

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

051108

**TO: CITY COMMISSION**

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

Name: **Larry O'Neal** Employee ID #: 11691  
Application Date: **September 26, 2005** Effective Date:  
Pension Service Date: **July 2, 2001** Date of Birth: **October 6, 1951**  
Position: **Transit Operator** Department: **RTS**  
Home Address: **PO Box 195** City **LaCrosse**  
State / Zip **FL 32658**  
Home Telephone Number: **386-462-9509**

**STATEMENT OF DISABILITY:** *Right shoulder has no lateral movement, surgery 7/19/05, still in rehab.*

**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.**

*Larry O'Neal*  
\_\_\_\_\_  
SIGNATURE OF MEMBER

REVIEWED BY:

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Special Authority

**Disability Review Committee Recommendation:**

*[Signature]*  
\_\_\_\_\_  
City Manager  
Disability Review Committee

Approve Deny

(Circle one)

*3-21-06*  
\_\_\_\_\_  
Date of Meeting

**City Commission Action:**

Approval Denial  
(Circle one)

\_\_\_\_\_  
Mayor

\_\_\_\_\_  
Date of Action