

**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: Larry Dean Brown  
 Application Date: June 5, 2013  
 Pension Service Date: April 11, 2005

Employee ID #: 13172  
 Effective Date: August 1, 2013  
 Date Of Birth: January 15, 1952

Position: Transit Operator ATU-RTS  
 Department: Regional Transit Authority-Admin.

Address: 3519 NW 63RD STREET  
 State/Zip: Florida 32606

City: Gainesville  
 Phone #: (352) 336-1834

☐ Line of Duty

☒ Not in the Line of Duty

**STATEMENT OF DISABILITY:** I can't do lots of the duties required of a bus driver. I'm in a lot of pain and have to take narcotic medicines that make me sleepy and lose concentration.

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.

Original signature on file \_\_\_\_\_

Signature of Member \_\_\_\_\_

Date \_\_\_\_\_

State of Florida

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year), by \_\_\_\_\_ (name of person acknowledging).

\_\_\_\_\_ (Signature of Notary) (Seal of Notary)

\_\_\_\_\_ (name of Notary, printed, typed, or stamped)

Personally known OR produced identification Type of identification produced \_\_\_\_\_

REVIEWED BY:

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

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

Disability Review Committee Recommendation:

Approve

Deny

City Manager \_\_\_\_\_

Disability Review Committee \_\_\_\_\_

Date of Meeting \_\_\_\_\_

City Commission Action:

Approval

Denial

(Circle one)

Mayor \_\_\_\_\_

# CITY OF GAINESVILLE DISABILITY RETIREMENT PLAN

<b>NAME:</b>	Larry D. Brown		
<b>EMPLOYEE ID #</b>	13172		
<b>DATE OF RETIREMENT:</b>	23-Jul-13		
<b>TYPE OF CALCULATION:</b>	NLOD General Disability Plan	Final Disability Benefit Statement	

**FINAL AVERAGE EARNINGS:**

EARNINGS HISTORY PROVIDED BY PAYROLL	<u>DATE FROM</u>	<u>DATE TO</u>	<u>SALARY</u>
	01-Jan-13	02-May-13	\$10,428.08
		2012	\$28,922.78
		2011	\$29,433.11
	06-May-10	31-Dec-10	\$19,455.57

TOTAL	\$88,239.54
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FINAL AVERAGE MONTHLY EARNINGS (Total / 36)	\$2,451.10
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**CREDITED SERVICE**

CREDITED SERVICE:	<u>DATE FROM</u>	<u>DATE TO</u>	<u>YEARS SERVICE</u>
	11-Apr-05	22-Jul-13	8.333

<u>SICK LEAVE SERVICE CREDIT:</u>	<u>DATE</u>	<u>BALANCE</u>	<u>HRS/YEAR</u>	<u>YEARS SERVICE</u>
	06/04/2013	0.000	2080	0.000

TOTAL SERVICE CREDIT	8.333
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**UNADJUSTED DISABILITY BENEFIT**

TOTAL SERVICE CREDIT	8.333	
BENEFIT MULTIPLIER	25.000%	
Minimum 25% NLOD		
FINAL AVERAGE MONTHLY EARNINGS	\$2,451.10	
<b>DISABILITY BENEFIT</b>		<b>\$612.77</b>

**ADJUSTED DISABILITY BENEFIT**

UNADJUSTED DISABILITY BENEFIT		\$612.77
SOCIAL SECURITY DISABILITY BENEFIT	Currently undetermined	
LESS DISABILITY % UP TO 50% SSDI		\$0.00
WORKER'S COMPENSATION BENEFIT (IF ANY):	NA	
ADJUSTED DISABILITY BENEFIT:		\$612.77

**EMPLOYEE AGE/DATE OF BIRTH**

RETIREE'S AGE/DATE OF BIRTH: (at retirement)	61.500	DOB:	15-Jan-52
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PREPARED BY:

DATE

VERIFIED BY:

DATE