

**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: Clayton ONeal Employee ID #: 16835  
 Application Date: May 15, 2020 Effective Date: 07/02/2020  
 Pension Service Date: \_\_\_\_\_ Date Of Birth: 05/07/1958  
 Position: Master Fleet Mechanic  
 Department: 8420 - Fleet  
 Address: 650 SE 2nd Ave. City: Melrose  
 State: FL Zip Code: 32666 Phone #: (352) 222-2074

☐ 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.

Signature of Member

Date

Signature of Risk Management Designee

Date

REVIEWED BY:

Dan Hoffman  
 Dan Hoffman (Aug 12, 2020 11:01 EDT)  
 Department Head

[Signature]  
 Special Authority

Disability Review Committee Recommendation:

[Signature] 8/12/20  
 City Manager

Disability Review Committee

Approve Deny  
 (Circle one)  
8/12/2020  
 Date of Meeting

City Commission Action:

Approval Denial  
 (Circle one)

Mayor

# Application for signatures 081120

Final Audit Report

2020-08-12

Created:	2020-08-12
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## "Application for signatures 081120" History



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