SF HCSO QUARTERLY ENROLLMENT TEMPLATE

Company Name: _____

Reporting Period: _____

PLEASE NOTE:
1) It is required that all data requested on this spreadsheet be completed.
2) An employee is only eligible to begin accruing hours once he or she has met their 90 day eligibility requirement. They will then become eligible the 1st of the following month.
3) An eligible employee must work, on average, 8 hours per week within a given quarter to be eligible for a contribution.
4) Quarterly templates are due immediately following the end of a quarter.

SSN	Last Name	First Name	Street Address	City	State	Zip	Hire Date	Rehire Date	Term Date	DOB	Mandated Hourly Rate ($1.65/$2.48) (2015 Rate 20-99 EE's: $1.65 100+ EE's: $2.48)	Quarterly Hours	Less Admin. Fee	Enrolled on Group Health Plan (Y/N)	Less Employer Paid Benefits (Quarterly)	Irrevocable Contribution 60%	Revocable Contribution 40%	Net Contribution	
000-00-0000	Doe	John	100 Sample Road	San Francisco	CA	94122	10/01/14			01/01/80	$1.65	516.00	$18.00	Y	$700.00	($207.16)	$133.40	$851.40	Sample for illustration purposes only
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