

City of Gainesville
Consolidated Police Officers' & Firefighters' Pension Plan
Application for Pension

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

Name:			Employee ID #:
Application Date:			Effective Date:
Pension Service Date:			Date Of Birth:
Position:			Department:
Address:			City:
State:	Zip:	County:	Phone #:
Email:			

Option Selected: <input type="checkbox"/> Life Annuity <input type="checkbox"/> 10 Year Life Certain <input type="checkbox"/> Joint & Survivor <input type="checkbox"/> Joint & Last 100% <input type="checkbox"/> Joint & Last 75% <input type="checkbox"/> Joint & Last 66% <input type="checkbox"/> Joint & Last 50%	Joint Annuitant:	Annuitant DOB
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DEFERRED RETIREMENT OPTION PLAN (DROP) ELECTION

- ☐ I hereby elect to retire and enter the DROP, and have declared that my last day of employment with the City of Gainesville shall be no later than _____. I have received and signed the DROP plan application as required. I understand that entry into the Regular DROP does not constitute an offer or obligation on behalf of the city to provide continued employment.
- ☐ I have elected to enter the Regular DROP ☐ I have elected to enter the Reverse DROP.
- ☐ I hereby elect to retire and terminate employment with the City of Gainesville and not enter the DROP plan, and receive my monthly pension benefit as described in the plan.

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 2-602(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 withhold or conceal material information to obtain any benefit available under this plan.

I certify that I have made this election with a complete understanding of my benefits under the Pension Plan and that I will not have the right to cancel this option except in accordance with the Pension Plan once my retirement becomes final. My retirement becomes final when any benefit payment is cashed, deposited or when my Deferred Retirement Option Program participation begins. I understand that any changes to this application that modify my offer to terminate my employment will require approval of my department head.

Signature of Member

Date

Risk Management

Risk Management Designee

Date

CITY OF GAINESVILLE
RETIREMENT ANNUITY OPTION
Consolidated Pension Plan

Employee's Name _____ SSN # _____

In accordance with my rights under the Pension Plan, I have elected the following retirement annuity option: (Check appropriate option)

LIFE ANNUITY WITH 10 YEAR LIFE & CERTAIN

- ☐ One hundred percent benefit payable to the retiree. Upon death of retiree, all benefits stop except in the event the retiree has not received a retirement benefit for 10 years, this benefit will continue to the named beneficiary or beneficiaries until benefits have been paid for 10 years following retirement.

LIFE ANNUITY

- ☐ A larger monthly benefit payable to the retiree. Upon death of retiree, all benefits stop.

JOINT AND SURVIVOR

- ☐ Actuarial reduced benefit payable to the retiree, based upon a 10 year Life & Certain benefit. At retiree's death only, two-thirds (2/3) of retiree's benefit is payable to a designated beneficiary for the remainder of the beneficiary's life.

JOINT AND LAST SURVIVOR

Actuarial reduced benefit payable to the retiree, based upon a 10 year Life & Certain benefit. At the death of **either** the retiree **OR** beneficiary, whoever shall remain living shall receive benefits based upon the designated percentage elected below.

- ☐ Joint and Last Survivor – 100% of benefit continues
- ☐ Joint and Last Survivor – 75% of benefit continues
- ☐ Joint and Last Survivor – 66% of benefit continues
- ☐ Joint and Last Survivor – 50% of benefit continues

I hereby designate _____
my _____ whom I certify was born _____ as joint annuitant.
Joint annuitant's Social Security number _____

I certify that I have made this election with a complete understanding of my benefits under the Pension Plan and that I will not have the right to cancel this option except in accordance with the Pension Plan once my retirement becomes final. My retirement becomes final upon my declared Retirement Date or when my Deferred Retirement Option Program participation begins.

Employee Signature: _____ Date: _____

Signature of Notary Public or
Risk Management Representative

Print, Type or Stamp Commissioned
Name of Notary Public/Risk Management
Representative

DIRECT DEPOSIT INFORMATION – NEW RETIREE

I, _____, employee ID# _____, hereby authorize **The City Of Gainesville, Florida**, hereinafter called **CITY**, to automatically deposit payroll-related fund, as indicated below, to the **Depository and Account Number(s) specified**.

