

City of Gainesville  
DISABILITY PENSION PLAN  
Application for Pension

To: The CITY COMMISSION

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

Name: Michael O. Gardiner  
Application Date: August 21, 2014  
Pension Service Date: July 28, 1997

Employee ID #: 10368  
Effective Date:  
Date Of Birth: November 8, 1950

Position: Facilities Maintenance Coordinator CWA GRU  
Department: GRU - Facilities Maintenance

Address: 133 Crystal Lake Drive  
State/Zip: Florida 32666

City: Melrose  
Phone #: 352-316-2884

Line of Duty

Not in the Line of Duty

STATEMENT OF DISABILITY: DOCTORS SUGGESTION TO RETIRE - HEPATITUS C FOR +30 YEARS  
HEPATITUS CAUSES UPSET STOMACH NUMEROUS PROBLEMS IN SOURCE NARCOTICS DAILY TO WORK  
HIP REPLACEMENT WHICH CAUSES CONSTANT PAIN

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.

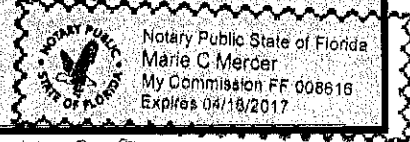
You are also advised that you must comply with all reasonable requests of the City of Gainesville to recertify annually your eligibility to receive pension benefits as provided in Section 2-527(m) of the City of Gainesville Code of Ordinances.

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.

Michael O. Gardiner Signature of Member 8/21/14 Date

State of Florida  
County of Alachua  
The foregoing instrument was acknowledged before me this 21st day of August (month), 2014 (year), by Michael Gardiner (name of person acknowledging).

Marie C. Mercer (Signature of Notary) (Seal of Notary)  
Marie C. Mercer (name of Notary, printed, typed, or stamped)



Personally known QR produced identification Type of identification produced

FLDL 6635-554-504080

REVIEWED BY:  
William J. [Signature]  
Department Head

[Signature]  
Special Authority

Disability Review Committee Recommendation:  
[Signature]  
City Manager  
Disability Review Committee

Approve Deny  
(Circle one)  
12-11-14  
Date of Meeting

City Commission Action:  
\_\_\_\_\_  
Mayor

Approval Denial  
(Circle one)