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City of Gainesville
DISABILITY PENSION PLAN
Application for Pension

TO: CITY COMMISSION

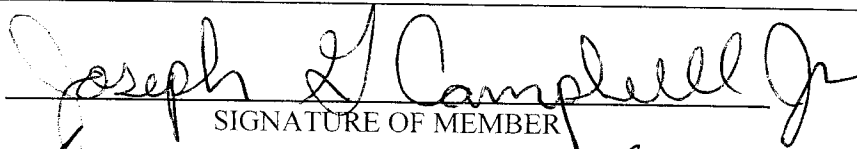
Application for pension under the City of Gainesville Disability Pension Plan is hereby made for:


Name: **Joseph G. Campbell** Employee ID #: 07366
Application Date: **December 13, 2005** Effective Date:
Pension Service Date: **June 22, 1987** Date of Birth: **September 1, 1962**
Position: **Electric Line Worker II** Department: **GRU**
Home Address: **PO Box 1885** City **Alachua**
State / Zip **FL 32615**
Home Telephone Number: **386-462-1779**

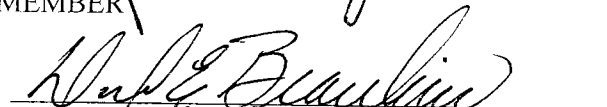
STATEMENT OF DISABILITY: *Unable to lift any weight or lift arm right over head. Always in extreme pain.*


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


Special Authority

Disability Review Committee Recommendation:

City Manager
Disability Review Committee

Approve **Deny**
(Circle one)
Date of Meeting

City Commission Action:

Mayor

Approval **Denial**
(Circle one)
Date of Action