

**CALIFORNIA SMALL MANUFACTURING HEALTH WELFARE TRUST FUND
ATTACHMENT TO ADOPTION AGREEMENT
Participating Employer's Selection of Benefit Options**

Employer: _____

Effective Date: _____

Medical Plan Elections	
Enrollment Form	Offered
HealthNet HMO DF7	<input type="checkbox"/>
HealthNet HMO DFD	<input type="checkbox"/>
HealthNet HMO ExcelCare DY1	<input type="checkbox"/>
HealthNet HMO ExcelCare DF1	<input type="checkbox"/>
HealthNet HMO ExcelCare DF3	<input type="checkbox"/>
HealthNet HMO ExcelCare DEZ	<input type="checkbox"/>
HealthNet Salud Y MAS DC3	<input type="checkbox"/>
HealthNet Salud Y MAS DC8	<input type="checkbox"/>
UHC PPO PR3	<input type="checkbox"/>
UHC H.S. A. ULU	<input type="checkbox"/>
UHC H.S.A. AXE5	<input type="checkbox"/>
SmartCare HMO 40 Standard DCX	<input type="checkbox"/>
SmartCare HMO 60 Value DD1	<input type="checkbox"/>

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

Vision Plan Elections	
Eyemed High Option Insight Network	<input type="checkbox"/>
Eyemed Low Option Insight Network	<input type="checkbox"/>

Participating Employer: _____

Signed by: _____

Full Name: _____

Title: _____

Date: _____ / _____ /2018