



Your Benefit Enrollment Package Sworn Fire Employees

As a City of Oakland sworn fire employee, you and your family are entitled to a comprehensive benefit package. This document includes links to information about your benefits and enrollment forms to activate your benefits.

Click on the links below:

- ❖ [Sworn Fire Benefits Guide](#)
- ❖ [Sworn Fire Medical Plan Rates](#)
- ❖ [Summary of Benefits Coverage Notice](#)

❖ **Benefit Enrollment Forms**

The following forms are required:

- [Employee Benefits Record](#)
- [Oakland Firefighter Dental Enrollment Form](#)
- [CalPERS Beneficiary Designation form](#)

Voluntary Benefit Forms & Additional Forms and Information

- [Commuter Benefit Program – Parking and Transit Program](#)
- [Commuter Benefits Summary Plan Description](#)
- [Deferred Compensation FT Enrollment Form](#)
- [Flexible Benefit Spending Enrollment Form - FSA medical and dependent care](#)
 - [FSA Program Highlights](#)
 - [FSA Summary Plan Description](#)
- [Medical Waiver Premium Plan](#)
- [Domestic Partner Imputed Income Form](#)

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 coverage will be effective on the first day of the month following the date your enrollment forms are received by the Benefits Unit (provided you submit your enrollment forms within your 60 day enrollment window).
Where to Submit Forms	Submit your enrollment forms and required documentation to: BenefitsAdmin@oaklandca.gov FAX: (510) 238-6560

How To Determine Medical Plans Available To You	<p>Medical plan availability is based on your home zip code. Click on the link below to find HMO and PPO “Basic Plans” available in your area. Enter your zip code and select “Public Agency/School” as the member category.</p> <p style="text-align: center;"><u>Medical Plan Search By Zip Code</u></p>
Where to Find Additional Information	<p style="text-align: center;"> <u>City Benefits Webpage</u> <u>Benefit Contacts and Links</u> <u>CalPERS Website</u> <u>CalPERS Health Benefit Summary</u> <u>CalPERS Health Program Guide</u> </p>

IMPORTANT REMINDERS

- ❖ If you are adding new dependents (who were not covered on your fire trainee benefits), you submit the required eligibility document(s) for dependent coverage.

Dependent	Required Documentation
Spouse	Marriage Certificate
Domestic Partner	Domestic Partner Certificate <u>Domestic Partner Imputed Income Declaration form</u>
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 <u>CalPERS Affidavit of Parent-Child Relationship</u>
Economically Dependent Child	Birth Certificate, Tax Return <u>CalPERS Affidavit of Parent-Child Relationship</u>
Disabled Child	<u>CalPERS Authorization To Disclose Health Information</u> <u>CalPERS Questionnaire & Medical Report for Disabled Dependent form</u>
Court Order Child	Court Order

- ❖ Dependent child age limit for medical coverage is up to age 26.
- ❖ Ensure you retain copies of your enrollment forms for your files.