

**City of Gainesville**  
**DISABILITY PENSION PLAN**  
**Application for Pension**

060404

**TO: CITY COMMISSION**

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

Name: **Mark Nelson**

Employee ID #: 09813

Application Date: **March 30, 2006**

Effective Date:

Pension Service Date: **January 2, 1996**

Date of Birth: **July 29, 1959**

Position: **Maintenance Worker 1**

Department: **Public Works**

Home Address: **625 SW 67 Terr, Apt C**

City: **Gainesville**

State / Zip: **FL 32608**

Home Telephone Number: **352-332-2355**

**STATEMENT OF DISABILITY: Major Stroke of the left side.**

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.

Carolyn Nelson for Mark Nelson  
SIGNATURE OF MEMBER

REVIEWED BY:

Department Head

Special Authority

Disability Review Committee Recommendation:

Approve Deny

(Circle one)

City Manager

8-17-06

Date of Meeting

Disability Review Committee

City Commission Action:

Approval Denial  
(Circle one)

Mayor

Date of Action