



# 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. Review the [\*\*Sworn Police Employee Benefits Guide\*\*](#), as it contains information on your benefits that will help you make informed decisions when selecting your benefits. Click on the links in the document to access your benefit documents and forms.

#### **Enrollment Period**

You have 60 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 first of the month following the date your enrollment forms are received by the Benefits Unit.

CalPERS will impose a 90-day waiting period if enrollment forms and documentation are received outside of the 60-day window. You will continue your OPOA dental coverage (the coverage you had as a trainee).

**Benefit Forms**  
(click link to form)

#### **Required Forms**

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

#### **Voluntary Programs & Additional Forms**

- [\*\*Commuter Benefit Program – Parking and Transit Program\*\*](#)
- [\*\*Deferred Compensation FT Enrollment Form\*\*](#)
- [\*\*Domestic Partner Imputed Income Declaration form\*\*](#)
- [\*\*2026 Flexible Spending Account Enrollment form\*\*](#)
- [\*\*The Club at City Center Payroll Authorization Form\*\*](#)

**Benefit Program  
Information**  
(click link to form)

- [\*\*Sworn Police Benefits Guide\*\*](#)
- [2026 Medical Plan Rates Full-Time & Sworn Employees](#)
- [2026 Summary of Benefits Coverage Notice](#)
- [CalPERS Health Benefit Summary](#)
- [Commuter Benefits Summary Plan Description](#)
- [FSA Program Highlights](#)
- [FSA Summary Plan Description](#)

## **Determining Medical Plans Available in Your Area and Selecting Your Plan**

Medical plan availability is based on your home or work zip code. Find available HMO and PPO Basic Plans available in your zip code area by clicking on the link below.

### **Medical Plan Search By Zip Code**

- Enter your zip code
- Select "Public Agency/School"
- Select "YES" in the Member of an Association section.
- Select "Basic Plans" as the Health Coverage Type.

*Note, CalPERS cannot use P.O. Boxes for medical plan availability.*

## **Where to Send Enrollment Forms**

Submit your enrollment forms and required documents to the City of Oakland Benefits Unit.

**EMAIL: [Benefitsadmin@oaklandca.gov](mailto:Benefitsadmin@oaklandca.gov)**

**FAX: (510) 238-6560**

**Drop off:** City of Oakland HR, 150 Frank H. Ogawa Plaza, 2<sup>nd</sup> floor HR desk



**Send questions to:  
[BenefitsAdmin@oaklandca.gov](mailto:BenefitsAdmin@oaklandca.gov)**

## **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 <a href="#"><u>Domestic Partner Imputed Income Declaration form</u></a>

Natural Child	Birth Certificate
Stepchild	Birth Certificate, Marriage Certificate
Domestic Partner Child	Birth Certificate, Domestic Partner Certificate
Adopted Child	Adoption Certificate
Child Legal Custody/Guardianship	Court Order, <a href="#">CalPERS Affidavit of Parent Child Relationship form</a>
Economically Dependent Child	Birth Certificate, Tax Return, <a href="#">CalPERS Affidavit of Parent-Child Relationship form</a>
Disabled Child over 26	<a href="#">CalPERS Authorization to Disclose Health Information form</a> <a href="#">CalPERS Member Questionnaire &amp; Medical Report for Disabled Dependent form</a>

- ❖ 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.
- ❖ FSA Dependent Care annual maximum is \$7,500 per household. If your spouse contributes to an employer sponsored dependent care FSA, you must coordinate your FSA elections to ensure the combined FSA Dependent Care elections don't exceed the \$7,500 annual household maximum
- ❖ Retain copies of your enrollment forms for your records.
- ❖ Separate designation forms are required are required for each plan; CalPERS, 457(b) Deferred Compensation Plan, and Designation of Final Check. Click the following link for more information [\*\*Beneficiary Designations\*\*](#).

## Helpful Links

- ❖ [\*\*Benefits Web Page – www.oaklandca.gov/benefits\*\*](#)
- ❖ [\*\*Benefits Matrix\*\*](#)
- ❖ [\*\*CalPERS Website\*\*](#)
- ❖ [\*\*CalPERS Health Program Guide\*\*](#)
- ❖ [\*\*Sworn Police Retirement Benefit Information\*\*](#)
- ❖ [\*\*Employee Assistance Program \(Claremont\)\*\*](#)