



FRESNO COUNTY EMPLOYEES' RETIREMENT ASSOCIATION

EXTENSION OF REVIEW PERIOD

I, _____, having filed a Claim for Damages on _____ with the Fresno County Employees' Retirement Association (FCERA), understand that my claim must be reviewed by the insurance company before a decision can be made on its merits. I thereby agree to allow the FCERA until _____ to complete their review process.

Signature Date

Print Name Number/Street/City/State/Zip Code