

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: Patricia Smith Employee ID #: 16493
Application Date: 3/7/2017 Effective Date: _____
Pension Service Date: 8/14/2011 Date Of Birth: 09/29/61
Position: Custodial
Department: General Management
Address: P.O. Box 5424 City: Gainesville, FL
State/Zip: Florida FL 32687 Phone #: 352-318-1018
☐ Line of Duty ☒ Not in the Line of Duty

STATEMENT OF DISABILITY:

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.

<u>Patricia Smith</u> Signature of Member		<u>03/7/2017</u> Date
State of Florida County of <u>Alachua</u>		
The foregoing instrument was acknowledged before me this <u>7</u> day of <u>March</u> (month), <u>2017</u> (year), by <u>Patricia Smith</u> (name of person acknowledging).		
<u>Lynda R. Hanskatt</u> (Signature of Notary) (Seal of Notary) (name of Notary, printed, typed, or stamped)		
Personally known OR produced identification Type of identification produced <u>DL</u>		

REVIEWED BY:

Edward J. [Signature]
Department Head

Disability Review Committee Recommendation:

City Manager
Disability Review Committee

City Commission Action:

Mayor

Special Authority

Approve Deny
(Circle one)

4-24-17
Date of Meeting

Approval Denial
(Circle one)

CITY OF GAINESVILLE DISABILITY RETIREMENT PLAN

NAME:	Patricia Smith			<i>FINAL</i>
Employee ID #:	16493			Estimate Revised
DATE OF RETIREMENT:	1-Apr-17			Disability - GRU <i>95-</i>
TYPE OF CALCULATION:	NLOD			
<u>FINAL AVERAGE EARNINGS:</u>				
EARNINGS HISTORY PROVIDED BY PAYROLL	<u>DATE FROM</u>	<u>DATE TO</u>	<u>SALARY</u>	
	27-Nov-13	31-Dec-13	\$2,887.14	
		2014	\$24,770.84	
		2015	\$24,141.37	
	01-Jan-16	23-Nov-16	\$23,423.40	
TOTAL			\$75,222.75	
FINAL AVERAGE MONTHLY EARNINGS (Total / 36)			\$2,089.52	
<u>CREDITED SERVICE</u>				
CREDITED SERVICE:	<u>DATE FROM</u>	<u>DATE TO</u>	<u>YEARS SERVICE</u>	
	14-Feb-11 <i>✓</i>	31-Mar-17	6.167	
<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>	<u></u>
	4/10/2017	0.000	2080	0.000
TOTAL SERVICE CREDIT				6.167
<u>UNADJUSTED DISABILITY BENEFIT</u>				
TOTAL SERVICE CREDIT	6.167			
BENEFIT MULTIPLIER (min 25%)	25.000%			
FINAL AVERAGE MONTHLY EARNINGS	\$2,089.52			
DISABILITY BENEFIT				\$522.38
<u>ADJUSTED DISABILITY BENEFIT</u>				
UNADJUSTED DISABILITY BENEFIT	\$522.38			
SOCIAL SECURITY DISABILITY BENEFIT				
LESS UP TO 50% OF SOCIAL SECURITY BENEFIT	<i>✓</i> 272.28			
WORKER'S COMPENSATION BENEFIT (IF ANY):				
LESS GENERAL PENSION BENEFIT				
ADJUSTED DISABILITY BENEFIT:	\$250.10			
<u>EMPLOYEE AGE/DATE OF BIRTH</u>				
RETIREE'S AGE/DATE OF BIRTH:	55.500	DOB:	29-Sep-61	

PREPARED BY: *[Signature]*

DATE *4/10/17*

VERIFIED BY: *[Signature]*

DATE *4/19/17*

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