

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: Angie V. Bush  
Application Date: February 12, 2014  
Pension Service Date: March 13, 1995

Employee ID #:9656  
Effective Date: March 13, 2014  
Date Of Birth: January 29, 1958

Position: Clerk II CWA GG  
Department: Budget & Finance

Address: 3305 NW 51<sup>st</sup> Terrace  
State/Zip: Florida 32606

City: Gainesville  
Phone #352-378-8965

Line of Duty

Not in the Line of Duty

STATEMENT OF DISABILITY: I can't perform my duties with the medication I'm on for Psoriatic Arthritis. I stay in constant pain and my memory is not up to par because of the medication with this pain medication.

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.

Angie V. Bush Signature of Member      2/12/2014 Date

State of Florida  
County of Alachua  
The foregoing instrument was acknowledged before me this 2/12/14 day of \_\_\_\_\_ (month), \_\_\_\_\_ (year) by \_\_\_\_\_ (name of person acknowledging)  
Lynnda R. Hanskat (Signature of Notary) (Seal of Notary)  
Lynnda Hanskat (name of Notary, printed, typed, or stamped)  
Personally known  OR produced identification      Type of identification produced \_\_\_\_\_  
Notary Public - State of Florida  
My Comm. Expires Nov 19, 2016  
Commission # SE 838474

REVIEWED BY:  
Mah S. Benter  
Department Head

Special Authority

Disability Review Committee Recommendation:

Approve      Deny  
(Circle one)

[Signature]  
City Manager  
Disability Review Committee

5-8-14  
Date of Meeting

City Commission Action:

Approval      Denial  
(Circle one)

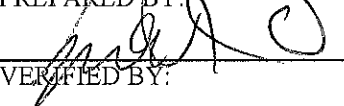
Mayor

**CITY OF GAINESVILLE  
DISABILITY RETIREMENT PLAN**

|  |                         |                       |                             |
|--|-------------------------|-----------------------|-----------------------------|
| <b>NAME:</b>                                       | Angie V. Bush           |                       |                             |
| <b>EMPLOYEE ID #:</b>                              | 9656                    |                       |                             |
| <b>DATE OF RETIREMENT:</b>                         | Application 3/18/2014   |                       |                             |
| <b>TYPE OF CALCULATION:</b>                        | NLOD                    |                       |                             |
| <b><u>FINAL AVERAGE EARNINGS:</u></b>              |                         |                       |                             |
| <b>EARNINGS HISTORY PROVIDED BY</b>                | <b><u>DATE FROM</u></b> | <b><u>DATE TO</u></b> | <b><u>SALARY</u></b>        |
| PAYROLL  | 01-Jan-13               | 05-Sep-13             | \$21,123.72                 |
|  |                         | 2012                  | \$29,925.31                 |
|  |                         | 2011                  | \$29,250.80                 |
|  | 09-Sep-10               | 31-Dec-10             | \$10,113.12                 |
| <b>TOTAL</b>                                       |                         |                       | \$90,412.95                 |
| <b>FINAL AVERAGE MONTHLY EARNINGS (Total / 36)</b> |                         |                       | <b>\$2,511.47</b>           |
| <b><u>CREDITED SERVICE</u></b>                     |                         |                       |                             |
| <b>CREDITED SERVICE:</b>                           | <b><u>DATE FROM</u></b> | <b><u>DATE TO</u></b> | <b><u>YEARS SERVICE</u></b> |
|  | 13-Mar-95               | 26-Nov-13             | 18.750                      |
| <b><u>SICK LEAVE SERVICE CREDIT:</u></b>           | <b><u>DATE</u></b>      | <b><u>BALANCE</u></b> | <b><u>HRS/YEAR</u></b>      |
| PCLB as of 10-1-2012 (308.55)                      | 2/10/2014               | 0.000                 | 2080                        |
| <b>TOTAL SERVICE CREDIT</b>                        |                         |                       | <b>18.750</b>               |
| <b><u>UNADJUSTED DISABILITY BENEFIT</u></b>        |                         |                       |                             |
| <b>TOTAL SERVICE CREDIT</b>                        | 18.750                  |                       |                             |
| <b>BENEFIT MULTIPLIER (min 25%)</b>                | 37.500%                 |                       |                             |
| <b>FINAL AVERAGE MONTHLY EARNINGS</b>              | \$2,511.47              |                       |                             |
| <b>DISABILITY BENEFIT</b>                          |                         |                       | <b>\$941.80</b>             |
| <b><u>ADJUSTED DISABILITY BENEFIT</u></b>          |                         |                       |                             |
| <b>UNADJUSTED DISABILITY BENEFIT</b>               |                         |                       | \$941.80                    |
| <b>SOCIAL SECURITY DISABILITY BENEFIT</b>          |                         |                       |                             |
| LESS UP TO 50% OF SOCIAL SECURITY BENEFIT          |                         | Undetermined          | \$0.00                      |
| <b>WORKER'S COMPENSATION BENEFIT (IF ANY):</b>     |                         |                       |                             |
| LESS GENERAL PENSION BENEFIT                       |                         |                       | \$521.92                    |
| <b>ADJUSTED DISABILITY BENEFIT:</b>                |                         |                       | <b>\$419.88</b>             |
| <b><u>EMPLOYEE AGE/DATE OF BIRTH</u></b>           |                         |                       |                             |
| <b>RETIREE'S AGE/DATE OF BIRTH:</b>                | 56.167                  | <b>DOB:</b>           | 29-Jan-58                   |

PREPARED BY: 

DATE: 4/30/14

VERIFIED BY: 

DATE: 5/1/14