

**Opt-Out of San Francisco Indemnity Plan Form**



By completing this form you are electing to opt out of the San Francisco Indemnity Plan offered by Robert Half. Instead you choose to have Robert Half contribute the City Option on your behalf.

**Employer Information**

**Employer Name**

Robert Half

**Group Number**

FV1386

**Employee Information**

**Last Name**

**First Name**

**Social Security # or Employee ID**

**Employee Agreement**

I elect to opt-out of the San Francisco Indemnity Plan

**Signature**

**Date**

**Mail or Fax completed form to:**

**MAIL:**

RH HCSO Processing Team  
11910 Anderson Mill Rd., Suite 401  
Austin, TX 78726

**FAX:**

1-800-713-0294