="radio"/> 2000+	<input type="radio"/> 2000+	<input type="radio"/> 2000+	<input type="radio"/> 2000+

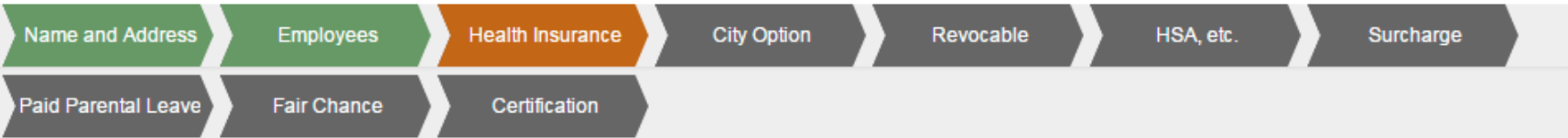
### Employees Covered by the HCSO

How many employees were entitled to health care spending from your business under the San Francisco HCSO in each quarter of 2016? (Generally, these are people who have been employed by you for at least 90 days, worked in SF at least 8 hours per week in any quarter of 2016, and were not otherwise exempt.)

[More information](#)

	1st Quarter January to March 2016	2nd Quarter April to June 2016	3rd Quarter July to September 2016	4th Quarter October to December 2016
Covered Employees	0	0	0	0

## EMPLOYER ANNUAL REPORTING FORM 2016 – HCSO, PPLO AND FCO



From Employees Page	1st Quarter January to March 2016	2nd Quarter April to June 2016	3rd Quarter July to September 2016	4th Quarter October to December 2016
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

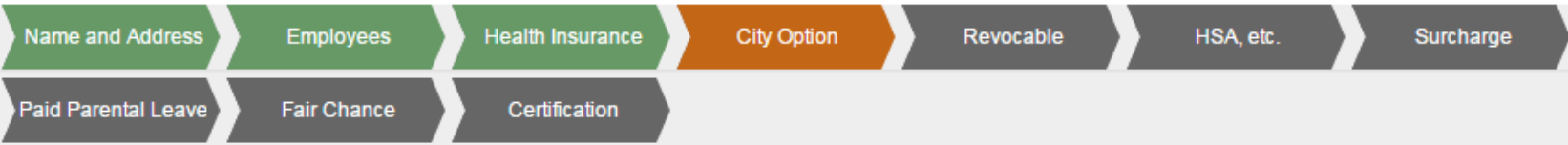
Includes medical, dental, vision, and other health insurance premiums. [More information](#)

For the Covered Employees listed above, indicate:

- 1) the total number for whom you paid health insurance premiums, for employees and dependents; and
- 2) the total dollar amount of these health insurance premiums, per quarter.

	1st Quarter January to March 2016	2nd Quarter April to June 2016	3rd Quarter July to September 2016	4th Quarter October to December 2016
Number of Persons	<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"/>

## EMPLOYER ANNUAL REPORTING FORM 2016 – HCSO, PPLO AND FCO



From Employees Page	1st Quarter January to March 2016	2nd Quarter April to June 2016	3rd Quarter July to September 2016	4th Quarter October to December 2016
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 programs. [More information](#)

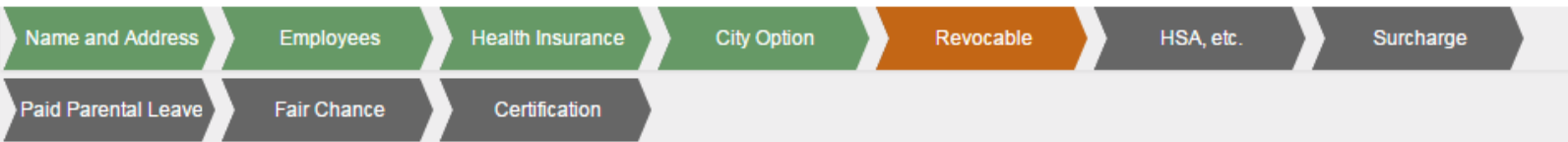
For the Covered Employees listed above, indicate:

- 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.

