

# My City Benefits

Human Resources Management

## Benefit Enrollment Package Overview Sworn Police

As a City of Oakland sworn officer, you and your family are entitled to a comprehensive benefit package. Your benefit enrollment package includes information and enrollment forms to activate your benefits. Click on the links below to access your benefit documents and forms.

- ❖ [Employee Benefit Guide](#)
- ❖ [Medical Plan Rates](#)
- ❖ [2020 Summary of Benefits Coverage Notice](#)

### ❖ Benefit Enrollment Forms

The following forms are required:

- [Employee Benefits Record](#)
- [CalPERS Beneficiary Designation form](#)

Voluntary Benefit Forms and Materials:

- [Deferred Compensation FT Enrollment Form](#)
- [Deferred Compensation Plan to Plan Transfer Form](#)
- [Flexible Benefit Spending Plan Enrollment \(FSA\) form - FSA medical and dependent care](#)
- [Commuter Benefit Program – Parking and Transit Program](#)

Enrollment Period	You have 30 days from your sworn appointment to enroll.
Medical Coverage Effective Date	Your medical coverage is 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 enrollment period)</i> .
Where to Submit Forms	Submit your enrollment forms and required documentation to: <b>ADRIENNE COOPER</b> at <a href="mailto:ACooper2@oaklandca.gov">ACooper2@oaklandca.gov</a> (510) 238-6560
Where to Find Additional Information	<a href="#">City Benefits Webpage</a> <a href="#">Benefit Contacts and Links</a> <a href="#">Medical Plan Search By Zip Code</a> <a href="#">CalPERS Website</a> <a href="#">CalPERS Health Benefit Summary</a> <a href="#">CalPERS Health Program Guide</a>

## 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

- ❖ Dependent child age limit for medical and dental coverage is up to age 26.
- ❖ 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.

