To:3523343102

;9049641482

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06-03-20;09:48AM;From:

To:3523343102

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City of Gainesville DISABILITY PENSION PLAN Application for Pension

Application Community of the Community o	
Application for pension under the City of Gninesville Disabi	ility Pension Plan is hereby made for:
Name: Denneth Sunn (arhell	Employee ID #: 14288
Application Date: MOU de, 2020	Effective Date:
Pension Service Date: 4-1-70(1)	Date Of Birth: 08-08-1964
Position: Dober Plant Arechanic	
Department: Engery Supply	
Address: 15639 NE ITAVE	City: Starte
State: F/ Zip Code: 2209/	Phone #: 104 369 6005
Line of Duty	
	ot in the Line of Duty
341 - 141 - 141 - 141	A.
You are advised that if after retirement has been arrowed an	don't confee 1111 1 2 2 2
You are advised that if after retirement has been approved an or actually paid benefit amount was higher or lower than the	wor denents paid it is determined that the initially projected
or actually paid benefit amount was higher or lower than the benefit may be adjusted so as to provide the actuarial	member, retired, or baneficiary was entitled to, then such
benefit may be adjusted so as to provide the actuarial equival beneficiary was entitled.	ont of the benefit to which the member, retiree, or
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You are also advised that you must comply with all reasonably our eligibility to receive pension benefits as provided in Sec.	10 D 0 10 10 10 10 10 10 10 10 10 10 10 10 1
your eligibility to receive nonzion haraffee an associated	c requests of the City of Gainesville to recertify annually
A STATE OF THE PROPERTY OF THE PAGE	tion 2-32/(ni) of the City of Gamesville Code of Ordinances.
t is a crime for a person willfully and breaking.	
t is a crime for a person willfully and knowingly to make any withholds or conceals material information to obtain any bene-	raise, traudulent or misleading oral or written statement or
Office and the second state of the second stat	all available under this plan.
Hamo D. Corles	No.03 202 a
Signature of Member	_00-00-000
	Date
	1/1/07/1
21-12-12-12-12-12-12-12-12-12-12-12-12-1	6/3/2020
Signature of Risk Management Designee	Date
REVIEWED BY	
CVIEW BU BY	
1/1/1/1/Jd-	4 VIII
Pepartment Head	
	Special Authority
Disability Review Committee Recommendation:	7.7.7
Mecontinendadon:	Approve Deny
L14.10	(Circle one) 7 CI 2 07 /
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Ass. a	
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