



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

MODIFIED BENEFIT OPTION ELECTION

Attorney Unit Eligible Classifications

Classification (select one): Attorney I, II, III Attorney IV

Election Type (select one): New Enrollment Midyear Change 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:

- Attorney I, II, or III only** - 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
- Attorney IV only** - By electing the MBO, I shall receive a differential in the amount of \$3.50 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/disenroll 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
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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): New Employee Midyear Change/New Hire Change of Mind eff. Date _____

Position Transfer/Department Change Open Enrollment

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), dental plan or medical expense reimbursement (FSA) plan:

- Medical plan forms (Select One): Medical Plan Enrollment/Change Form
 Essential Health Plan Coverage Enrollment/Change Form (AKA Blue Shield Bronze Plan)
 FSA Plan Enrollment Form Dental Plan Enrollment/Change Form Premium Deduction Election
 Employment Status Notification

Payroll Specialist (Print & Sign)	Telephone	Date
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FOR HR USE ONLY

Keyed By (EE ID)	Date	Pay Period Effective	Elig. Config. Code	Holiday Schedule	Effective Date
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HR 10/09/18

Modified Benefit Option Election/Cancellation- Attorney