City of Gainesville DISABILITY PENSION PLAN Application for Pension

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

060175 RECEIVED

APR 2 5 2006

TO: CITY COMMISSION

Name: Robert Smith		Employee ID #: 7964		
Application Date: April 17, 2006			Effective Date:	
Pension Service Date:			Date of Birth:	August 7, 1956
Position: Transit Operator			Department:	RTS
Home Addre	ss:	PO Box 1096	City	Micanopy
State / Zip FL 32667				
Home Telephone Number: 352-335-1623				
STATEMENT OF DISABILITY: Complete kidney failure, currently doing dialysis. Currently taking 6-8 different medicines.				
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.				
		Robert Lynn SIGNATURE OF	Smith	· · · · · · · · · · · · · · · · · · ·
REVIEWED I	M	All Achter of	Special Authority	Kelt
Disability Review Committee Recommendation: Approve Deny (Circle one) Date of Meeting				
Disability Rev City Commiss			Approval	Denial
			(Circle one	
Mayor			Date of Ac	tion