

## CITY OF CLEARWATER

### EMPLOYEES' SEPARATION PAY PREFERENCES

#### PREFERENCE #1

Employees can receive a lump sum payment for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave at the time of separation from the City. There will be no deduction for pension from this lump sum payment nor will this amount count as earnings in the calculation of the pension. The last day of work will be the termination date and pension benefits will begin the following month.

#### PREFERENCE #2

Employee can extend termination date by part or all of the time due for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave. Employee may choose to run out this time in any manner. Balance will be paid in a lump sum on employee's final paycheck. Termination date will be the final day of extended time. Pension benefits will begin the following month.

I, Randy Barnoski, an employee of the City of Clearwater, hereby apply for pension benefits under the City's Employees' Pension Plan.

I hereby certify that I fully understand the preferences offered to me. I choose to retire using separation pay preference # 1 and wish my benefits to be calculated under this preference. Please use my leave in the following manner:

Run Out	_____ vacation	_____ sick	_____ floaters	_____ bonus hours
Lump Sum	_____ vacation	_____ sick	_____ floaters	_____ bonus hours
	<u>281,5600</u>	<u>82,3214</u>	<u>24</u>	<u>8</u>

I understand that my preference cannot be changed once this form is signed and that my decision is irrevocable.

EMPLOYEE'S SIGNATURE: Randy Barnoski

SOCIAL SECURITY #: \_\_\_\_\_

WITNESSES:

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ DATE: 4-29-25

# City of Clearwater Employees' Retirement System

## Benefit Estimate

### Member Data

Name : RANDY BARNOSKI Social Security No.  
 Date of Birth : 04/13/1957  
 Age at Retirement : 68 Years 1 Month 18 Days

### Beneficiary Data

Name : BETH SUCHON Social Security No. :  
 Date of Birth : 03/07/1961  
 Age at Retirement : 64 Years 2 Months 25 Days Relationship : Other  
 # of children under 18 : 0

### Retirement Data

Pension Start Date : 03/20/1995 Calculation Type : Estimate  
 Termination Date : 05/02/2025 Benefit Group : Non-Hazardous - Tier II  
 Effective Date : 06/01/2025 Retirement Type : Normal Retirement  
 FAC : \$ 69,664.66 Option Elected :  
 Pre-Tax Contributions : \$ 0.00 Partial Lump Sum : \$0.00 (0 %)  
 Post-Tax Contributions : \$ 0.00 Total Member Service : 30 Years 1 Month 13 Days

Formula for Benefit A : 2.75% \* 17.7806 years \* \$69,664.66

Form of Payment	Factor	Monthly Benefit	
		To Member	Potential To Beneficiary
Single Life Annuity 4,808.51	1.00000	\$2,838.63	N/A
10 Year Certain and Life Annuity 4,500.10	0.93564	\$2,655.94	N/A
50% Joint and Survivor 4,277.72	0.88911	\$2,523.86	\$1,261.93
66 2/3% Joint and Survivor 4,125.91	0.85742	\$2,433.90	\$1,622.60
75% Joint and Survivor 4,053.59	0.84241	\$2,391.29	\$1,793.47
100% Joint and Survivor 3,852.40	0.80036	\$2,271.93	\$2,271.93

Formula for Benefit B : 2.75% \* 12.3389 years \* \$69,664.66

Form of Payment	Factor	Monthly Benefit	
		To Member	Potential To Beneficiary
Single Life Annuity	1.00000	\$1,969.88	N/A
10 Year Certain and Life Annuity	0.93618	\$1,844.16	N/A
50% Joint and Survivor	0.89034	\$1,753.86	\$876.93
66 2/3% Joint and Survivor	0.85894	\$1,692.01	\$1,128.01
75% Joint and Survivor	0.84406	\$1,662.70	\$1,247.02
100% Joint and Survivor	0.80235	\$1,580.53	\$1,580.53

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

Important Note: This calculation is provided only as a point-in-time estimate and is not a guarantee of your actual benefit. This calculation may contain errors and is subject to correction even if utilized in a formal benefit determination. You may not rely on this calculation as an accurate statement of your benefit. The accuracy of this calculation is based on the underlying data and assumptions that were provided to us and utilized to generate this estimate. We reserve the right to alter this calculation at any time, including after the payment of a benefit. The plan also reserves the right to recover any payments made to you in error. If you become aware of any errors in this calculation, please contact a plan representative.

