

City of Gainesville
DISABILITY PENSION PLAN
Application for Pension

160781

To: The CITY COMMISSION

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

Name: Thomas H. Miller

Employee ID #: 13404

Social Security #: [REDACTED]

Application Date: Nov. 8, 2016

Effective Date:

Pension Service Date: October 24, 2005

Date Of Birth: December 4, 1963

Position: Production Technician, CWA

Department: GRU – Kelly Plant

Address: 7301 W UNIVERSITY AVE APT 4541

City: GAINESVILLE

State/Zip: Florida 32607 Alachua

Phone #: 352-275-9163

Email: thmiller20@cox.net

☐ 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.

Thomas H. Miller
Signature of Member

Nov. 8, 2016
Date

[Signature]
Signature Risk Management Representative

2/13/2017
Date

REVIEWED BY:

[Signature]
Department Head

Special Authority

Disability Review Committee Recommendation:

Approve

Deny

(Circle one)

[Signature]
City Manager
Disability Review Committee

Date of Meeting

City Commission Action:

Approval

Denial

(Circle one)

Mayor

CITY OF GAINESVILLE DISABILITY RETIREMENT PLAN

NAME:	Thomas H. Miller		
Employee ID #:	13404		
DATE OF RETIREMENT:	01-Dec-16	Disability - GRU	
TYPE OF CALCULATION:	NLOD	FINAL	
<u>FINAL AVERAGE EARNINGS:</u>			
EARNINGS HISTORY PROVIDED BY PAYROLL	<u>DATE FROM</u>	<u>DATE TO</u>	<u>SALARY</u>
	01-Jan-14	09-Jan-14	\$4,420.24
		2013	\$75,126.62
		2012	\$77,835.76
	13-Jan-11	31-Dec-11	\$79,011.33
TOTAL			\$236,393.95
FINAL AVERAGE MONTHLY EARNINGS (Total / 36)			\$6,566.50
<u>CREDITED SERVICE</u>			
CREDITED SERVICE:	<u>DATE FROM</u>	<u>DATE TO</u>	<u>YEARS SERVICE</u>
	24-Oct-05	01-Dec-16	11.083
<u>SICK LEAVE SERVICE CREDIT:</u>			
ACCRUED PCLB as of 10-1-2014 (0.00)	<u>DATE</u>	<u>BALANCE</u>	<u>HRS/YEAR</u>
	01/06/2016	0.000	2080
TOTAL SERVICE CREDIT			11.083
<u>UNADJUSTED DISABILITY BENEFIT</u>			
TOTAL SERVICE CREDIT	11.083		
BENEFIT MULTIPLIER (min 25%)	25.000%		
FINAL AVERAGE MONTHLY EARNINGS	\$6,566.50		
DISABILITY BENEFIT			\$1,641.62
<u>ADJUSTED DISABILITY BENEFIT</u>			
UNADJUSTED DISABILITY BENEFIT			\$1,641.62
SOCIAL SECURITY DISABILITY BENEFIT			
LESS UP TO 50% OF SOCIAL SECURITY BENEFIT			472.25
WORKER'S COMPENSATION BENEFIT (IF ANY):			
LESS GENERAL PENSION BENEFIT			
ADJUSTED DISABILITY BENEFIT:			\$1,169.37
<u>EMPLOYEE AGE/DATE OF BIRTH</u>			
RETIREE'S AGE/DATE OF BIRTH:	53.000	DOB:	04-Dec-63


 PREPARED BY:


 DATE


 VERIFIED BY:


 DATE

I, the undersigned, hereby acknowledge that this estimated pension benefit has been discussed with me and that I understand and agree with it.

EMPLOYEE'S SIGNATURE

DATE