

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

070663

**To: The CITY COMMISSION**

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

Name: Darryl E. Lindsey Employee ID #: 000010487  
 Application Date: 6-25-07 Effective Date: \_\_\_\_\_  
 Pension Service Date: \_\_\_\_\_ Date Of Birth: 5-16-65  
 Position: Power Plant Mechanic  
 Department: Deer Haven Power Plant  
 Address: 414 SE 135 Terr City: Gainesville  
 State/Zip: Florida 32641 Phone #: 336-1003

Line of Duty  Not in the Line of Duty

**STATEMENT OF DISABILITY:** I have had 3 major back surgeries due to being struck w/a forklift at my work. I still am not able to sit or stand for even 30 minutes straight. I still have not reached MM.

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.

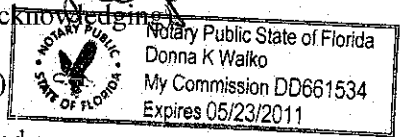
You are also advised that you must comply with all reasonable requests of the City of Gainesville to recertify annually your eligibility to receive pension benefits as provided in Section 2-527(m) of the City of Gainesville Code of Ordinances.

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.

du. to contin pain and weak ness numb. ness

Darryl E. Lindsey Signature of Member 7/19/07 Date

State of Florida  
 County of Alachua  
 The foregoing instrument was acknowledged before me this 19<sup>th</sup> day of July (month), 2007 (year), by Darryl Lindsey (name of person acknowledged),  
Donna K Walko (Signature of Notary) (Seal of Notary)  
Donna K. Walko (name of Notary, printed, typed, or stamped)  
 Personally known OR produced identification Type of identification produced



REVIEWED BY:

Department Head \_\_\_\_\_ Special Authority \_\_\_\_\_

Disability Review Committee Recommendation:

[Signature]  
 City Manager  
 Disability Review Committee

Approve Deny  
 (Circle one)  
11-5-07  
 Date of Meeting

City Commission Action:

Approval Denial  
 (Circle one)

Mayor \_\_\_\_\_