



## TEMPORARY EXEMPT EMPLOYEE BENEFIT ELIGIBILITY AUTHORIZATION FORM

This form must be completed by an authorized department representative for all Temporary Exempt employees to confirm eligibility for healthcare coverage administered by the Health Service System.

### EMPLOYEE INFORMATION

NAME \_\_\_\_\_ SOCIAL SECURITY NO \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

ELIGIBILITY VERIFIED BY Name \_\_\_\_\_  
*(Please Print)*

Title \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

My signature on this form verifies that the above named employee has met the healthcare eligibility requirements for temporary exempt employees as stated in the City and County of San Francisco Employee Handbook.

**OUR MISSION**

*The San Francisco Health Service System is dedicated to providing outstanding health and other employee benefits to its members while adhering to the highest standards of customer service.*