

**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	
2026 Health Net HMO Salud Y Mas N0F (M7V)	<input type="checkbox"/>
2026 Health Net HMO Salud Y Mas N1E (M8R)	<input type="checkbox"/>
2026 Health Net HMO SmartCare MZE (M2M)	<input type="checkbox"/>
2026 Health Net HMO SmartCare MZH (M2Q)	<input type="checkbox"/>
2026 Health Net HMO SmartCare MZ1 (M2B)	<input type="checkbox"/>
2026 Health Net HMO SmartCare MZ5 (M2F)	<input type="checkbox"/>
2026 Blue Shield HMO - Access + HMO 20	<input type="checkbox"/>
2026 Blue Shield HMO - Local Access + HMO 20	<input type="checkbox"/>
2026 Blue Shield HMO - Local Access + HMO 30	<input type="checkbox"/>
2026 Blue Shield HMO - Local Access + HMO 50	<input type="checkbox"/>
2026 Blue Shield HMO - Trio HMO 20	<input type="checkbox"/>
2026 Blue Shield HMO - Trio HMO 30	<input type="checkbox"/>
2026 Blue Shield HMO - Trio HMO 50	<input type="checkbox"/>
2026 Blue Shield PPO - PPO 1000	<input type="checkbox"/>
2026 Blue Shield PPO - PPO 2000	<input type="checkbox"/>
2026 Blue Shield PPO - PPO 3000	<input type="checkbox"/>
2026 Blue Shield PPO/HSA - PPO HDHP 4000	<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 additional benefits offered by the Trust Fund that the Participating Employer shall offer to its eligible employees are the following:

- Basic Life/AD&D (employer paid)
- Long-Term Disability (employer paid)
- Voluntary Life/AD&D (voluntary)
- Short-Term Disability (voluntary)
- Accident (voluntary)
- Critical Illness (voluntary)
- Hospital Indemnity (voluntary)
- Identity Theft (voluntary)

Executed this _____ day of _____, _____ on

behalf of the Participating Employer.

By: _____

Title: _____