



KNOW YOUR RIGHTS
HEALTHY AIRPORT ORDINANCE (HAO) FOR
SFO QUALITY STANDARDS PROGRAM (QSP) EMPLOYEES

Operative: February 26, 2026 - December 31, 2026 (revised 2/2026)

This notice is to inform SF Airport Service Employees (QSP employees) of their rights under the Healthy Airport Ordinance (HAO). The HAO requires QSP employers to provide certain health benefits. If you work for a QSP employer at SFO, **you are a covered employee**. There is **no minimum hours requirement**—QSP employees qualify for these health benefits regardless of the number of hours worked. QSP employers can comply with the HAO by selecting one of the following options:

(Employer: Please mark one of the options below.)

- OPTION 1 – PROVIDE A COMPLIANT FAMILY HEALTH PLAN FOR YOU AND YOUR DEPENDENTS THAT MEETS THE HEALTH PLAN REQUIREMENTS**
 - Your employer cannot require you to contribute any amount towards the premiums for family health plan coverage.
 - Coverage must begin the first of the month that begins after 30 days from the start of employment.
- OPTION 2 – PAY \$12.15 PER HOUR WORKED TO THE CITY OPTION**
 Pay \$12.15 per hour for every hour worked (up to 40 hours a week) to the City Option, that provides employees with medical reimbursement accounts.
- OPTION 3 – MAKE IRREVOCABLE HEALTH CARE EXPENDITURES BASED ON EMPLOYEE’S HOUSEHOLD SIZE AND HOURS WORKED**
 Make irrevocable health care expenditures to or on behalf of each covered employee for hours worked at or near SFO in a QSP capacity, at the following rates:

Household Size	Rate Per Hour Worked	Maximum Per Week
Employee w/ no Dependents	\$6.17	\$246.80
Employee w/ 1 Dependent	\$12.33	\$493.20
Employee w/ 2+ Dependents	\$17.44	\$697.60

EXEMPTIONS FROM COVERAGE

Certain categories of employees, including but not limited to students, trainees, and employees of employers subject to Prevailing Wage requirements, are exempt under the HCAO.

VOLUNTARY WAIVER OF COVERAGE

Employees may waive health coverage offered annually by an employer by signing the Voluntary Waiver Form. The waiver form is valid for the current plan year; however, employees may revoke it if there is a qualifying life event.

RETALIATION PROHIBITED

Employers may not retaliate against employees for trying to learn more about the HAO or exercising their rights under the law. If you believe that you have experienced discrimination or retaliation for inquiring about or exercising your rights under the HAO, contact OLSE to file a complaint. Please retain a copy of this form for your records.

Do not sign this document unless you fully understand your rights under the HAO.

Name of Employee

Date

Signature of Employee

If you have any questions about your employer’s responsibilities or your rights under the HAO, contact the OLSE at (415) 554-7903 or HCAO@sfgov.org or visit us at www.sf.gov/olse-hao.