

CITY OF GAINESVILLE GENERAL EMPLOYEES' PENSION PLAN

190590B

Estimated Benefit Statement

NAME: Judy Garver Roberts
 EMPLOYEE ID #: 12262
 SOCIAL SECURITY #: [REDACTED]
 DATE OF DISABILITY: 1-Aug-19
 IMMEDIATE MONTHLY BENEFIT - GENERAL PENSION (attributable to City Contributions) \$1,033.23
 MONTHLY SS DISABILITY BENEFIT: \$0.00
 NLOD OR LOD: NLOD

Offsets

Estimate NLOD General Plan Disability

FINAL AVERAGE EARNINGS:

	2/18/2016	12/31/2016	SALARY
		2017	39,422.56
		2018	47,239.03
		2018	48,254.67
	1-Jan-19	14-Feb-19	7,084.68
			\$142,000.94

FINAL AVERAGE MONTHLY EARNINGS - FAME (Total/36)**\$3,944.47**

<u>CREDITED SERVICE</u>	<u>DATE FROM</u>	<u>DATE TO</u>	<u>YEARS SERVICE</u>
CREDITED SERVICE:	9/30/2002	7/31/2019	16.833
			0.000
			0.000

SICK LEAVE / PCLB SERVICE CREDIT:

PCLB AS OF

DATE
1-Jan-00

BALANCE

HRS/YEAR
2080

0.000

Note: Use of sick leave/PCLB to a balance lower than shown above reduces service credit, benefits, and possibly eligibility.

TOTAL SERVICE CREDIT**16.833****BASIC BENEFIT**

DISABILITY BENEFIT PERCENT	33.666%
UNADJUSTED DISABILITY BENEFIT	\$1,327.95
LESS IMMEDIATE BENEFIT FROM GENERAL PENSION	\$1,033.23
LESS MONTHLY SS DISABILITY BENEFIT x DISABILITY BENEFIT PERCENT (MAX 50%)	\$0.00
INITIAL ADJUSTED MONTHLY DISABILITY BENEFIT	\$294.72

MAXIMUM DISABILITY BENEFIT

MAXIMUM BENEFIT PERCENT	80%
MAXIMUM BENEFIT BEFORE OFFSETS	\$3,155.58
LESS IMMEDIATE BENEFIT FROM GENERAL PENSION	\$1,033.23
LESS MONTHLY SS DISABILITY BENEFIT x DISABILITY BENEFIT PERCENT (MAX 50%)	\$0.00
LESS MONTHLY WORKERS' COMPENSATION *	\$0.00
MAXIMUM MONTHLY DISABILITY BENEFIT (MAX \$3,750)	\$2,122.35

APPLICABLE MONTHLY DISABILITY BENEFIT**\$294.72****EMPLOYEE'S AGE / DATE OF BIRTH**

RETIREE'S AGE/DATE OF BIRTH:

62.917

DOB:

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