



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

# MODIFIED BENEFIT OPTION ELECTION

Must print in Black or Blue ink ONLY

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

All eligible employees in classifications specified in the applicable Memoranda of Understanding (MOU) shall be provided an opportunity to elect the Modified Benefit Option (MBO). Refer to the MBO section of the applicable MOU for details regarding eligible classifications and benefit provisions.

I understand that by completing and signing this form, I have elected the MBO and will be subject to the following provisions and conditions:

- By electing the MBO, I shall receive an additional \$1.25 per hour above the base rate of pay. Such additional pay shall be included as part of my base rate of pay. \_\_\_\_\_ *Initial Here*
- By electing the MBO, I understand that my modified benefits provisions (e.g., Leave provisions, Medical Premium Subsidy amount), will be different from what is offered with full benefits. \_\_\_\_\_ *Initial Here*
- By electing the MBO, I must commit to work a minimum of 1,560 hours per calendar year. \_\_\_\_\_ *Initial Here*
- By electing the MBO, I will only be eligible to return to the full benefit option during an annual open enrollment period, and only after remaining in this MBO during two (2) consecutive benefit plan years. For example, a newly hired employee who elects the MBO in November 2016 and a current employee who elects the MBO during Open Enrollment in June 2016 must remain in the MBO until Open Enrollment in June 2018. \_\_\_\_\_ *Initial Here*

ELECTION AGREEMENT	
I attest that I have read, understand, and agree to comply with the provisions of this election, terms of benefit plan contracts, County policies, applicable Memoranda of Understanding, and related state and/or federal law(s).	
<b>Employee Signature (Print &amp; Sign)</b>	<b>Date</b>

FOR PAYROLL SPECIALIST USE ONLY		
The following information must be reviewed and verified prior to enrollment in the MBO: Employee Status (Select One): <input type="checkbox"/> New Employee <input type="checkbox"/> Open Enrollment <input type="checkbox"/> Change in Status - Newly eligible for MBO 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 (which includes the Bronze PPO Plan) and/or dental 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"/> Dental Plan Enrollment/Change <input type="checkbox"/> Premium Deduction Election		
<b>Payroll Specialist (Print &amp; Sign)</b>	<b>Telephone</b>	<b>Date</b>

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

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