

**City of Gainesville**  
**DISABILITY PENSION PLAN**  
**Application for Pension**

Legislative ID #100487

**To: The CITY COMMISSION**

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

Name: Robert C. Buckholt Employee ID #: 11293  
Application Date: July 16, 2010 Effective Date: \_\_\_\_\_  
Pension Service Date: 5/22/00 Date Of Birth: 4/25/55

Position: Transit Supervisor  
Department: Regional Transit

Address: 7325 NECTAR LANE City: KEYSTONE HEIGHTS  
State/Zip: Florida 32656 Phone #: \_\_\_\_\_

Line of Duty  Not in the Line of Duty

**STATEMENT OF DISABILITY:** \_\_\_\_\_  
\_\_\_\_\_

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.

Original Signature on File \_\_\_\_\_  
Signature of Member \_\_\_\_\_ Date \_\_\_\_\_

State of Florida  
County of \_\_\_\_\_  
The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ (month),  
\_\_\_\_\_ (year), by \_\_\_\_\_ (name of person acknowledging).  
\_\_\_\_\_  
(Signature of Notary) (Seal of Notary)  
\_\_\_\_\_  
(name of Notary, printed, typed, or stamped)

Personally known \_\_\_ OR produced identification \_\_\_ Type of identification produced \_\_\_\_\_

REVIEWED BY:

Original Signature on File \_\_\_\_\_  
Department Head \_\_\_\_\_ Special Authority \_\_\_\_\_

**Disability Review Committee Recommendation:**

**Approve** **Deny**  
(Circle one)

Original Signature on File \_\_\_\_\_  
City Manager \_\_\_\_\_  
Disability Review Committee \_\_\_\_\_  
Date of Meeting 11/12/10

**City Commission Action:**

**Approval** **Denial**  
(Circle one)

\_\_\_\_\_  
Mayor

\_\_\_\_\_