

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: Joshua L. Davis Employee ID #: 13967
Application Date: 12/8/21 Effective Date: _____
Pension Service Date: 12/18/2006 Date Of Birth: 04/12/1995
Position: Power Plant Mec.
Department: 340
Address: 9999 Fox Hollow Dr. City: Hampton
State: FL Zip Code: 32044 Phone #: 352-258-1949



☐ Line of Duty



☒ Not in the Line of Duty


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.

 Signature of Member	<u>8/11/21</u> <u>12/9/21</u> Date
 Signature of Risk Management Designee	<u>5/20/2022</u> Date

REVIEWED BY:  Department Head <u>5/31/2022</u>	 Special Authority <u>5/31/2022</u>
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Disability Review Committee Recommendation:  General Manager <u>5/31/2022</u> Disability Review Committee	Approve _____ (Circle one) <u>5/3/22</u> Date of Meeting
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City Commission Action: Mayor _____	Approval _____ (Circle one) Denial _____
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