



HEALTH CARE SECURITY ORDINANCE (HCSO) - MANDATORY ANNUAL REPORTING FOR 2007

RETURN TO: SAN FRANCISCO OFFICE OF LABOR STANDARDS ENFORCEMENT

P.O. BOX 7378
San Francisco, CA 94120-7378

FOR ASSISTANCE:

See reverse, call (415) 554-7892, or visit <http://www.sfgov.org/olse/hcso>

BTID No.

Cert. No.

DELINQUENT AFTER February 29, 2008

If you are a Covered Employer, you must complete all of the questions below. Failure to do so shall constitute a violation of § 14.3(b) of Chapter 14 of the SF Admin. Code; violators shall be subject to penalties and other corrective action.

SPECIAL INSTRUCTIONS FOR 2007 REPORTING

The employer spending mandate did not become effective until January 1, 2008; thus, reporting for the 2007 calendar year should be based only on your voluntary business practices in 2007.

For each quarter, enter the following information:		1st Quarter: January to March 2007	2nd Quarter: April to June 2007	3rd Quarter: July to September 2007	4th Quarter: October to December 2007
A	Average Number of Employees per Week (including temporary, part-time, contracted, and commissioned employees) that your business employed anywhere, including those employed outside of SF.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Complete Rows B-E only for those quarters during which you employed an average of 20 or more employees per week.					
B1	Total Number of Covered Employees , i.e. those who have (a) been employed for at least 90 calendar days and (b) worked an average of at least 10 hours/week within SF during the quarter. Do NOT count employees exempt from or who have waived coverage under this law, for more information on exempt employees, contact the OLSE.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B2	Employees Subject to Exemption Categories, including Those Providing Voluntary Waivers	<i>not applicable for 2007 reporting</i>	<i>not applicable for 2007 reporting</i>	<i>not applicable for 2007 reporting</i>	<i>not applicable for 2007 reporting</i>
C	Total Number of Hours Paid to All Covered Employees Hours paid includes both hours worked and hours for which Covered Employees (those identified in B1) were entitled to be paid wages, such as paid vacation hours, paid time off, and paid sick leave hours, up to a maximum of 172 hours/month or 516 hours/quarter per employee.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	Total Amount of Health Care Expenditures Made for All Covered Employees (in whole dollars; do not include cents)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E	Total Number of Covered Employees for Whom You Chose the Following Expenditure Options Count each employee only once per quarter; if your business made more than one type of health care expenditure for an employee, count that employee in the category in which the primary health care expenditure was made.				
E1	health insurance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E2	self-funded plan	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E3	any type of health or medical reimbursement/spending/savings account (NOT including payments made to the City)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E4	direct reimbursement to covered employee or payment to health care provider	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E5	payment to the City	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E6	other (describe):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

By submitting this report, the above-named employer certifies the following: (1) that the information on this reporting form is correct; (2) that all compensable hours paid to the employees who performed work in the geographic boundaries of the City and County of San Francisco during the period covered by this report are reported herein; (3) that this report, whether or not signed in the space provided below, is being submitted by the employer or duly authorized representative of the employer. Under the laws of the State of California, I declare under penalty of perjury that I have read the foregoing and that it is true, correct, and complete to the best of my knowledge and belief.

54764

X SIGN HERE _____

DATE _____, 2008



DEPARTMENT OF ADMINISTRATIVE SERVICES
OFFICE OF LABOR STANDARDS ENFORCEMENT
 DONNA LEVITT, MANAGER



2008 NOTICE

San Francisco Health Care Security Ordinance (HCSO)

Beginning January 1, 2008, all employers for which an average of 50 or more persons per week perform work for compensation during a quarter must make required Health Care Expenditures to or on behalf of their covered employees each quarter. For for-profit employers with an average of 20-49 persons per week, the employer spending requirement becomes effective on April 1, 2008.

Covered Employees: With some exceptions, a covered employee is any person who

- Is entitled to be paid the San Francisco Minimum Wage;
- Has been employed by his or her employer for at least 90 calendar days; and
- Performs an average of at least 10 hours of work per week during the applicable quarter within the geographic boundaries of San Francisco. (Note that the required number of hours worked per week will change for 2009.)

To learn more about the Exemption categories and Waivers, review Regulation 3.2(A), available from the website below.

Health Care Expenditures (HCE): An HCE is any amount paid by a covered employer for the purpose of providing health care services or reimbursing the cost of such services for its covered employees. Examples include, but are not limited to: (a) payments to a third party to provide health care coverage or services; (b) payments to the City; (c) payments from self-insured/self-funded plans; and (d) direct reimbursement or payment for health care services.

Applicable Expenditure Rate: An employer for which an average of 100 or more persons per week perform work for compensation during a quarter is required to make an HCE of \$1.76/hour for each hour paid to each of its covered employees during that quarter. For employers with an average of 20-99 persons, the rate is \$1.17/hour. (These rates are adjusted annually.)

Calculation of HCE: Required HCEs are calculated by multiplying the total number of "hours paid" to each covered employee by the applicable expenditure rate. "Hours paid" include both work hours for which a person is paid wages or entitled to be paid wages for work performed within the City and any paid time off, such as paid vacation and sick leave. Subject to certain exceptions, calculations must be made for each covered employee, and expenditures will not be considered in the aggregate.

Additional Employer Responsibilities:

- Covered Employers must file the Mandatory Annual Reporting Form on the back side of this Notice by February 29, 2008.
- Notice to Employee: Employers who satisfy their obligation to make the required HCEs by making payment to the City must provide its covered employees with notice of this decision, using the form provided at the website below.
- Recordkeeping: Employers shall maintain complete and accurate records of hours worked and HCEs spent. Employers shall allow the Office of Labor Standards Enforcement reasonable access to such records.
- Employee Voluntary Waiver Form: Employers must maintain in their records a Voluntary Waiver Form signed by each eligible employee for whom the employer seeks to claim an exemption from the requirements of the HCSO.

The Notice to Employee, the Employee Voluntary Waiver Form, the full text of the Ordinance, and its implementing regulations are available at www.sfgov.org/olse/hcso.

SPECIAL INSTRUCTIONS FOR 2007 REPORTING: The employer spending mandate did not become effective until January 1, 2008; thus, reporting for the year 2007 should be based on your voluntary business practices in 2007, which were not subject to the HCSO.

This notice is intended to provide general information and does not establish policy or offer legal advice regarding the Health Care Security Ordinance, Chapter 14 of the San Francisco Administrative Code. If you have any questions about your obligations under the ordinance, please visit www.sfgov.org/olse/hcso, call 554-7892, or email HCSO@sfgov.org.

Para asistencia en Español, llame al 554-7892

中文幫助, 請電 554-7892