



My City Benefits

Human Resources Management | City of Oakland

Your Benefit Enrollment Package Sworn Police

As a City of Oakland sworn officer, 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 sworn benefits. Click on the links in the document to access your benefit documents and forms.

Enrollment Period

You have **30 days** from your sworn appointment to enroll or decline coverage for yourself and your eligible family members.

Health Care Coverage Effective Date

Your sworn medical coverage is effective on the on the first of the month following the date your enrollment forms are received by the Benefits Unit. You will continue your OPOA dental coverage (the coverage you had as a trainee).

<p>Benefit Forms</p>	<p>Required Forms</p> <ul style="list-style-type: none"> • Employee Benefits Record • CalPERS Beneficiary Designation form <p>Voluntary Programs & Additional Forms</p> <ul style="list-style-type: none"> • Commuter Benefit Program – Parking and Transit Program • Deferred Compensation FT Enrollment Form • Domestic Partner Imputed Income Declaration form • 2022 Flexible Spending Account Enrollment form - Medical & Dependent Care • The Club at City Center Payroll Authorization Form
<p>Benefit Program Information</p>	<ul style="list-style-type: none"> • Sworn Police Benefits Guide • 2022 Medical Plan Rates Full-Time Employees • 2022 Summary of Benefits Coverage Notice • CalPERS Health Benefit Summary • Commuter Benefits Summary Plan Description • FSA Program Highlights • FSA Summary Plan Description

Where to Submit Forms	Submit your enrollment forms and required documentation to: EMAIL: BenefitsAdmin@oaklandca.gov FAX: (510) 238-6560
How To Determine Medical Plans Available To You	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. Medical Plan Search By Zip Code <i>Note, CalPERS cannot use P.O. Boxes for medical plan availability.</i>
Questions	Email questions to BenefitsAdmin@oaklandca.gov
Helpful Links	 City Benefits Webpage Benefit Contacts and Links CalPERS Website CalPERS Health Program Guide

IMPORTANT REMINDERS

- ❖ Review the cost of your medical plan, as some plans require employee contributions.
- ❖ Submit the required eligibility document(s) for eligible dependents who were not covered on your trainee medical plan.

Dependent	Required Documentation
Spouse	Marriage Certificate
Domestic Partner	Domestic Partner Certificate Domestic Partner Imputed Income Declaration 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 Custody/Guardianship	Court Order . CalPERS Affidavit of Parent-Child Relationship
Economically Dependent Child	Birth Certificate, Tax Return CalPERS Affidavit of Parent-Child Relationship
Disabled Child over 26	CalPERS Authorization to Disclose Health Information form , CalPERS Member Questionnaire & Medical Report for Disabled Dependent form

- ❖ Dependent child age limit for medical coverage is up to age 26.
- ❖ Ensure you provide your dependent’s social security number in the dependent section, if adding a dependent who was not covered on your trainee plan.
- ❖ Retain copies of your enrollment forms for your file