



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

# MODIFIED BENEFIT OPTION ELECTION

## Exempt

### Election Type (select one for each):

New Enrollment  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:

- 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 Compensation Ordinance. Refer to the MBO section of the Compensation Ordinance for details regarding benefit and pay provisions. \_\_\_\_\_ Initial Here
- 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

<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 Compensation Ordinance.	
<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"/> Open Enrollment <input type="checkbox"/> 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 for new hire or if the employee is making changes in the County-sponsored medical plan, dental plan and/or vision 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		
<b>Payroll Specialist (Print &amp; Sign)</b>	<b>Telephone</b>	<b>Date</b>

<b>FOR HR USE ONLY</b>			
Keyed By (Employee ID)	Date	Pay Period Effective	Effective Date