

**** ACTION REQUIRED ****
UPDATE TO CITY OPTION EMPLOYEE INFORMATION

Dear,

In the course of screening for Healthy San Francisco, your employee provided information that differed from what you provided on your City Option roster, and as a result screened ineligible for Healthy San Francisco. On-----, funds for the following employee were transferred to a Medical Reimbursement Account. This transfer is applicable only for the funds noted below.

Employee Name:
Last four digits of SSN:
Business Name:
Contribution date range:
Total amount transferred:
Transfer reason:

If appropriate, **update your record for this employee and submit it on all future rosters.** The discrepancy in information for this employee is noted below. If you do not update this information, your employee may have to apply for a funds transfer each time you submit a City Option roster.

	Information you submitted	Information provided by employee
Birth Date		
Address		
Health Care Coverage Status		

If you would like to see your previously submitted rosters and payment status online, please visit the Healthy San Francisco Employer Login at <http://www.healthysanfrancisco.org/employers>

If you have any questions or require assistance, please contact Healthy San Francisco Employer Services at (415) 615-4567.

You received this email due to your employee correcting information you provided on a City Option roster.

ACCOUNT-RELATED QUESTIONS

Do not reply to this message. If you wish to submit a question, please visit our website at healthysanfrancisco.org. You may also contact one of our Customer Service Representatives at (415) 615-4567 or email employerservices@healthysanfrancisco.org.