

**CALIFORNIA SMALL MANUFACTURING  
HEALTH & WELFARE TRUST FUND  
ATTACHMENT TO ADOPTION AGREEMENT  
FOR**

\_\_\_\_\_  
[Participating Employer Name]

**Selection Of Benefit Options**

The Participating Employer selects the following benefit options effective as of:  
\_\_\_\_\_, 20\_\_\_\_

<b>Medical Plan Elections</b>	
HealthNet HMO Full Network FX1 (DF7)	<input type="checkbox"/>
HealthNet HMO Full Network FWY (DFD)	<input type="checkbox"/>
HealthNet HMO ExcelCare FXP (FGL)	<input type="checkbox"/>
HealthNet HMO ExcelCare FXF (FGE)	<input type="checkbox"/>
HealthNet HMO ExcelCare FXL (FGI)	<input type="checkbox"/>
HealthNet HMO ExcelCare FXM (FGJ)	<input type="checkbox"/>
HealthNet Salud Y Mas - HMO G65 (FEI)	<input type="checkbox"/>
HealthNet Salud Y Mas - HMO G6G (FEM)	<input type="checkbox"/>
SmartCare HMO 40 FWN (FDS)	<input type="checkbox"/>
SmartCare HMO 60 FWQ (FDV)	<input type="checkbox"/>
UHC Select Plus PPO Network modPR3 (PR3 MOD)	<input type="checkbox"/>
UHC Select Plus PPO Network H.S.A. modULU (ULU MOD HSA)	<input type="checkbox"/>
UHC Select Plus PPO Network H.S.A. modBS6T (BS6T MOD AXE5 HSA)	<input type="checkbox"/>

<b>Dental Plan Elections</b>	
MetLife Full PPO Network - High PPO Network	<input type="checkbox"/>
MetLife Full PPO Network - Low PPO Network	<input type="checkbox"/>
MET 85 – HIGH OPTION – DHMO	<input type="checkbox"/>
MET 185 – LOW OPTION – DHMO	<input type="checkbox"/>

<b>Vision Plan Elections</b>	
MetLife (VSP) High Option	<input type="checkbox"/>
MetLife (VSP) Low Option	<input type="checkbox"/>

Executed this \_ day of \_\_\_\_\_, \_\_\_\_\_ on behalf of the  
Participating Employer.

By: \_\_\_\_\_

Title: \_\_\_\_\_