City of Gainesville DISABILITY PENSION PLAN Application for Pension

Application for pension under the City of Gainesville Disabilit	y Pension Plan is hereby made for:
Name: Rafael Vazguez	
Application Date: May 4-2017	Employee ID #: 12655 Effective Date: Date Of Birth: Jan 29-1961
Pension Service Date: 8/18/2003	Date Of Birth: Jan 29-196/
Position: Transit Operator Department: R.T.S.	
Address: 6560 N.EZI Place	City: High Springs, Phone #: (352) 681-0734
State/Zip: F/, Florida F/a.	Phone #: (357) 68(-0734
Line of Duty	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.	
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Signature of Member	May 4-2017 Date
Signature of Member State of Florida County of The foregoing instrument was acknowledged before me this 201) (year), by (Signature of Notary) (name of Notary, print	May 4-20/7 Date U day of May (month), (name of person acknowledging). (Seal of Notary) ded, typed, or stamped) V 220-720-61-029-0
Signature of Member State of Florida County of The foregoing instrument was acknowledged before me this 201) (year), by (Signature of Notary) (name of Notary, print	May 4-20/7 Date U day of May (month), (name of person acknowledging). (Seal of Notary)
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Signature of Member State of Florida County of The foregoing instrument was acknowledged before me this 2017 (year), by (Signature of Notary) (name of Notary, print) Personally known OR produced identification Type of	May 4-20/7 Date U day of May (month), (name of person acknowledging). (Seal of Notary) ded, typed, or stamped) V 220-720-61-029-0
Signature of Member State of Florida County of The foregoing instrument was acknowledged before me this 201) (year), by (Signature of Notary) (name of Notary, print) Personally known OR produced identification Type of REVIEWED BY:	May 4-20/7 Date U day of May (month), (name of person acknowledging). (Seal of Notary) red, typed, or stamped) V 220-720-61-029-0 fidentification produced DL.
Signature of Member State of Florida County of The foregoing instrument was acknowledged before me this \(\) \(Date May 4-20/7
Signature of Member State of Florida County of The foregoing instrument was acknowledged before me this 201) (year), by (Signature of Notary) (name of Notary, print) Personally known OR produced identification Type of REVIEWED BY: Department thead Disability Review Committee Recommendation:	Date May 4-20/7
Signature of Member State of Florida County of The foregoing instrument was acknowledged before me this \(\) \(Date May 4-20/7

Mayor