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.

**CITY OF CLEARWATER  
PENSION ENTITLEMENT OPTION REQUEST FORM  
NON-HAZARDOUS DUTY EMPLOYEE**

I, <u>Randy Barnoski</u> do hereby apply to receive benefits under the (Please print name)	
City of Clearwater General Employees' Pension Plan in accordance with the following:	
Employee ID # <u>102951</u>	
Date of Birth: <u>4/13/1957</u>	Gender (circle one): <u>(M)</u> F
Job Classification: <u>Lead Wstrtr trtmt Plant Oper</u>	
Department: <u>Public Utilities</u>	Division: <u>Pu wastewater ops Northeast</u>
Date of Hire: <u>3/20/1995</u>	Date of Separation: <u>May 2, 2025</u>
Benefits Effective Date: <u>3/20/1995</u>	
Spouse's Name: <u>Beth Suchan</u>	
Spouse's Date of Birth: <u>3/7/1961</u>	Spouse's Gender (circle one): M <u>(F)</u>

The type of pension for which I am applying is (check only one):

- ☒ Regular Pension based on years of service  
☐ Job-connected Disability Pension  
☐ Non-job-connected Disability Pension

The City of Clearwater Employees' Pension Plan provides multiple options to Plan Participants as to the manner of the pension benefit payment. Option 1 below represents the standard or normal form of retirement benefit for Participants eligible to retire prior to January 1, 2013. Option 2 below represents the standard or normal form of retirement benefit for Participants eligible to retire after December 31, 2012. The other optional forms (#3- #7) shall be computed to be the Actuarial Equivalent of the respective normal benefit.

**Option 1 - Joint and Survivor Annuity (ONLY if eligible to retire prior to January 1, 2013)**

An annuity paid monthly for the life of the Participant, with a 100% survivor annuity paid monthly for a period of five years following the death of the Participant to the beneficiary, provided that following such five year period the survivor annuity shall be reduced to 50% of the original survivor annuity amount. [See section 2.397 (a) (3) (A)] The Participant's surviving spouse receives the designated amount for the rest of his/her life or until he/she remarries. If no surviving spouse, dependent children under the age of 18 shall be deemed to be the beneficiary and receive the designated amount until the age of 18. [Section 2.397 (a) (3) and Section 2.398 (b) (1)]

**Option 2 - Life Annuity**

The Participant receives his/her pension as long as he/she lives. Upon the death of the Participant, benefits cease. [Section 2.416 (c) and Section 2.424 (b) (2) a. 1.]

**Option 3 - 10 Year Certain & Life Annuity - (must designate a beneficiary)**

The Participant receives his/her pension as long as he/she lives. If the Participant dies before 120 monthly payments have been made, the remaining payments up to the 120 payments are made to his/her beneficiary, or the estate if his/her beneficiary is not alive. [Section 2.424 (b) (2) a. 2.]

**Option 4 - 50% Joint & Survivor Annuity - (must designate a beneficiary)**

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 50 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

**Option 5 - 75% Joint & Survivor Annuity - (must designate a beneficiary)**

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 75 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

**Option 6 - 100% Joint & Survivor Annuity - (must designate a beneficiary)**

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 100 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

**Option 7 - 66 ⅔% Joint & Survivor Annuity - (must designate a beneficiary)**

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 66 ⅔ percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

**Partial Lump Sum Payment Option**

A partial lump sum payment equal to either ten percent (10%), twenty percent (20%), or thirty percent (30%) of the actuarially determined value of the normal retirement benefit due the member may be elected in combination with any of the options indicated above. If a member elects such a partial lump sum distribution, then the monthly retirement benefit for the option selected shall be reduced accordingly thereafter. [Section 2.424 (b) (2) a. 4.]

I have considered the various benefit payment methods under such Plan and have elected to receive my retirement benefits as indicated below. (Note: Option selection to be indicated both by Number and Description.)

