

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: Richard McRee

Employee ID #: 13088
Social Security #: 262 63 3741
Effective Date:
Date Of Birth: 02-19-1962

Application Date: 10/30/18

Pension Service Date: 01/10/05

Position: Vehicle Service Attendant

Department: Regional Transit

Address: P.O. Box 612

State/Zip: Florida

Alachua

City: Waldo

Phone #: 352-260-2992

Email: hound-dog1@hotmail.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.

Richard McRee
Signature of Member

10-30-18
Date

[Signature]
Signature Risk Management Representative

11/1/2018
Date

REVIEWED BY:

[Signature]
Department Head

[Signature]
Special Authority

Disability Review Committee Recommendation:

Approve

Deny

(Circle one)

[Signature]
City Manager

12/14/18
Date of Meeting

Disability Review Committee

City Commission Action:

Approval

Denial

(Circle one)

Mayor