Deposit to the same account as active employee

Change

Start

DEPOSITORY (Bank/Credit Union):		
CITY:	STATE:	ZIP:
BK/TRANSIT/ABA NO NUMBER:		
Account Number	Account Type	Amount to be Deposited
	CHECKING SAVINGS	
IF YOU ALSO WANT TO DEDUCT AN AMOUNT TO GO TO A DIFFERENT ACCOUNT NUMBER, PLEASE COMPLETE THE LINE BELOW. IF YOU WANT THIS SPECIFIED DEPOSIT TO GO TO A DIFFERENT BANK OR CREDIT UNION, PLEASE USE AN ADDITIONAL FORM.		
Account Number	Account Type	Amount to be Deposited
	CHECKING SAVINGS	

""[gu#Ky qwf 'lmg'iq'tgegkcg'e'eqr{ 'qhb { 'b qpj r' tgwgo gpv'ej gentlawd'xlc 'b/o ch0'

Go chklcfftgu-aa
"

This authorization is to remain in full force and effect until I provide the City written notification of a change in the depository information. I UNDERSTAND THAT THE AVAILABILITY OF FUNDS IS SUBJECT TO THE ABOVE-NAMED DEPOSITORY'S POLICIES AND PROCEDURES.

EMPLOYEE'S SIGNATURE

DATE

FOR NEW CHECKING ACCOUNTS – ATTACH VOIDED CHECK

1. Check must show name, bank routing number and account number. **Do not substitute a deposit ticket.**
2. If you cannot attach a voided check, we will accept a copy of your bank statement that includes your name, account number and routing number. **Please black out all financial information on the statement.**
3. **The name on the account must include the name of the employee or the name of a legal power of attorney.** In the latter case, you must furnish a certified copy of the power of attorney to the payroll office.
4. If you are only changing the amount of an existing specified deposit, the above does not apply.

FOR SAVINGS ACCOUNTS – ATTACH A COPY OF YOUR MOST RECENT STATEMENT

Please black out all financial information on the statement

**DO NOT WRITE BELOW THIS LINE
PAYROLL USE ONLY**

POSTED BY

DATE

VERIFIED BY

DATE

NOTICE TO RETIREES REGARDING RE-EMPLOYMENT AFTER RETIREMENT

To avoid disqualification of the Plans and ensure that retirement benefits are only distributed to members who have legitimately retired in compliance with the Internal Revenue Code and Income Tax Regulations, the City will review all City employees' applications for retirement and any other relevant information to verify that the City employee is legitimately retiring before providing any retirement benefit payment. ***Retirement benefit payments will not be issued to City employees who do not legitimately retire.*** For example, a City employee who "retires" on a Friday with an agreement in place to return to work with the City on Monday in any capacity (as a regular employee, temporary employee, or independent contractor in any City department even if the department is different than the employee's previously assigned department) will not be eligible to receive retirement benefit payments because the employee has not legitimately retired as required by law or the Plans, except in cases where an employee returns to work for the City for less than eight (8) hours per week or the employee is age 62 or older.

It should be noted that re-employment with an employer other than the City of Gainesville will not affect retirees' ability to continue to receive their retirement benefits.

To be signed by City employees who are under the age of 62 on their retirement date:

I swear or affirm that I have read this Notice to Retirees Regarding Re-Employment after Retirement and that the following statements are true and correct to the best of my knowledge and belief:

- (1) I will terminate my employment with the City of Gainesville on my retirement date;
- (2) There is no understanding or agreement in place at the time of my retirement for me to return to work for the City of Gainesville in any capacity after my retirement date;
- (3) I am not a current applicant for any open regular or temporary position with the City of Gainesville;
- (4) I have not received a verbal or written offer of re-employment as a regular or temporary employee or a verbal or written offer to provide services as an independent contractor after my retirement date from any employee or representative of the City of Gainesville; and
- (5) I understand that re-employment after my retirement with the City of Gainesville may impact my ability to continue to receive my retirement benefit payments during my period of re-employment.

Signature: _____ Date: _____

To be signed by City employees who are over the age of 62 on their retirement date:

I swear or affirm that I have read this notice to Retirees Regarding Re-Employment after Retirement and understand if I desire to return to work for the City of Gainesville, my retirement benefits will be unaffected.

Signature: _____ Date: _____