

**City of Gainesville**  
**GENERAL EMPLOYEES' PENSION PLAN**

**Application for Pension**

**To: The Plan Administrator of the General Employees' Pension Plan**

Application for pension under the City of Gainesville General Employees' 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"/> Joint & Survivor <input type="checkbox"/> Joint & Last Survivor	Joint Annuitant:	Annuitant DOB
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**I understand this request must be reviewed and signed by Risk Management for compliance with all governing laws, City policies and procedures, and Union contracts at least 30 days prior to my retirement. Failure to do so may delay receipt of my benefits as a retiree or vested member of the plan. I further understand I must complete all required documents necessary to begin my benefits as a retiree or vested member of the plan. Choose one election below:**

- ☐ 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.
- ☐ I hereby elect as an eligible vested member with the City of Gainesville to 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 2-527(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.

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, I have passed my declared retirement date or when my Deferred Retirement Option Program participation begins. I understand that 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 Designee

\_\_\_\_\_  
Date

**CITY OF GAINESVILLE GENERAL EMPLOYEE PENSION PLAN  
RETIREMENT ANNUITY OPTION ELECTION**

Employee's Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

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

<input checked="" type="radio"/> <b>LIFE ANNUITY</b>	One hundred percent of benefit payable to the retiree. Upon death of retiree, all benefits stop.
<b>THIS SECTION MUST BE COMPLETED IF YOU SELECT A LIFE ANNUITY</b>	
MARRIED: <input type="radio"/> NO <input type="radio"/> YES    If YES, Your spouse must sign below.	
<b>SPOUSAL ACKNOWLEDGEMENT</b>	I, _____, being the spouse of the above named person, acknowledge the Life Annuity or the Life Annuity was selected.
Signature of Spouse	Date
<input type="radio"/> <b>JOINT AND SURVIVOR</b>  • Age Restrictions Apply	Actuarial reduced benefit payable to the retiree. 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.
<input type="radio"/> <b>JOINT AND LAST SURVIVOR</b>  • Age Restrictions Apply	Actuarial reduced benefit payable to the retiree. At the death of either the retiree or the beneficiary, whoever shall remain living shall receive two-thirds (2/3) of the retiree's benefit for the remainder of the survivor's life.

I hereby designate, _____, my
_____, social security number _____ and whom I certify was born on _____
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.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notary: State of \_\_\_\_\_, County of \_\_\_\_\_ The above named person has sworn to and subscribed before me this \_\_\_\_\_ of \_\_\_\_\_ 20\_\_\_\_ and is personally known \_\_\_\_\_ or produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature of Notary Public OR  
Risk Management Representative

\_\_\_\_\_  
Print, Type of 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.

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### 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: \_\_\_\_\_