



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

# MODIFIED BENEFIT OPTION ELECTION

## Attorney Unit Eligible Classifications

**Classification** (select one):  Attorney I, II, III     Attorney IV

**Election Type** (select one):  New Enrollment  Midyear Change  Cancellation (If cancelling skip 1-2 below)

Must print in Black or Blue ink ONLY

<b>Employee ID</b>	<b>Rcd No.</b>	<b>Last Name, First Name</b>	<b>Phone Number</b>
<b>Department</b>	<b>Job Title</b>		<b>Effective Pay Period Begin Date</b>

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

- Attorney I, II, or III only** - By electing the MBO, I shall receive a differential in the amount of \$2.00 per hour 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
- Attorney IV only** - By electing the MBO, I shall receive a differential in the amount of \$3.50 per hour 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
- I understand that I have the option to enroll/disenroll in the MBO annually during Open Enrollment or if I experience a mid-year qualifying event. \_\_\_\_\_  
Initial Here

<b>ELECTION AGREEMENT</b>	
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.	
<b>Employee Signature (Print &amp; Sign)</b>	<b>Date</b>

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

<b>FOR PAYROLL SPECIALIST USE ONLY</b>		
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"/> Midyear Change/New Hire Change of Mind eff. Date _____ <input type="checkbox"/> Position Transfer/Department Change <input type="checkbox"/> Open Enrollment Classification is MBO eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No		
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 (which includes the Bronze PPO Plan), dental plan or medical expense reimbursement (FSA) plan: <input type="checkbox"/> Medical plan forms (Select One): <input type="checkbox"/> Medical Plan Enrollment/Change Form <input type="checkbox"/> Essential Health Plan Coverage Enrollment/Change Form (AKA Blue Shield Bronze Plan) <input type="checkbox"/> FSA Plan Enrollment Form <input type="checkbox"/> Dental Plan Enrollment/Change Form <input type="checkbox"/> Premium Deduction Election <input type="checkbox"/> Employment Status Notification		
<b>Payroll Specialist (Print &amp; Sign)</b>	<b>Telephone</b>	<b>Date</b>

FOR HR USE ONLY					
Keyed By (EE ID)	Date	Pay Period Effective	Elig. Config. Code	Holiday Schedule	Effective Date