City of SACRAMENTO
Department of Human Resources

RETURN FORM VIA MAIL:
City of Sacramento
Benefit Services
915 I Street, Plaza Level
Sacramento, CA 95814-2604

Employee ID#_____

2026 Open Enrollment is September 29 - October 24, 2025!

CalPERS ☐ or SCERS ☐

Contact Information (Retiree/Surviving Beneficiary) – REQUIRED ☐ **Check here if this is a new address**

First and Last Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

You must return a signed copy of this document or complete the online enrollment form, even if you are not making any changes to your benefits. *Effective date of coverage is January 1, 2026.*

☐ **I am NOT making changes to the benefits listed above**. *Complete remainder of this page, sign, and return. Do not fill out the back of this form.*

☐ **I am making changes to the benefits listed above.** *Complete BOTH sides of this form. Only fill out the sections that you are changing on the back of this form.*

Contact Information (Retiree) – REQUIRED ☐ **Check here if this is a new address**

Address	City	State	Zip
Home Phone	Cell Phone	Email	

Emergency Contact – REQUIRED ☐ **Check here if this is new/updated emergency contact information**

Name	Phone	Relationship

Dependent Information – REQUIRED if plan lists dependents above or if adding new dependents

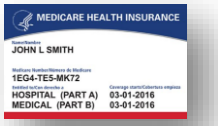
1. Full Name		Relationship ☐ Spouse ☐ Child	Medical ☐ Add ☐ Remove
SSN	DOB	Disabled ☐ Yes ☐ No	Dental ☐ Add ☐ Remove Vision ☐ Add ☐ Remove
2. Full Name		Relationship ☐ Spouse ☐ Child	Medical ☐ Add ☐ Remove
SSN	DOB	Disabled ☐ Yes ☐ No	Dental ☐ Add ☐ Remove Vision ☐ Add ☐ Remove
3. Full Name		Relationship ☐ Spouse ☐ Child	Medical ☐ Add ☐ Remove
SSN	DOB	Disabled ☐ Yes ☐ No	Dental ☐ Add ☐ Remove Vision ☐ Add ☐ Remove

Retiree Signature _____ **Date** _____

Signature required for City to process form.

ONLY COMPLETE THIS PAGE IF YOU SELECTED "I am making changes to the benefits listed above" ON FRONT OF FORM

1. MEDICAL

Changes:	Non-Medicare Plans:	Medicare Plans:	Coverage Level:
☐ Remove Coverage ☐ Enroll/Edit Coverage ☐ Enroll in Cash In-Lieu *(See Cash In-Lieu box below)*	☐ Kaiser Permanente ☐ Western Health Advantage ☐ Sutter Health Plus Co-Pay Options: ☐ $25 ☐ $40	☐ Kaiser Senior Advantage $20 ☐ UnitedHealthcare $15 ***Note:* If selecting a Medicare plan please attach a copy of your Medicare card (and spouse's if applicable).** 	☐ Retiree only ☐ Retiree & 1 Dependent* ☐ Retiree & 2+ Dependents*

2. DENTAL

Changes:	Dental Plans:	Coverage Level:
☐ Remove Coverage ☐ Enroll/Edit Coverage	☐ Delta Care DMO ☐ Delta Dental PPO	☐ Retiree only ☐ Retiree & 1 Dependent* ☐ Retiree & 2+ Dependents*

3. VISION

Changes:	Vision Plans:	Coverage Level:
☐ Remove Coverage ☐ Enroll/Edit Coverage	☐ VSP Basic ☐ VSP Enhanced	☐ Retiree only ☐ Retiree & 1 Dependent* ☐ Retiree & 2+ Dependents*

Changes Summary

If you have selected coverage level of Retiree & 1 Dependent or Retiree & 2+ Dependents, please make sure dependent information is listed on page 1.

Cash In-Lieu

If you receive a retiree health contribution from the City, you may request a monthly reimbursement from the City of Sacramento for individual medical premiums.

If you select dental and/or vision coverage with the City of Sacramento the monthly premium(s) will be subtracted prior to calculating your cash in-lieu reimbursement amount.

If electing cash in-lieu for 2026, additional information and forms will be mailed to you for completion in mid-November.

Important Reminders

Proof documentation for dependent eligibility is due by November 14, 2025.

If you need to complete a carrier enrollment form, the form will be mailed to you after we have reviewed your OE form. Carrier enrollment forms must be completed and mailed back to Benefit Services as soon as possible, but no later than November 14, 2025.

Return This Completed Form by October 24, 2025

Mail:
City of Sacramento - Benefit Services
915 I Street, Plaza Level
Sacramento, CA 95814

Questions?
Call 916-808-5665
Email retireeOE@cityofsacramento.org

Visit us online at
https://www.cityofsacramento.gov/HR/employee-retiree-benefits