

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: Robert Reginald Harrison

Employee ID #: 10712

Social Security #:

Application Date: February 10, 2016

Effective Date:

Pension Service Date: June 29, 1998

Date Of Birth: December 8, 1958

Position: Transport Operator ATU

Department: Regional Transportation System

Address: 1625 NE 28th Ave.

City: Gainesville

State/Zip: Florida 32609 Alachua

Phone #: 352-301-1284

Email: Hoopgibsonrh@gmail.com

☐ 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

Date

Signature Risk Management Representative

Date

REVIEWED BY:

Department Head

Special Authority

Disability Review Committee Recommendation:

Approve

Deny

(Circle one)

City Manager

Disability Review Committee

Date of Meeting

City Commission Action:

Approval

Denial

(Circle one)

Mayor