

My City Benefits

Human Resources Management

Benefit Enrollment Package Overview

Welcome to the City of Oakland. As a City of Oakland employee, you and your family are entitled to a comprehensive benefit package. Your benefit enrollment package contains information and enrollment forms to activate your benefits.

❖ **Employee Benefit Guide**

❖ **Benefit Enrollment Forms**

The following forms are required:

- Employee Benefits Record
- CalPERS Beneficiary Designation form

Voluntary Benefit Forms and Materials:

- Flexible Benefit Spending Plan Enrollment (FSA) form - FSA medical and dependent care
- Cafeteria Plan/Medical Waiver Plan Election form (Medical Waiver)
- Deferred Compensation Enrollment Form
- Commuter Benefit Program – Parking and Transit Program *(online enrollment available after you begin working).*

Eligibility	You are eligible to participate in the City’s benefit plans on the first day of the month following your date of hire/appointment.
Enrollment Period	You have 60 days from your initial appointment/hire date to enroll or decline coverage for yourself and your eligible family members.
Health Care Coverage Effective Date	Your medical, dental, and vision coverages are effective on the first of the month following the date your enrollment forms are received by the Benefits Unit <i>(provided you submit your enrollment forms within your 60 day enrollment period).</i>
Where To Submit Forms	Submit your benefit enrollment forms and required documentation to the City of Oakland Benefits Unit. <div style="display: flex; justify-content: space-around; align-items: center;"><div data-bbox="553 1619 972 1713" style="border: 1px solid black; border-radius: 10px; padding: 10px; text-align: center;">FAX (510) 238-6560</div><div data-bbox="1032 1619 1495 1713" style="border: 1px solid black; border-radius: 10px; padding: 10px; text-align: center;">Email BenefitsAdmin@oaklandca.gov</div></div>

IMPORTANT REMINDERS

- ❖ Ensure you submit the required eligibility document(s) for dependent coverage.

Dependent	Required Documentation
Spouse	Marriage Certificate
Domestic Partner	Domestic Partner Certificate, Declaration of Dependency in Support of Non-Taxability of Benefits form
Natural Child	Birth Certificate
Step Child	Birth Certificate, Marriage Certificate
Domestic Partner Child	Birth Certificate, Domestic Partner Certificate
Adopted Child	Adoption Certificate
Child Legal Guardianship	Court Order
Economically Dependent Child	Birth Certificate, Tax Returns, CalPERS Affidavit of Parent-Child Relationship form
Disabled Child	CalPERS Medical Report for Disabled Dependent form, CalPERS Member Questionnaire for Disabled Dependent Health Benefit form
Court Order Child	Court Order
Child Age 19 to 24 with Student Full-Time Status (for dental & vision)	Full-time student verification from school. Must include dependent's name, school name, and number of units currently enrolled.

- ❖ Dependent child age limit for medical coverage is up to age 26.
- ❖ Dependent child age limit for dental and vision coverage is up to age 19 or up to age 25 with full-time student status.
- ❖ Ensure you provide your dependent's social security number in the dependent section on the Employee Benefit Record form.
- ❖ Ensure you retain copies of your enrollment forms for your files.

WHERE TO FIND ADDITIONAL INFORMATION

Access additional benefit information and tools to assist you in making your benefit election decisions on the CalPERS websites (links below).

[CalPERS Website](#)

[Medical Plan Search By Zip Code](#)

[CalPERS Health Benefit Summary](#)

[Benefit Contacts and Links](#)

[CalPERS Health Program Guide](#)

[Delta Dental - Find a Dentist Link](#)

Email general benefit questions to:
BenefitsAdmin@oaklandca.gov

Email Enrollment Questions To:
Adrienne Cooper – Benefits Technician
(510) 238-6769
ACooper2@oaklandca.gov