

City of Gainesville
DISABILITY PENSION PLAN
Application for Pension

070664

To: The CITY COMMISSION

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

Name: Wardella Johnson Employee ID #: 11831
Application Date: Dec 1, 2006 Effective Date: _____
Pension Service Date: 10/22/01 Date Of Birth: 9/28/65
Position: Transit Operator
Department: RTS
Address: PO Box 1413 City: Alachua
State/Zip: Florida 32616 Phone #: 386-418-1360

☒ Line of Duty

☐ Not in the Line of Duty

STATEMENT OF DISABILITY: lower back pain due to accident while driving bus & being hit from behind. Injury to discs in back.

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.

* Wardella Johnson
Signature of Member

12-7-12
Date

State of Florida

County of Alachua

The foregoing instrument was acknowledged before me this 7 day of December (month), 2006 (year), by Wardella Johnson (name of person acknowledging)
[Signature] (Signature of Notary) (Seal of Notary)
(name of Notary, printed, typed, or stamped)

Personally known OR produced identification Type of identification produced ID by witness

REVIEWED BY:

[Signature]
Department Head

Special Authority

Disability Review Committee Recommendation:

Approve (Circle one)

Deny

[Signature]
City Manager

11-5-07
Date of Meeting

Disability Review Committee

City Commission Action:

Approval (Circle one)

Denial

Mayor