

**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
- Attachment "A" to Adoption Agreement
- Summary Plan Description
- Copy of Current Rate Sheet

Please contact Risk Program Administrators at 833-648-2089 with any questions.

**PARTICIPATING EMPLOYER:** \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title