

eBenefits Login

You can now elect your health benefits online with eBenefits. See below for a walkthrough!

1. Access the SF Employee Gateway at <https://sfgov.org/sfc/employee-gateway>. SFHSS recommends Safari, Chrome, Firefox or Edge.
2. Click the SF Employee Portal icon.
3. Type in your 6 digit DSW number and Password, then click the **Agree & Sign In** button.
4. Type in your Multi-Factor Authentication secure code and click **Verify**.
5. On the SF Employee Portal, click on **Alerts** and then click on **Health Benefits Open Enrollment**.
6. You are now in the enrollment process. You will be asked to:
 - a. Add or verify your **Dependents** (if any)
 - b. Confirm your **Personal Information**, including **Emergency Contacts**
 - c. Elect your **Medical, Dental** (if applicable), **Vision** and **Flexible Spending Accounts** (if applicable).
 - d. **Review** and **Submit** elections
 - e. **Upload Documents** such as marriage or birth certificates
 - f. **Voluntary Benefits** through Workterra.net
7. At the top of the page, you will see:

Breadcrumb Navigation

You can jump to different benefit enrollments by clicking on the green orbs.

SAN FRANCISCO HEALTH SERVICE SYSTEM

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HOME USER ACCESS & SUPPORT COMMUNICATIONS INFORMATION FAVORITES

Enroll in Benefits

My Elections \$ 27.75 My Cost

Dependents Required Responses **Elect Benefits** Review & Submit Confirmation

Health Flexible Spending Accounts

Medical + Basic Vision Dental Vision Premier

Choose a Medical Plan

Choose a Medical Plan

Who would you like to enroll in this plan?

Waive this coverage

Enroll	Name	Relationship
<input checked="" type="checkbox"/>	Kaiser Permanente Member Only	Self

Benefit Guide

Member Only

Shopping Cart

Clicking on your shopping cart will show you the health benefits you are electing for the upcoming plan year.

Review Dependents

The **Review Dependents** screen will show you your eligible dependents/beneficiaries.

Need to make a change?

Click the **Edit** button if you need to change a dependent's information.

Enroll in Benefits

Dependents Required Responses **Elect Benefits** Review & Submit Confirmation

Review Dependents

Please review your dependent information below for accuracy as inaccurate data may affect plan eligibility. Click on the Edit button to make corrections to an existing dependent. Click on the Add a New Dependent button to add a new dependent.

Name	Relationship	Date of Birth	Marital Status	Disabled	Dependent
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[Add a New Dependent](#) [Save and Continue](#)

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Click the **Add a New Dependent** button if you plan on enrolling a new dependent on your health coverage. You will be asked to enter the dependent's:


- First Name
- Last Name
- Date of Birth
- Gender
- Social Security Number (if applicable)
- Marital Status
- Address and Phone number (if different from your own)

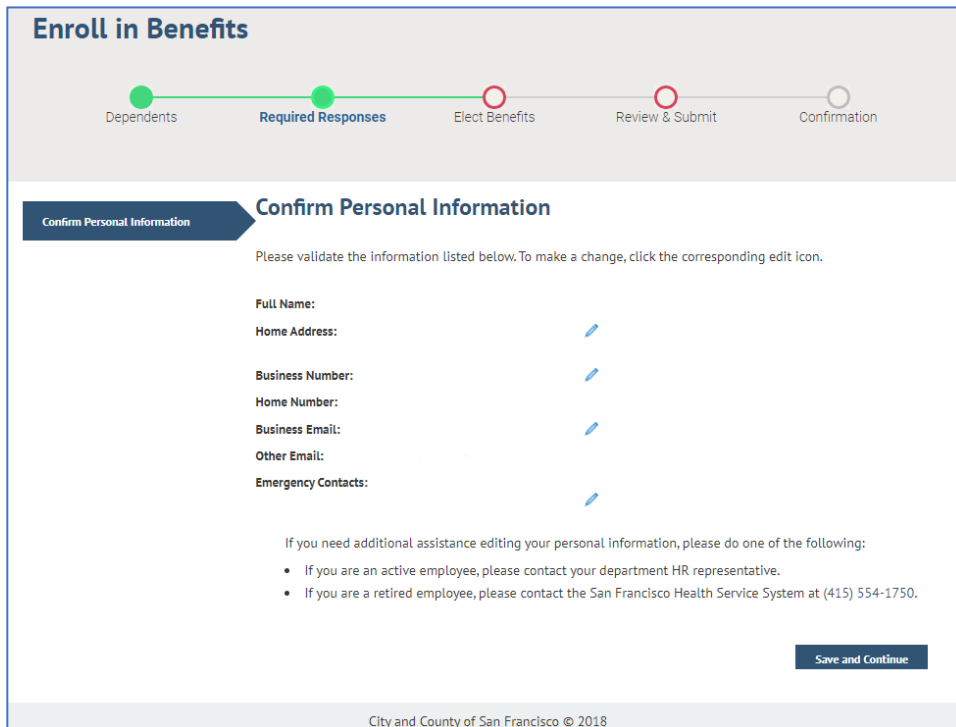
The new dependent will be added to your profile once you click **Save**.

