



MEMORANDUM
CITY OF FORT PIERCE RETIREMENT & BENEFIT
GENERAL & POLICE MEMBERS

TO: Nicholas Myrnes 1/25
City Manager

THROUGH: H Dean Kubitschek
Department Head

FROM: Patricia Danise

DATE: 1/25/19

SUBJECT: **Employee Request to Retire**

- General Member
- Police Member
- 185 Police
- Supplemental

INSTRUCTIONS: Complete this memorandum requesting your retirement and turn into your Human Resources Office **no less than 45 days** prior to your retirement date.

Employee Request to Retire

1. After 20 years of service with the Marina Department of the City of Fort Pierce, I wish to retire on 3/11/19.

2. I will continue employment through the Deferred Retirement Option Plan (DROP).
 Yes – Complete Sections A, B, C & E No – Complete Section D

A. *Sick Leave* _____ NA

I would like to cash in 720 sick leave hours. (Maximum 720 hours) I understand that any hours not earned prior to July 1, 2011 cannot be used toward my retirement computation.

I would like to carry over 0 sick leave hours into the DROP period with the understanding that any unused sick leave hours **will not be** paid out at the end of the DROP period.

B. *Accrued Vacation* _____ NA

I would like to cash in 221.98 vacation hours now. I understand that any hours not earned prior to July 1, 2011 cannot be used toward my retirement computation.

I would like to carry over _____ vacation hours into the DROP period with the understanding that any unused accrued vacation **will be** paid out at the end of the DROP period.

C. *Compensatory Time* X NA

I would like to cash in _____ compensatory hours now.

I would like to carry over _____ compensatory hours into the DROP period with the understanding that any unused compensatory hours **will be** paid out at the end of the DROP period.

D. Insurance Election

I wish to continue participation with City's Insurance Plans.

Yes – Select the Insurance Coverage to be continued No

Health: Employee Only Employee + 1 Family

Dental: Employee Only Employee + 1 Family

E. Enrollment in DROP _____ *NA*

In the event I elected, above, to continue employment through the Deferred Retirement Option Plan (DROP), then

1. I understand that I must withdraw from DROP, including employment, no later than sixty (60) months from the date of 3/11/19, when I first started to participate in DROP (please initial, to show your understanding of, and agreement with, this requirement): PD;

2.. I understand that once I leave employment while enrolled in the DROP program, or upon withdrawal from DROP, I cannot thereafter return to employment with either The City of Ft. Pierce, the Police Department, or the Fort Pierce Utilities Authority. That is, when I begin employment in DROP, I am deemed to have submitted an irrevocable resignation, which will take effect immediately upon the date I leave employment and withdraw from DROP (please initial, to show your understanding of, and agreement with, this requirement): PD;

3. I have carefully reviewed the requirements for DROP membership and any questions relating to that have been answered to my satisfaction (please initial, to show your understanding of the DROP requirements): PD.

F. Receipt of Correspondence

I would like to receive correspondence by:

Regular Mail E-mail

Please sign below acknowledging that you have read and understand all sections of this memorandum.

Patricia Daxero
Signature

3/25/19
Date

RETIREMENT WORK-UP INFORMATION

FOR

Patricia Danise

NAME

SOCIAL SECURITY #:

ADDRESS: (City/ State/ Zip)

E-MAIL ADDRESS:

PHONE NUMBER:

DATE OF BIRTH:

BENEFICIARY'S NAME:

RELATIONSHIP TO RETIREE:

BENEFICIARY'S DATE OF BIRTH:

BENEFICIARY'S SOCIAL SECURITY #:
(Please Provide a Copy)

BENEFICIARY'S ADDRESS:
(If Different)

Completed by: Patricia Danise
(Employee Signature)

FD-1000 1-4-09 1412

Date: 4/25/19

*In accordance with the provisions of §119.071(5)(a)6g, Florida Statutes, the collection and use of social security numbers is authorized for the purpose of the administration of the pension fund.



Request for Hearing by the Fort Pierce Retirement Board

City of Fort Pierce

Fort Pierce Utilities Authority
 Fort Pierce Police Department

TO: Nicholas Mimms ^{ncf}
 Agency Manager/Chief

THROUGH: Dean Kubitschek
 Department Head

FROM: Patricia Danese
 (Print Name)

DATE: 1-25-19

SUBJECT: REQUEST FOR HEARING

I am requesting a hearing before the Fort Pierce Retirement Board for the following reason:

1. () to approve a request for normal retirement;
2. () to approve a request for disability retirement;
3. () other (please explain)

DROP

1/25/19
 Date Signed

Patricia Danese
 Signature

Fort Pierce Retirement and Benefit System
Retirement Work-Up
for

PATRICIA A DANISE

Hire Date:	3/9/1999
Retire Date:	3/11/2019
Total Service Time:	Years 20.00 Months 0.00

<u>YEAR</u>	<u>AMOUNT</u>
3/12/2018 THRU 3/11/2019	42,439.85
3/12/2017 THRU 3/11/2018	40,144.17
3/12/2016 THRU 3/11/2017	39,163.84
3/12/2015 THRU 3/11/2016	38,320.24
3/12/2014 THRU 3/11/2015	<u>37,657.69</u>
Subtotal	\$ 197,725.79
Vacation 221.98 hours @ 20.74	4,603.87
Sick 452.07 hours @ 20.74	9,375.93
Comp - hours @ 20.74	<u>-</u>
Total	<u><u>\$ 211,705.59</u></u>

Final Average \$ 42,341.12


Signature

Instructions to Employer:

1. Verify hire date.
2. Check records to verify continuous service time. Leave of absence (without pay) longer than 2 months is considered a break in service.
3. List year (or dates) and salary of 5 highest years (approximately 130 payrolls) within the last 10 years. Include only wages that retirement has been deducted from.
4. Compute Retirement lump sum for sick, vacation and comp. hours, use report from 9/30/2012.
5. Forward to City Director of Finance along with request for retirement from employee and copies of employee's personnel action forms.

FORT PIERCE RETIREMENT AND BENEFIT SYSTEM

BENEFIT ESTIMATE FOR

PATRICIA DANISE

Member Data

Social Security #: _____ Date of Birth: **1/8/59**
 Sex: **Female** Age: **60 Years 2 Months**

Beneficiary Data

Name: **JAMES DANISE**
 Social Security #: _____ Date of Birth: **7/30/86**
 Sex: **Male** Age: **32 Years 7 Months**

Retirement Data

Date of Hire: **3/9/99** Service Credit: **20 Years 0 Months 0 Days**
 Date of Termination: **3/11/19**
 Date of Retirement: **3/11/19**
 Benefit Group: **General (Non-Union)** Final Average Salary: **\$42,341.12**
 Benefit Type: **Age & Service** Final Salary: **\$0.00**
 Option Selected: **Available options limited due to IRS minimum distribution regulations.**

Computed Benefit Amounts

	<u>Straight Life</u>	<u>Option A</u>	<u>Option B</u>	<u>Option C</u>	<u>Option D</u>	<u>Option E</u>
Annual Pension To Member	\$25,404.72		\$21,124.08	\$24,092.28	\$19,482.60	\$20,000.64
Monthly Pension To Member	\$2,117.06		\$1,760.34	\$2,007.69	\$1,623.55	\$1,666.72
Monthly Pension Potential To Beneficiary			\$880.17	\$2,007.69	\$1,217.66	\$1,111.15

*****This is Only an Estimate*****