

City of Gainesville  
DISABILITY PENSION PLAN  
Application for Pension

RECEIVED  
DEC 2 0 2006  
BY: [Signature]

070003

To: The CITY COMMISSION

Application for pension under the City of Gainesville Disability Pension Plan is hereby made for:

Name: Lonnie HARVEY, JR. Employee ID #: 13166  
Application Date: 12-19-06 Effective Date: \_\_\_\_\_  
Pension Service Date: 4/11/2005 Date Of Birth: 08-04-52  
Position: RTS - TRANSIT OPERATOR  
Department: Regional TRANSIT SYSTEM  
Address: STARS P.O. Box 490 City: GAINESVILLE  
State/Zip: Florida 32602-0490 Phone #: 352-334-2607

Line of Duty  Not in the Line of Duty

STATEMENT OF DISABILITY: BACK SURGERY - WAS RELIEVED BY PHYSICIAN  
BECAUSE OF PAIN FROM DRIVING THE BUS.

You are advised that if after retirement has been approved and/or benefits paid it is determined that the initially projected or actually paid benefit amount was higher or lower than the member, retiree, or beneficiary was entitled to, then such benefit may be adjusted so as to provide the actuarial equivalent of the benefit to which the member, retiree, or beneficiary was entitled

You are also advised that you must comply with all reasonable requests of the City of Gainesville to recertify annually your eligibility to receive pension benefits as provided in Section 2-527(m) of the City of Gainesville Code of Ordinances.

It is a crime for a person willfully and knowingly to make any false, fraudulent or misleading oral or written statement or withholds or conceals material information to obtain any benefit available under this plan.

Lonnie Harvey Jr  
Signature of Member

12-19-06  
Date

State of Florida

County of Alachua

The foregoing instrument was acknowledged before me this 19<sup>th</sup> day of DECEMBER (month), 2006 (year), by Lonnie Harvey, JR. (name of person acknowledging).

[Signature] (Signature of Notary) (Seal of Notary)  
Samuel J. Lee (name of Notary, printed, typed, or stamped)

**Harold L. Lee**  
Commission # DD262375  
Expires November 12, 2007  
Notary Public  
STATE OF FLORIDA  
Recorded Time Expires Insurance, Inc. 800.385.7119

Personally known OR produced identification Type of identification produced

REVIEWED BY:

[Signature]  
Department Head

Special Authority

Disability Review Committee Recommendation:

Approve Deny  
(Circle one)

[Signature]  
City Manager  
Disability Review Committee

4-6-2007  
Date of Meeting

City Commission Action:

Approval Denial  
(Circle one)

Mayor