

**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__.

For each type of coverage elected by the Participating Employer, at all times, either a minimum number or a minimum percentage of the Participating Employer's eligible employees, who do not have a valid waiver of coverage in effect with respect to the coverage involved, must participate in the coverage, all in accordance with the applicable underwriting rules and other requirements then in effect by the applicable provider and by the Trust Fund.

Fully insured major medical benefits as set forth below.

Medical Plan Elections (Health Net)	
HMO Full Network HSV (GX6)	<input type="checkbox"/>
HMO Full Network HSS (GX3)	<input type="checkbox"/>
HMO ExcelCare HVH (GXM)	<input type="checkbox"/>
HMO ExcelCare HVP (GXU)	<input type="checkbox"/>
HMO ExcelCare HVT (GXY)	<input type="checkbox"/>
HMO ExcelCare HVN (GXS)	<input type="checkbox"/>
HMO Salud Y Mas HUG (H11)	<input type="checkbox"/>
HMO Salud Y Mas HUV (H1E)	<input type="checkbox"/>
HMO SmartCare HSF (GWR)	<input type="checkbox"/>
HMO SmartCare HSJ (GWV)	<input type="checkbox"/>
PPO HX5 (GYG)	<input type="checkbox"/>
PPO HX6 (GYH)	<input type="checkbox"/>
PPO HSA HXL (GYV)	<input type="checkbox"/>
PPO HSA HXH (GYR)	<input type="checkbox"/>

If the Participating Employer elects fully insured major medical benefits coverage and the Participating Employer's Adoption Agreement indicates a fixed dollar amount as the Participating Employer's contribution, the fixed dollar amount is increased to \$_____, so that the Participating Employer's

contributions are at least 50% of the monthly premium for the lowest cost single employee medical coverage.

Fully insured dental benefits as set forth below.

Dental Plan Elections (MetLife)	
HMO High Dental (MET 85)	<input type="checkbox"/>
HMO Low Dental (MET 185)	<input type="checkbox"/>
PPO High Dental	<input type="checkbox"/>
PPO Low Dental	<input type="checkbox"/>

Fully insured vision benefits as set forth below.

Vision Plan Elections (Met Life)	
High Option Vision	<input type="checkbox"/>
Low Option Vision	<input type="checkbox"/>

The voluntary benefits offered by the Trust Fund that the Participating Employer shall offer to its eligible employees are the following:

- Basic Life/AD&D (will be issued only if the Employee participates in medical coverage)
- Voluntary Life/AD&D
- Long-Term Disability
- Short-Term Disability
- Accident
- Critical Illness
- Long-Term Hospital Indemnity

Executed this _____ day of _____, _____ on behalf of the Participating Employer.

By: _____

Title: _____