



**Central Valley**  
Schools Health & Welfare  
**Trust**

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**Health Plan Selection Form**

Please review the 2006-2007 Self-Paid Retiree Health Plan Options Brochure before selecting one of the plan options below. After reviewing the brochure, please mark your health plan choice by putting an "X" in the corresponding selection box.

Once your selection is made, sign and date this form in the space provided and return to Central Valley Trust (CVT) using the business reply envelope that is included in this packet. **CVT must receive your selection form by September 15, 2006.**

If you do not wish to change your health plan coverage, you do not need to fill out or submit this form. If you have questions, please call Member Services at 800-CVT-9870 (800-288-9870).

**PARTICIPANT:**                      **FULL NAME**                      **ACCT NUMBER:** **XXXXXXXXXX**

**2006-2007 Self-Paid Retiree PPO Health Plan Options**

<b>1C</b>	<b>4C</b>	<b>6C</b>	<b>8C</b>	<b>10C</b>	<b>Med Supp 1C</b>	<b>Med Supp 2C</b>	<b>HDHP 2</b>

**2006-2007 Self-Paid Retiree HMO Health Plan Options**

<b>Kaiser 1</b>	<b>Kaiser 4</b>	<b>PacifiCare</b>

**If you wish to terminate your CVT coverage, check the appropriate box below.**

TERMINATE MY:                       Health     Dental     Vision    Effective Date: Oct. 1, 2006

TERMINATE SPOUSE'S:            Health     Dental     Vision    Effective Date: Oct. 1, 2006

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Signature

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Date

**Whether changing plans or terminating coverage, you must sign above.**