



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

## MODIFIED BENEFIT OPTION ELECTION Nurses

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>

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 and provisions. \_\_\_\_\_  
Initial Here
  
2. 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>	
<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 & Sign)	Date

<b>FOR PAYROLL SPECIALIST USE ONLY</b>		
<p>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</p>		
<p>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:</p> <p><input type="checkbox"/> Medical plan forms (Select One): <input type="checkbox"/> Medical Plan Enrollment/Change Form  <span style="margin-left: 150px;"><input type="checkbox"/> Essential Health Plan Coverage Enrollment/Change Form (AKA Blue Shield Bronze Plan)</span>  <input type="checkbox"/> Medical Expense Reimbursement (FSA) Plan Enrollment Form  <input type="checkbox"/> Dental Plan Enrollment/Change Form  <input type="checkbox"/> Premium Deduction Election</p>		
Payroll Specialist (Print & Sign)	Telephone	Date

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

DISTRIBUTION: Original - EMACS-HR (0030) - New Hire Only

Original - EBSD (0440) - All Others