

City of Gainesville
DISABILITY PENSION PLAN
Application for Pension

050418

TO: CITY COMMISSION

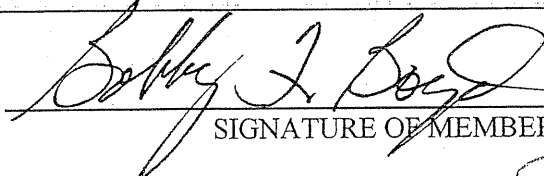
Application for pension under the City of Gainesville Disability Pension Plan is hereby made for:

Name: **Bobby Boyd** Employee ID #: 10745
Application Date: **June 22, 2005** Effective Date:
Pension Service Date: **August 3, 1998** Date of Birth: **February 14, 1939**
Position: **Transit Operator** Department: **RTS**
Home Address: **220 NW 2nd Avenue** City **High Springs**
State / Zip **FL 32683**
Home Telephone Number: **386-454-0328**

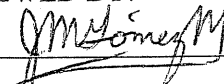
STATEMENT OF DISABILITY: Loss of right leg.

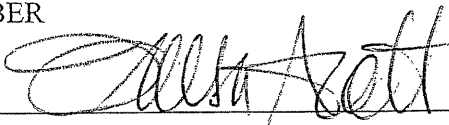
You are hereby advised that if after retirement has been approved and/or benefits paid, it is determined that the initially projected or actually paid benefit amount was higher or lower than the member, retiree, or beneficiary was entitled to, then such benefit may be adjusted so as to provide the actuarial 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.

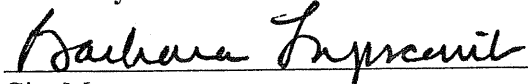

SIGNATURE OF MEMBER

REVIEWED BY:


Department Head


Special Authority

Disability Review Committee Recommendation:


City Manager
Disability Review Committee

Approve Deny
(Circle one)
8/31/05
Date of Meeting

City Commission Action:

Mayor

Approval Denial
(Circle one)

Date of Action