

**FORT PIERCE RETIREMENT AND BENEFIT SYSTEM  
FINAL BENEFIT COMPUTATION FOR  
ROGER C. BROWN**

*Member Data*

Sex: **Male**                                      Date of Birth: **6/6/1950**                                      Age: **71 Years 1 Month**

*Beneficiary Data*

Name: **CHRISTINE BROWN**

Sex: **Female**                                      Date of Birth: **1/27/1957**                                      Age: **64 Years 5 Months**

*Retirement Data*

Date of Hire: **7/25/2016**                                      Service Credit: **5 Years 0 Month 0 Days**  
Date of Termination: **7/25/2021**                                      **(D . R . O . P . )**  
Date of Retirement: **7/25/2021**

Benefit Group: **Utility Authority**                                      Final Average Salary: **\$46,798.85**  
Benefit Type: **Age & Service**                                      Final Salary: **\$0.00**  
Option Selected:

*Computed Benefit Amounts*

	<u>Straight Life</u>	<u>Option A 100% Joint &amp; Survivor with Pop-Up</u>	<u>Option B 50% Joint &amp; Survivor with Pop-Up</u>	<u>Option C * 10-year Certain &amp; Life</u>	<u>Option D 75% Joint &amp; Survivor with Pop-Up</u>	<u>Option E 66 2/3% Joint &amp; Survivor with Pop-Up</u>
Annual Pension To Member	\$7,019.88	\$4,782.36	\$5,689.08	\$6,255.60	\$5,196.48	\$5,350.92
Monthly Pension Both Alive	\$584.99	\$398.53	\$474.09	\$521.30	\$433.04	\$445.91
Monthly Pension Potential To Beneficiary Only	N/A	\$398.53	\$237.05	\$521.30	\$324.78	\$297.27
Monthly Pension Potential To Member Only	\$584.99	\$584.99	\$584.99	\$521.30	\$584.99	\$584.99
Transfer to Annuity Reserve Fund on Effective Date of Retirement:				\$60,494.55		

\* Monthly Pension Potential To Beneficiary Only or to an estate ceases 10 years after the Effective Date of Retirement.

By: GABRIEL, ROEDER, SMITH & COMPANY  
*Gabriel, Roeder, Smith & Company*

This calculation is subject to correction. If you are or become aware of errors in the data that was used, the calculations that were made, or the plan provisions that were applied, it is your responsibility to contact the plan administrator. The plan has the right to recover from you amounts that were paid to you in error.

We have relied on the data submitted to comply with SB1128. The Board should establish and approve administrative procedures to ensure this compliance.

The GRS document retention policy requires destruction of all copies of this document no later than 7 years from the participant's date of retirement. You may want to retain a copy of this document in case this information is needed in the future.



# Retirement Request

Date	06-17-2021
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## Employee

Employee No.: 6677 - BROWN, ROGER CLAUDE, UTILITIES INSPECTOR  
 Department: 66 - WATER/WW ENGINEERING Date of Hire: 07/25/2016

Complete the following information and submit this form to Payroll no less than sixty (60) days prior to your retirement date.

## Employee Request to Retire

- After 5 years of service with Fort Pierce Utilities Authority, I wish to retire on the following date: 07/25/2021  
MM/DD/YYYY
- I will continue employment through the Deferred Retirement Option Plan (DROP).  
 Yes - Complete Sections A, B, C, D, E, & G     No - Complete Sections E, F, & G

### A. Enrollment in DROP

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

- I understand that I must withdraw from DROP, including employment, no later than sixty (60) months from the date of 07/25/2021, when I first started to participate in DROP (please initial, to show your understanding of, and agreement with, this requirement): RB
- 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 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): RB
- 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): RB

### B. Sick Leave Bank

I am a member of the sick Leave Bank and would like to continue membership.  \*Yes     No

\*I understand that I must leave a balance of 72 sick leave hours in order to maintain my membership.

### C. Accrued Sick Leave

I understand that upon entering DROP, I will be paid out my accrued, unused sick leave (less hours previously sold back) according to my years of service and associated maximums, as defined in Rule #4.6 "Sick Leave" under the section titled "Unused Sick Leave". I understand that I can elect to carry over a maximum of 120 hours of accrued, unused sick leave into the DROP period, with the understanding that one-half of unused, accrued sick time will be paid out in accordance with the service requirements and maximum total payout limit of 720 hours as established in Rule #4.6 "Sick Leave" upon separation of employment or at the end of the DROP period, whichever occurs earlier. I understand that I will not be eligible to participate in the Sick Leave Conversion or Sick Leave Sell-Back programs.

I elect to carry over 120 sick leave hours (not to exceed 120 hours) into the DROP period.

### D. Accrued Vacation

I understand that all my unused, accrued vacation to a maximum of 360 hours inclusive of any previous vacation conversion hours, will be paid out upon entering DROP. I further understand that I will continue to accrue vacation at my current accrual rate and will be eligible for a cash-out of up to a maximum of 120 hours at separation from employment or at the end of the DROP period, whichever occurs earlier, not to exceed a total maximum payout of 360 hours in accordance with Rule #4.3 "Vacation Leave". I understand that I will not be eligible to participate in the Vacation Leave Conversion Program.

### E. Vacation and Sick Usage

I plan to use the following amount of vacation and sick hours before my retirement date (these hours will not be included in my estimate):  Vacation - Hours: \_\_\_\_\_  Sick - Hours: \_\_\_\_\_

### F. Insurance Election

I wish to continue participation with FPUA insurance plans.  Yes - Select the Insurance Coverage to be Continued     No

Health:  Employee Only     Employee + Spouse     Employee + Children     Family

Dental:  Employee Only     Employee + 1     Family

Vision:  Employee Only     Employee + 1     Family

Life:  Employee Only

*I realize that rates will vary depending upon coverage chosen.*

**G. Retirement Work Up Information**

**Employee Name:** BROWN, ROGER CLAUDE

**Beneficiary Name:** CHRISTINE BROWN

Social Security No.: [REDACTED]

Relationship to Beneficiary: WIFE

Address: 10005 19TH STREET

Social Security No.: [REDACTED]

City, State, Zip: VERO BEACH, FL 32966

Address: 10005 19TH ST

Phone No.: (772) 370-9294

City, State, Zip: VERO BEACH FL 32966

Date of Birth: 06/06/1950

Phone No.: (561) 262-7958

Date of Birth: 01/27/1957

Employee Comments:

[Lined area for employee comments]

Attach a separate page if you have additional comments.

**APPROVALS**

Employee escnet/brownr (6/17/2021)

\* Yes, a Personnel Action form is being processed at this time.

\* Department Head escnet/carnes (6/18/2021)

Appropriate Director escnet/hutchin (6/23/2021)

Human Resources Manager escnet/wolfe (7/2/2021)

Payroll Administrator escnet/clark (7/6/2021)



Hearing Request
Fort Pierce Retirement Board

City of Fort Pierce
Fort Pierce Utilities Authority
Fort Pierce Police Department

TO: JOHN K. TOMPECK, DIRECTOR OF UTILITIES
Agency Manager/Chief

THROUGH: JAMES CARNES
Department Head

FROM: BROWN, ROGER CLAUDE
Employee

DATE: JUNE 17, 2021

SUBJECT: REQUEST FOR HEARING

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

- Approve a request for normal retirement.
Approve a request for disability retirement.
Other

Explain:

DEFERD RETIREMENT PLAN.

escnet/brownr (6/17/2021)
Employee Signature/Date

escnet/carnes (6/18/2021)
Department Head Signature/Date

escnet/tompeck (7/2/2021)
Director of Utilities Signature/Date