

City of Gainesville
DISABILITY PENSION PLAN
Application for Pension

190590A

To: The CITY COMMISSION

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

Name: Judy L. Roberts Employee ID #: 12262
Application Date: 7-8-19 Effective Date: 8/1/19 TBD
Pension Service Date: 9-30-02 Date Of Birth: [REDACTED]

Position: Supervisor
Department: RTS

Address: 1274 SE CR 18 City: STARKE, FL
State: FL Zip Code: 32091 Phone #: 352-317-8158

☐ 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.

Judy Roberts 7-8-19
Signature of Member Date

[Signature] 7/7/2019
Signature of Risk Management Designee Date

REVIEWED BY:

[Signature]
Department Head

[Signature]
Special Authority

Disability Review Committee Recommendation:

[Signature]
City Manager
Disability Review Committee

Approve Deny
(Circle one)
10-10-2019
Date of Meeting

City Commission Action:

Approval Denial
(Circle one)

Mayor