

CALIFORNIA SMALL MANUFACTURING HEALTH & WELFARE TRUST FUND

Participating Employer Enrollment Checklist

Effective Date: _____

On the date set forth below the Participating Employer received copies of the following California Small Manufacturing Health & Welfare Trust Fund documents:

- Trust Agreement
- Adoption Agreement
- Addendum to Adoption Agreement Allowing Employees to Waive Coverage
- Attachment "A" to Adoption Agreement
- Summary Plan Description
- Qualified Medical Child Support Order Procedures
- Copy of Current Rate Sheet
- Quarterly Contribution Return And Report Of Wages (Form DE9C)

IMPORTANT:

Affordable Care Act (ACA) requires all new employers joining the Trust to submit Quarterly Contribution Return And Report Of Wages (Form DE9C) for all employees, full and part time at the time of enrollment.

Please contact MVI Administrators Insurance Solutions, Inc. at (619) 260-2660 if you have questions.

PARTICIPATING EMPLOYER: _____

By: _____
Authorized Representative

Date: _____

Printed Name

Title