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

MODIFIED BENEFIT OPTION ELECTION
Nurses, Nurse Supervisory and Management

Please select your bargaining unit:

☐ CNA ☐ Teamsters- Supervisory/Management Nurses

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:

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. 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 the MBO:

Employee Status *(Select One)*: ☐ New Employee ☐ Open Enrollment ☐ Change in Status - Newly eligible for MBO

Validate Classification *(Indicate if Classification is MBO eligible)*: ☐ Yes ☐ 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:

☐ Medical plan forms *(Select One)*: ☐ *Medical Plan Enrollment/Change Form*

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

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

☐ *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

DISTRIBUTION: Original – EBSD-HR (0440)