200310B

CITY OF GAINESVILLE GENERAL EMPLOYEES' PENSION PLAN
Estimated Benefit Statement

NAME:	Clayton O'Neal		
EMPLOYEE ID #:	16835		
SOCIAL SECURITY #:		Offsets	
DATE OF DISABILITY:	1-Aug-20	**Estimate NLOD General Plan Disability**	
IMMEDIATE MONTHLY BENEFIT - GENERAL PENSION	$0.00		
(attributable to City Contributions)			
MONTHLY SS DISABILITY BENEFIT:	$2,482.00		
NLOD OR LOD:	NLOD		

FINAL AVERAGE EARNINGS:			**SALARY**
	1-Jan-20	9-Apr-20	15,240.90
		2019	50,249.91
		2018	49,516.68
		2017	39,333.69
	14-Apr-16	31-Dec-16	27,055.05
			$181,396.23
FINAL AVERAGE MONTHLY EARNINGS - FAME (Total/48)			**$3,779.09**

CREDITED SERVICE	DATE FROM	DATE TO		YEARS SERVICE
CREDITED SERVICE:	5/29/2012	7/31/2020		8.167
				0.000
				0.000
SICK LEAVE / PCLB SERVICE CREDIT:	DATE	BALANCE	HRS/YEAR	
PCLB AS OF	4-Aug-20	0.00	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	**8.167**

BASIC BENEFIT	
DISABILITY BENEFIT PERCENT	25.000%
UNADJUSTED DISABILITY BENEFIT	$944.77
LESS IMMEDIATE BENEFIT FROM GENERAL PENSION	$0.00
LESS MONTHLY SS DISABILITY BENEFIT x DISABILITY BENEFIT PERCENT (MAX 50%)	$620.50
INITIAL ADJUSTED MONTHLY DISABILITY BENEFIT	$324.27

MAXIMUM DISABILITY BENEFIT	
MAXIMUM BENEFIT PERCENT	70%
MAXIMUM BENEFIT BEFORE OFFSETS	$2,645.36
LESS IMMEDIATE BENEFIT FROM GENERAL PENSION	$0.00
LESS MONTHLY SS DISABILITY BENEFIT x DISABILITY BENEFIT PERCENT (MAX 50%)	$620.50
LESS MONTHLY WORKERS' COMPENSATION *	$0.00
MAXIMUM MONTHLY DISABILITY BENEFIT (MAX $3,750)	$2,024.86
APPLICABLE MONTHLY DISABILITY BENEFIT	$324.27

EMPLOYEE'S AGE / DATE OF BIRTH			
RETIREE'S AGE/DATE OF BIRTH:	62.250	DOB:	5/7/1958

APRIL KURTZ-COVID-19		8/4/2020
PREPARED BY: APRIL KURTZ - COVID-19		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