



Enrollment Form

Name of Group (Organization) FURA

Retiree Name: _____
(last name, first name, middle initial)

Phone Number: _____

Email Address: _____

Retiree Social Security Number: _____

Retiree Date of Birth: _____

Gender: Female Male --- Retiree of CalSTRS CalPERS

Type of coverage selected:

_____ Retiree only

_____ Retiree plus one dependent (child must be under 18)

Dependent Name _____ Date of Birth _____ Relation _____

_____ Retiree plus family (child must be under 18)

Dependent Name _____ Date of Birth _____ Relation _____

Dependent Name _____ Date of Birth _____ Relation _____

Retiree Signature

Date

*Please return this form to your benefits administrator, FURA, c/o Walter Franzell,
Retiree Benefits Associates, LLC, PO Box 2386 Clovis, CA 93613*

**Retirees: This form provided for your internal use only. Please do not return to VSP.
Thank you.**