## 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: | Thomas Travis Rahn | Employee ID #: | 9619 |
| Application Date: | 3/23/2010 | Effective Date: | _____ |
| Pension Service Date: | August 21, 1995 | Date Of Birth: | May 28, 1973 |

Position: Services Operator
Department: GRU - Wastewater Collection

| | | | |
|---|---|---|---|
| Address: | 26817 N CR 1491 | City: | Alachua |
| State/Zip: | Florida 32615 | Phone #: | 352-316-0405 |

☐ Line of Duty          ☒ Not in the Line of Duty

**STATEMENT OF DISABILITY:** Right tibial plateau fracture, bicondylar fracture right frontal sinus, head injusry, back 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.

Original Signature on File
Signature of Member                                    Date

State of Florida
County of _____
The foregoing instrument was acknowledged before me this _____ day of _____ (month),
_____ (year), by _____ (name of person acknowledging).
_____ (Signature of Notary) (Seal of Notary)
_____ (name of Notary, printed, typed, or stamped)

Personally known ____ OR produced identification ____ Type of identification produced _____

REVIEWED BY:

Original Signature on File
Department Head                                    Special Authority

**Disability Review Committee Recommendation:**          **Approve**          **Deny**
                                                          (Circle one)
Original Signature on File                                 approve 1/13/11
City Manager                                               Date of Meeting
Disability Review Committee

**City Commission Action:**          **Approval**          **Denial**
                                     (Circle one)

Mayor