

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

Legislative ID #100486

**TO: CITY COMMISSION**

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

Name: Michael Joe McCumbers Employee ID #: 12435  
Application Date: **November 5, 2009** Effective Date:  
Pension Service Date: **April 21, 2003** Date of Birth: **August 28, 1954**  
Position: **Vehicle Service Attendant** Department: **RTS**  
Home Address: **2180 NW 140th Street** City **Citra**  
State / Zip **FL 32113**

Home Telephone Number: **352-368-5830**

**STATEMENT OF DISABILITY: arthritic disc damage to knees & lower spine issues with pain meds and driving**

**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.**

Original Signature on File

SIGNATURE OF MEMBER

REVIEWED BY:

Original Signature on File

Department Head

Special Authority

**Disability Review Committee Recommendation:**

**Approve Deny**

**(Circle one)**

Original Signature on File

11/2/10

City Manager

Date of Meeting

Disability Review Committee

**City Commission Action:**

**Approval Denial**

**(Circle one)**

Mayor

Date of Action