



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

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 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

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 Compensation Ordinance.	
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"/> 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		
Payroll Specialist (Print & Sign)	Telephone	Date

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