If you need help obtaining this information, please call the City Option at (415) 615-4492. OLSE does not have this information.

	1st Quarter January to March 2016	2nd Quarter April to June 2016	3rd Quarter July to September 2016	4th Quarter October to December 2016
Number of Persons	<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"/>

## EMPLOYER ANNUAL REPORTING FORM 2016 – HCSO, PPLO AND FCO



From Employees Page	1st Quarter January to March 2016	2nd Quarter April to June 2016	3rd Quarter July to September 2016	4th Quarter October to December 2016
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.

### Revocable Health Care Expenditures (such as Revocable HRAs)

Did you make Revocable Health Care Expenditures (such as allocations to revocable Health Reimbursement Arrangements) for 2016 (including any accounts managed directly by your company without a third party administrator)? [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 2016	2nd Quarter April to June 2016	3rd Quarter July to September 2016	4th Quarter October to December 2016
Number of Persons	0	0	0	0
Dollar Amount Allocated (\$)	0	0	0	0
Dollar amount paid out (\$)	0	0	0	0

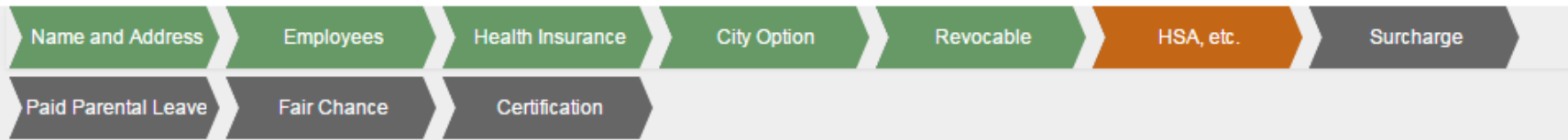
Who administered the plan?  Self-administered  3rd Party Administered

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

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From Employees Page	1st Quarter January to March 2016	2nd Quarter April to June 2016	3rd Quarter July to September 2016	4th Quarter October to December 2016
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.

### 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 account did you contribute to in 2016?**

- Health Savings Account.
- Other type of Irrevocable Expenditure. Please provide the name:
- We did not contribute to a third party irrevocable reimbursement account in 2016.

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 2016	2nd Quarter April to June 2016	3rd Quarter July to September 2016	4th Quarter October to December 2016
Number of Persons	<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"/>



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### Surcharge

Did you impose a surcharge on your customers at any time in 2016 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 (in dollars) from your customers in 2016 through this surcharge for employee health care?

0

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### Paid Parental Leave Ordinance Survey

*Please answer the following PPLO questions. You can find more information about the Paid Parental Leave Ordinance [here](#).*

1) When will you (the employer) be covered by the Paid Parental Leave Ordinance? [More information](#)

- a We're already covered - we have 50 or more employees (worldwide) and became covered on January 1, 2017.
- b July 1, 2017 – we have 35-49 employees (worldwide).
- c January 1, 2018 – we have 20-34 employees (worldwide).

2) We will provide six weeks of paid leave in to comply with the San Francisco Paid Parental Leave Ordinance as follows: [More information](#)  
(choose one)

- a We will "integrate" benefits with the state, meaning we will pay the employee the remainder of the employee's normal wages after the California Paid Family Leave Program benefit.
- b We will provide six weeks of fully employer-paid wages and the employee will receive no state benefit.

3) Will you require employees to use two weeks of vacation prior to taking California Paid Family Leave?

- Yes  No

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### Fair Chance Ordinance Reporting

The San Francisco Fair Chance Ordinance requires employers with 20 or more employees (or City Service Contractors of any size) 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 2016 (including telecommuters working in San Francisco)?

2) During 2016, did your company's employment application for jobs in San Francisco, including online applications, ask about arrest or conviction records?

Yes  No

3) During 2016, 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 2016?

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 2016?

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

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#### Fair Chance Ordinance Resources and Support

Website: [www.sfgov.org/olse/fco](http://www.sfgov.org/olse/fco)

Email: [fce@sfgov.org](mailto:fce@sfgov.org)

Fair Chance Ordinance Hotline: (415) 554-5192