

City of Gainesville
DISABILITY PENSION PLAN
Application for Pension

060819

TO: CITY COMMISSION

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

Name: **Juanita Fort** Employee ID #: 8179
Application Date: **August 17, 2006** Effective Date:
Pension Service Date: **January 11, 1999** Date of Birth: **July 23, 1942**
Position: **Custodial Worker** Department: **Facilities Management**
Home Address: **P O Box 503** City: **Waldo**
State / Zip: **FL 32694**
Home Telephone Number: **352-468-2475**

STATEMENT OF DISABILITY: *Already had 7 surgery on both hands. Unable to use your hands. ~~For~~ Additional surgery is required. ~~at~~ I continue using hands with these use of hands*

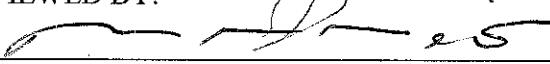
You are hereby advised that if after retirement has been approved and/or benefits paid, it is determined that the initially projected or actually paid benefit amount was higher or lower than the member, retiree, or beneficiary was entitled to, then such benefit may be adjusted so as to provide the actuarial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

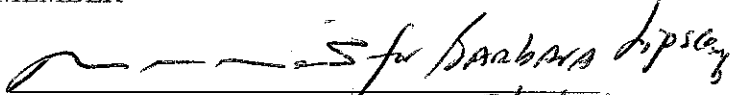

SIGNATURE OF MEMBER

REVIEWED BY:

Department Head


8/31/06

Special Authority


8/31/06

Disability Review Committee Recommendation:

Approve

Deny

City Manager

Disability Review Committee

(Circle one)

11-30-06

Date of Meeting

City Commission Action:

Approval

Denial

(Circle one)

Mayor

Date of Action