Health Benefit Coverage – Adding Your Spouse

To add your spouse to your coverage, you must submit an enrollment form within 60 days of your marriage.   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

    Sworn fire and fire trainees must also download and complete the **Oakland Firefighter Dental Enrollment form.** Link to form**: Oakland Firefighter Dental Enrollment Form**

2. Submit the following to the City of Oakland Benefits Unit **within 60 days** of your marriage:
    ❖ The completed Employee Benefit Record form
    ❖ Oakland Firefighter Dental Enrollment form (sworn fire and fire trainees only)
    ❖ A copy of your marriage certificate.

FAX TO **(510) 238-6560**	**EMAIL** **BenefitsAdmin@oaklandca.gov**

MAIL
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