

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: Charles G. Crampton
Application Date: August 25, 2014
Pension Service Date: June 9, 1997

Employee ID #: 10321
Effective Date: August 25, 2014
Date Of Birth: August 4, 1955

Position: Power Systems Control Specialist, Sr. CWA GRU
Department: GRU-Systems Control

Address: 4407 NW 43 TERRACE
State/Zip: Florida 32606

City: Gainesville
Phone #: 352-372-8442

Line of Duty Not in the Line of Duty

STATEMENT OF DISABILITY: Due to physical & medical illnesses that include heart & brain problems I'm required to take prescription medicines that has made it impossible to continue to perform the position of Power System Control Specialist, Sr.

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.

Charles G. Crampton Signature of Member 8/25/2014 Date

State of Florida
County of Alachua
The foregoing instrument was acknowledged before me this 9th day of September (month) 2014 (year), by Charles Crampton (name of person acknowledged)
Marie C. Mercer (Signature of Notary) (Seal of Notary)
Marie C. Mercer (name of Notary, printed, typed, or stamped)
Notary Public State of Florida
Marie C. Mercer
My Commission FF 008816
Expires 04/18/2017
Personally known OR produced identification Type of identification produced FL DL C65H4T55281A

REVIEWED BY:
[Signature] Department Head
[Signature] Special Authority

Disability Review Committee Recommendation: Approve Deny
(Circle one)
[Signature] City Manager
Date of Meeting _____
Disability Review Committee

City Commission Action: _____ Approval _____ Denial _____
(Circle one)
Mayor

**CITY OF GAINESVILLE
DISABILITY RETIREMENT PLAN**

NAME:	Charles G. Crampton		
Employee ID #:	10321		
DATE OF RETIREMENT:	25-Aug-14		
TYPE OF CALCULATION:	NLOD		
<u>FINAL AVERAGE EARNINGS:</u>			
EARNINGS HISTORY PROVIDED BY	<u>DATE FROM</u>	<u>DATE TO</u>	<u>SALARY</u>
PAYROLL	01-Jan-14	15-May-14	\$25,920.93
		2013	\$61,490.47
		2012	\$60,293.79
	19-May-11	31-Dec-11	\$38,189.96
TOTAL			\$185,895.15
FINAL AVERAGE MONTHLY EARNINGS (Total / 36)			\$5,163.75
<u>CREDITED SERVICE</u>			
CREDITED SERVICE:	<u>DATE FROM</u>	<u>DATE TO</u>	<u>YEARS SERVICE</u>
	9-Jun-97	24-Aug-14	17.250
<u>SICK LEAVE SERVICE CREDIT:</u>			
ACCRUED S/L as of 10-1-2012 (96..57)	<u>DATE</u>	<u>BALANCE</u>	<u>HRS/YEAR</u>
	8/21/2014	0.000	2080
TOTAL SERVICE CREDIT			17.250
<u>UNADJUSTED DISABILITY BENEFIT</u>			
TOTAL SERVICE CREDIT	17.250		
BENEFIT MULTIPLIER (min 25%)	34.500%		
FINAL AVERAGE MONTHLY EARNINGS	\$5,163.75		
DISABILITY BENEFIT			\$1,781.50
<u>ADJUSTED DISABILITY BENEFIT</u>			
UNADJUSTED DISABILITY BENEFIT	\$1,781.50		
SOCIAL SECURITY DISABILITY BENEFIT			
LESS UP TO 50% OF SOCIAL SECURITY BENEFIT	\$0.00		
WORKER'S COMPENSATION BENEFIT (IF ANY):			
LESS GENERAL PENSION BENEFIT	approx.	\$1,261.89	
ADJUSTED DISABILITY BENEFIT:	\$519.61		
<u>EMPLOYEE AGE/DATE OF BIRTH</u>			
RETIREE'S AGE/DATE OF BIRTH:	58.083	DOB:	4-Aug-55

Original signature on file

PREPARED BY: _____

DATE _____

Original signature on file

VERIFIED BY: _____

DATE _____