



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 • 2024 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 • 2024 Medical Plan Rates Full-Time Employees • 2024 Summary of Benefits Coverage Notice • CalPERS Health Benefit Summary • Commuter Benefits Summary Plan Description • FSA Program Highlights • FSA Summary Plan Description

How To Determine Medical Plans Available In Your Area	<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> <p><i>Note, CalPERS cannot use P.O. Boxes for medical plan availability.</i></p>						
Beneficiary Designations	<p>Separate beneficiary designation forms are required for each plan. Ensure you submit the required beneficiary designation forms.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><u>Plan</u></td> <td style="width: 50%; border: none;"><u>Form</u></td> </tr> <tr> <td style="border: none;">CalPERS Retirement</td> <td style="border: none;"><u>CalPERS Beneficiary Form</u></td> </tr> <tr> <td style="border: none;">457 Deferred Compensation</td> <td style="border: none;"><u>Deferred Comp Beneficiary Form</u></td> </tr> </table>	<u>Plan</u>	<u>Form</u>	CalPERS Retirement	<u>CalPERS Beneficiary Form</u>	457 Deferred Compensation	<u>Deferred Comp Beneficiary Form</u>
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CalPERS Retirement	<u>CalPERS Beneficiary Form</u>						
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Where to Submit Forms	<p>Submit your enrollment forms and required documentation to:</p> <p style="text-align: center;">EMAIL: <u>BenefitsAdmin@oaklandca.gov</u> FAX: (510) 238-6560</p>						
Questions	Email questions to <u>BenefitsAdmin@oaklandca.gov</u>						
Helpful Links	<p><u>Benefits Web Page – www.oaklandca.gov/benefits</u> <u>Benefit FAQs</u> <u>CalPERS Website</u> <u>CalPERS Health Program Guide</u></p>						

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 <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 Custody/Guardianship	Court Order, <u>CalPERS Affidavit of Parent Child Relationship form</u>
Economically Dependent Child	Birth Certificate, Tax Return, <u>CalPERS Affidavit of Parent-Child Relationship form</u>
Disabled Child over 26	<u>CalPERS Authorization to Disclose Health Information form</u> <u>CalPERS Member Questionnaire & Medical Report for Disabled Dependent form</u>
Child Age 19 – 24 (for dental & vision coverage)	Full-time student verification from school. Must include dependent’s name, school name, and full-time student status (or number of units currently enrolled).

- ❖ Dependent child age limit for medical coverage is up to age 26.
- ❖ Dependent child age limit for dental and vision coverage is through age 18 or through age 24 with full-time student status.
- ❖ Ensure you provide your dependent’s social security number in the dependent section.
- ❖ Retain copies of your enrollment forms for your records.