Personal Information

The **Confirm Personal Information** screen will show you your contact information and emergency contacts.

Want to change your contact info?

Click the **Pencil icons**  if you need to change any contact information or emergency contacts.



The screenshot shows the 'Enroll in Benefits' process with five steps: Dependents, Required Responses, Elect Benefits, Review & Submit, and Confirmation. The 'Confirm Personal Information' step is highlighted. Below the header, there is a list of fields for personal information, each with a pencil icon for editing: Full Name, Home Address, Business Number, Home Number, Business Email, Other Email, and Emergency Contacts. A 'Save and Continue' button is located at the bottom right. A footer at the bottom of the page reads 'City and County of San Francisco © 2018'.

It is important that your contact information is up to date as your confirmation statement and other benefit information will be mailed to that address.

Need Help?

If you need assistance modifying your personal information or emergency contacts, please reach out to:

- Active employees - your department HR representative

Medical, Dental, Vision Enrollment

Prior to electing new health benefits, you will be shown your current year's benefit elections.

No changes?

If you do not need to change any health plans or a dependent's enrollment, click the **Yes** button then the **Save and Continue** button to submit your elections.

Want to elect a new plan?

If you need to make a change (such as annually enrolling in a Flexible Spending Account), click the **No** button, then the **Save and Continue** button to make your benefit changes. Keep reading below if you need to make a change.

Medical, Dental and Vision elections

You will be asked to elect or waive your Medical plan first. Then your Dental* and Vision** choices will follow.

Click the **Benefits Guide** button at the top to download a PDF copy of your benefits guide.

If you want medical coverage, click the checkbox next to person's name who you want to enroll, then scroll down the page to elect your medical plan.

Click the **Elect this Plan** button to enroll in that medical plan. Each plan has a small text description, link to a detailed description on SFHSS.org and a link to find providers near you.

Want to waive your coverage?

If you do not want medical coverage, click the checkbox next to **Waive this coverage**.

Don't forget to save!

Click the **Save and Continue** button at the bottom of the page to move onto the next section.

**Vision Premier is only available to your dependents enrolled in an SFHSS medical plan. If you elect to enroll in Vision Premier, all family members enrolled in medical must be enrolled by checking the Enroll box next to each name.

Flexible Spending Account Enrollment

Healthcare and Dependent Care Flexible Spending Accounts* require enrollment annually, even if you were enrolled the previous year!

You will be asked to elect or waive a Healthcare FSA first, then a Dependent Care FSA second.

Want to enroll in a Healthcare FSA?

Click the checkbox next to **Enroll in Health Care FSA**.

Click on the textbox next to **Health Care FSA Total Annual Amount:** to enter your annual election (any value between \$250 and \$2,700).

Click the **Save and Continue** button at the bottom of the page to move onto the next section.

What about a Dependent Care FSA?

Click the checkbox next to **Enroll in Dependent Care FSA**.

Click on the textbox next to **Dependent Care FSA Total Annual Amount:** to enter your annual election (any value between \$250 and \$5,000).

Click the **Save and Continue** button at the bottom of the page to move onto the next section.

