

Health Benefit Coverage – Adding Your Registered Domestic Partner

To add your registered domestic partner to your coverage, you must submit an enrollment form within 60 days of your registered domestic partnership. Please follow the steps below:

1. Complete the **Employee Benefit Record form (EBR)**
Link to form: <https://cao-94612.s3.amazonaws.com/documents/Employee-Benefit-Record-Form-12.19.pdf>
2. Complete the Oakland Firefighter Health & Welfare form to add dental coverage **-for Sworn Fire and Fire Trainees ONLY** – Complete the Oakland Firefighter Health & Welfare form – <https://cao-94612.s3.amazonaws.com/documents/Oakland-Firefighter-Dental-Enrollment-Form.pdf>
3. Submit the following to the City of Oakland Benefits Unit **within 60 days** of your registered domestic partnership:
 - ❖ The completed Employee Benefit Record form
 - ❖ Oakland Firefighter Health & Welfare form (sworn fire and fire trainees only)
 - ❖ A copy of registered domestic partnership certificate.
 - ❖ If applicable, complete and submit the Domestic Partner Imputed Income Declaration Form if applicable* <https://cao-94612.s3.amazonaws.com/documents/Domestic-Partner-Imputed-Income-Declaration.pdf>

FAX TO
(510) 238-6560

EMAIL
BenefitsAdmin@oaklandca.gov

MAIL
City of Oakland Benefits Unit
150 Frank H. Ogawa Plaza, 3rd Floor
Oakland, CA 94612

**The value of health coverage an employer pays on behalf of the domestic partner and/or their dependent(s) who do not meet the definition of “dependent” as defined under IRS code §152 (as modified by §105(b)) must be reported as the imputed income for the employee and subject to federal income and employment taxes*

