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

MODIFIED BENEFIT OPTION ELECTION
California Nurses Association (CNA)

Election Type: ☐ New Enrollment ☐ Cancellation (If cancelling skip 1-3 below)

Must print in Black or Blue ink ONLY

EMPLOYEE INFORMATION			
Employee ID	Rcd No.	Last Name, First Name	Telephone

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 $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

2. 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

3. 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

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 ☐ Change in Status – Newly eligible or Cancel

Validate Classification (indicate if Classification is MBO Eligible) ☐ Yes ☐ No

In addition to the required enrollment forms listed on the applicable payroll checklist, the following forms should be included in the MBO enrollment packet as applicable if the employee is electing to enroll in a County-sponsored medical plan (which includes the Bronze PPO Plan) and/or dental plan:
Medical plan forms (*Select all that apply*):

☐ Medical Plan/Enrollment/Change Form

☐ Essential Health Plan Coverage Enrollment/Change Form (*AKA Blue Shield Bronze Plan*)

☐ Medical Expense Reimbursement (*FSA*) Plan Enrollment Form (*if applicable*)

☐ Dental Plan Enrollment/Change Form

☐ Premium Deduction Election

Payroll Specialist (Print & Sign)	Telephone	Date

FOR HR USE ONLY

Keyed By (Employee ID)	Date	Pay Period Effective	Effective Date

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HR 06/29/2023