



Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

MODIFIED BENEFIT OPTION ELECTION

Ambulance Operators (AOU)

Election Type (select one):

New Enrollment Cancellation (If cancelling skip 1-2 below)

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 \$1.75 per hour above the base rate of pay and shall receive benefits as provided in the MBO section of the Compensation Plan. Refer to the MBO section of the MOU for details regarding benefit and pay provisions.
2. I understand that I have the option to enroll/dis-enroll in the MBO annually during Open Enrollment.

Initial Here

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 Compensation Plan.	
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): <input type="checkbox"/> New Employee <input type="checkbox"/> Open Enrollment <input type="checkbox"/> Change in Status - 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:		
<input type="checkbox"/> Medical Plan Enrollment/Change Form <input type="checkbox"/> Medical Expense Reimbursement (FSA) Plan Enrollment Form <i>*During annual Open Enrollment period, employee can enroll and designate FSA amount in EMACS.</i> <input type="checkbox"/> Dental Plan Enrollment/Change Form <input type="checkbox"/> 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