The screenshot shows a web form titled "Enroll in Benefits" with a progress bar at the top. The progress bar has five steps: "Dependents" (completed), "Required Responses" (completed), "Elect Benefits" (current step), "Review & Submit", and "Confirmation". Below the progress bar, there are three tabs: "Confirm Personal Information", "Current Elections", and "FSA Elections" (selected). The "FSA Elections" section is titled "FSA Elections" and contains two options, each with a checkbox and explanatory text. The first option is "Enroll in Health Care FSA" with text explaining that a Healthcare Flexible Spending Account (FSA) allows payment for qualifying healthcare expenses like co-pays and deductibles with pre-tax dollars. The second option is "Enroll in Child Care Dependent Care FSA" with text explaining that a Dependent Care FSA can help pay for qualifying child care and elder care expenses. At the bottom of the form, there are two buttons: "Go Back" and "Save and Continue". The footer of the page reads "City and County of San Francisco © 2018".

*Flexible Spending Account enrollments through SFHSS are not available to retired, San Francisco Unified School District or San Francisco City College employees.

Election Review and Submission

Review your choices!

After entering your elections on the previous screens, you can review your choices on **Review Your Elections** with cost summary.

If you accidentally enrolled in the wrong plan, click the **Pencil icon** next to that plan to make a change.


If your elections are correct, scroll to the bottom of the page and click the **Continue** button.

Time to Submit!

Please read the legal disclaimer, then click the **Submit** button at the bottom to submit your elections.

Confirmation Statements

eBenefits gives you the opportunity to print a confirmation statement of your submitted elections.

Click the **Printer icon**  to print a copy for your records.


Enroll in Benefits

Dependents Required Responses Elect Benefits Review & Submit Confirmation

Enrollment Completion

If you would like to go back and make changes, click the "Modify Elections" button.

Your elections have been submitted but not finalized. Click the printer icon to print a summary of the benefit elections you have just made for your records. You will not be able to print the election summary after you exit this session.

Modify Elections  Click here to print

A confirmation letter from SFHSS will be mailed to you in early December for your finalized benefit elections & costs.

For newly added dependents, your application will not be processed until SFHSS receives supporting documentation:

Spouse = Certified Marriage Certificate
Domestic Partner = Domestic Partner Certification
Child = Birth Certificate, Adoption Verification

Please upload your supporting documentation by clicking the button below. If you would rather, you may fax to (415) 554-1721 or hand deliver your documentation to SFHSS - 1145 Market St, 3rd Floor, San Francisco, CA 94103. Benefit elections will be revised if documentation for dependents is not submitted or dependents are not eligible.

Upload Documents

Save and Continue

SFHSS will mail you a finalized confirmation statement in early December of your entered elections. If the finalized confirmation statement does not match your printed submission, please contact SFHSS Member Services at (628) 652-4700, provide us with a copy of your submission and we will make the appropriate changes* to your health coverage.

*Benefit elections will be revised if documentation for dependents is not submitted or if dependents are ineligible.

Document Upload

Did you add new dependents?

If you added a new dependent, click the **Upload Documents** button to verify their eligibility.


Enroll in Benefits

Dependents Required Responses Elect Benefits Review & Submit Confirmation

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Upload Documents **Save and Continue**

Document Upload Steps

Click the **Add Attachment** button to choose a photo or document from your library.

Click **Upload** when you make your choice.

Click the text field to label your upload, then click **Save**.

Click the **X** in upper-right corner of your screen to close document upload, then click **Save and Continue**.

Voluntary Benefits

Employees of the City & County of San Francisco and the Superior Court have the opportunity to apply for voluntary benefits through [Workterra](#).

After you submit your elections through eBenefits, click the link to Workterra to begin your voluntary benefits enrollment or click **Exit** to finish.

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Enrollment Completion

Voluntary Benefits

Employees of the City and County of San Francisco and the Superior Court have the option of enrolling in voluntary benefits. New visitors (and those logging in for the first time since spring 2019) will need to login using the following information:

User ID: Employee DSW Number – if your number is 5 digits add a 0 in front to make 6 digits
Password: First 4 letters of your last name and First 4 digits of your social security number (example abcd1234)
Employer: ccsf

Returning visitors your User ID and Employer is the same as defined above. Your password is the one you elected when you previously visited the site. <https://www.workterra.net>

If you enroll in voluntary benefits, your confirmation statement will be mailed to you by Workterra. If you need any assistance with Voluntary Benefits or logging into Workterra, please call Workterra at 1-888-392-7597.

Thank you for using self-service benefits
You can sign out of PeopleSoft by clicking on "Sign Out" in the top right-hand corner.

Exit

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