

CALIFORNIA CONSTRUCTION INSURANCE TRUST
ATTACHMENT TO ADOPTION AGREEMENT

Selection of Benefit Options

UHC HMO Plan Options

UHC EIJ/JG7 Signature Value HMO	<input type="checkbox"/>	<input type="checkbox"/>
UHC EI0/KD1 Signature Value HMO	<input type="checkbox"/>	<input type="checkbox"/>
UHC ET0/JL4 Signature Value HMO	<input type="checkbox"/>	<input type="checkbox"/>
UHC EI7/JG7 Signature Value Advantage HMO	<input type="checkbox"/>	<input type="checkbox"/>
UHC E0W/KD1 Signature Value Advantage HMO	<input type="checkbox"/>	<input type="checkbox"/>
UHC E0B/JL4 Signature Value Advantage HMO	<input type="checkbox"/>	<input type="checkbox"/>
UHC SVA Alliance	<input type="checkbox"/>	<input type="checkbox"/>

UHC PPO Plan Options

UHC PSZ Select Plus PPO	<input type="checkbox"/>	<input type="checkbox"/>
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SIMNSA

	<u>Salaried</u>	<u>Hourly</u>
SIMNSA Plan 7/10 Benefit Package #3 HMO	<input type="checkbox"/>	<input type="checkbox"/>

Western Health Advantage (pick up to three)

WHA Premier 20 MHP	<input type="checkbox"/>	<input type="checkbox"/>
WHA Western 4010 MHP	<input type="checkbox"/>	<input type="checkbox"/>
WHA Western 4025 MHP	<input type="checkbox"/>	<input type="checkbox"/>
WHA Western 1800 MHP	<input type="checkbox"/>	<input type="checkbox"/>
WHA Western 2800 MHP	<input type="checkbox"/>	<input type="checkbox"/>

Western Health Advantage HSA Plan

WHA Western 4000BMHP	<input type="checkbox"/>	<input type="checkbox"/>
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Dental Plan Options

UHC Dental HMO Option

UHC Dental PPO Option

Vision Plan Options

UHC Vision Plan

Life Plan Options

UHC Life - \$250,000

UHC Life - \$100,000

UHC Life - \$50,000

UHC Life - \$20,000

If Hour Bank Selected – Effective Date: _____

PARTICIPATING EMPLOYER: _____
Company

By: _____ Date: _____

Signature

Print Name

Title