



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

MODIFIED BENEFIT OPTION ELECTION

Water & Sanitation Unit (WAS)

Election Type (select one for each): 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:

- 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 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/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

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 Cancel		
Validate Classification (Indicate if 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 and/or dental plan: Medical plan forms (Select all that apply):		
<input type="checkbox"/> Medical Plan Enrollment/Change Form		
<input type="checkbox"/> Medical Expense Reimbursement (FSA) Plan Enrollment Form		
<input type="checkbox"/> Dental Plan Enrollment/Change Form		
Payroll Specialist (Print & Sign)	Telephone	Date

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

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

DISTRIBUTION: Original – EBSD-HR (0440)

HR 06/29/23

Modified Benefit Option Election/Cancellation – Water & Sanitation Unit