SAN BERNARDINO COUNTY

MODIFIED BENEFIT OPTION ELECTION
Firefighters Unit and Fire Suppression Aides Unit

Election Type (select one for each):   **Unit:**

New Enrollment ☐   Cancellation ☐ (If cancelling skip 1-3 below)   Firefighters ☐   Fire Suppression Aide ☐

Must print in Black or Blue ink ONLY

Employee ID	Rcd No.	Last Name, First Name	Phone Number
Department	**Job Title**		**Effective Pay Period Begin Date**

By initialing below, I understand that I am agreeing to the following conditions:

1. By electing the MBO, I shall receive a differential in the amount of 4% above the base rate of pay and shall receive benefits as provided in the MBO section of the MOU. *Refer to the MBO section of the MOU for details regarding benefit and pay provisions.*

   _____ Initial Here

2. I understand that I have the option to enroll/dis-enroll in the MBO annually during Open Enrollment or if I experience a mid-year qualifying event.

   _____ Initial Here

3. **Applicable to Fire Suppression Aides Only** By electing the MBO, I understand that I will not accrue any Holiday leaves. I will only receive compensation when I actually work on a holiday. *Refer to the MBO section of the MOU for details regarding pay on holidays actually worked. Employees may utilize their own leave time to accommodate the loss of pay for every holiday that is not worked.*

   _____ Initial Here

ELECTION AGREEMENT	
By signing below I certify and affirm that I have read, understand, and agree to comply with the Modified Benefit Option (MBO) section of the Memorandum of Understanding.	
Employee Signature (Print & Sign)	**Date**

This document/form incorporates use of e-signatures in accordance with the San Bernardino County Policy #03-12 and Standard Practice 1.

FOR PAYROLL SPECIALIST USE ONLY

The following information must be reviewed and verified prior to enrollment in or cancellation of the MBO:
Employee Status *(Select One)*:   ☐ New Employee ☐ Open Enrollment
                                      ☐ New Employee - Newly eligible or ineligible

In addition to the required enrollment forms listed on the applicable payroll checklists, the following forms must be included in the MBO enrollment packet if the employee is electing to enroll in a County-sponsored medical plan and/or dental plan:

☐ Medical Plan Enrollment/Change Form
☐ Medical Expense Reimbursement (FSA) Plan Enrollment Form
   During annual Open Enrollment period, employee can enroll and designate FSA amount in EMACS.

☐ Dental Plan Enrollment/Change Form
☐ Vision Plan Enrollment/Change Form

Payroll Specialist (Print & Sign)	**Telephone**	**Date**

FOR HR USE ONLY			
Keyed By (Employee ID)	Date	Pay Period Effective	Effective Date