

City of Gainesville
DISABILITY PENSION PLAN
Application for Pension

060955

TO: CITY COMMISSION

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

Name: **Ronald Behar** Employee ID #: 11209
Application Date: **November 9, 2006** Effective Date:
Pension Service Date: **March 13, 2000** Date of Birth: **June 26, 1947**
Position: **Organizational Development Specialist**
Department: **GRU - Organizational Development Dept**
Home Address: **16539 NW 167 Pl** City **Alachua**
State / Zip **FL 32615**
Home Telephone Number: **386-418-0211**

STATEMENT OF DISABILITY: CARDIOVASCULAR Heart Failure


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.

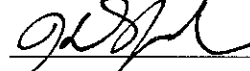


SIGNATURE OF MEMBER

REVIEWED BY:


 11/14/06

Department Head



Special Authority

Disability Review Committee Recommendation:



City Manager

Disability Review Committee

Approve 50 Deny

(Circle one)

2/2/2007

Date of Meeting

City Commission Action:

Approval Denial

(Circle one)

Mayor

Date of Action