**I understand that once my first pension check is received, my decision on this option is irrevocable.**

**If taking Option 1 sign below:**

Option #: <u>1</u>	Description: <u>Joint and Survivor Annuity</u>		
Employee's Signature: _____	Date: _____		
Dependent children under the age of 18 and residing in my household are:			
Child's Name	Gender (M-F)	Date of Birth	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**If taking Option 2 sign below:**

Option #: <u>2</u>	Description: <u>Life Annuity</u>
Employee's Signature: _____	Date: _____

**If taking Option 3, fill in beneficiary information and sign below:**

Option #: <u>3</u>	Description: <u>10 Year Certain and Life Annuity</u>
My designated beneficiary is:	
Name: _____	Social Security Number: _____
Date of Birth: _____	Gender (Circle One) M F
Address: _____	
Phone Number: _____	Relationship _____
Employee's Signature: _____	Date: _____

If taking Option 4, 5, 6, or 7, fill in Option Number, Description and beneficiary information and sign below:

Option #: 5 Description: 75 % Joint and Survivor Annuity

My designated beneficiary is:

Name: BETH SUCHON Social Security Number: \_\_\_\_\_

Date of Birth: 3-7-61 Gender (Circle One) M (F)

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship WIFE

Employee's Signature: Kandy Karnoski Date: 4-29-25

If taking a Partial Lump Sum Payment, fill in Percentage and sign below:

Option #: NA Description: Partial Lump Sum Payment

I elect to take a partial lump sum payment in the following amount (check only one):

\_\_\_\_\_ 10% of the actuarially determined value of the normal retirement benefit

\_\_\_\_\_ 20% of the actuarially determined value of the normal retirement benefit

\_\_\_\_\_ 30% of the actuarially determined value of the normal retirement benefit

I understand my monthly retirement benefit for the option selected above shall be reduced accordingly.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If naming a beneficiary ONLY, fill in beneficiary information and sign below:

My designated beneficiary is:

Beneficiary Name: \_\_\_\_\_ Beneficiary Social Security #: \_\_\_\_\_

Beneficiary Date of Birth: \_\_\_\_\_ Beneficiary Gender (Circle One) M F

Beneficiary Address: \_\_\_\_\_

Beneficiary Phone Number: \_\_\_\_\_ Relationship \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF  
PINELLAS

The foregoing instrument was acknowledged before me this  
29 day of April, 2025

by Randy Barnoski

who is personally known to me or who has provided FL-DL  
as identification and who did/did not take an oath.

\_\_\_\_\_  
(Signature) \_\_\_\_\_ Notary Public

Alyssa Gagliardi Name of Notary Printed

My Commission expires: \_\_\_\_\_



ALYSSA GAGLIARDI  
Commission # HH 476578  
Expires January 28, 2028

# CITY OF CLEARWATER

## EMPLOYEES' SEPARATION PAY PREFERENCES

### PREFERENCE #1

Employees can receive a lump sum payment for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave at the time of separation from the City. There will be no deduction for pension from this lump sum payment nor will this amount count as earnings in the calculation of the pension. The last day of work will be the termination date and pension benefits will begin the following month.

### PREFERENCE #2

Employee can extend termination date by part or all of the time due for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave. Employee may choose to run out this time in any manner. Balance will be paid in a lump sum on employee's final paycheck. Termination date will be the final day of extended time. Pension benefits will begin the following month.

I, Jeanne Blaettner, an employee of the City of Clearwater, hereby apply for pension benefits under the City's Employees' Pension Plan.

I hereby certify that I fully understand the preferences offered to me. I choose to retire using separation pay preference # 1 and wish my benefits to be calculated under this preference. Please use my leave in the following manner:

as of 4/11/25  
Run Out \_\_\_\_\_ vacation \_\_\_\_\_ sick \_\_\_\_\_ floaters \_\_\_\_\_ bonus hours  
Lump Sum 71.6315 vacation 425.0340 sick 22.50 floaters \_\_\_\_\_ bonus hours  
212.5170

I understand that my preference cannot be changed once this form is signed and that my decision is irrevocable.

EMPLOYEE'S SIGNATURE: Jeanne Blaettner

SOCIAL SECURITY #: \_\_\_\_\_

WITNESSES:

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

DATE: 5-2-25

# City of Clearwater Employees' Retirement System

## Benefit Estimate

### Member Data

Name : JEANNE BLAETTNER Social Security No. :  
 Date of Birth : 03/21/1960  
 Age at Retirement : 65 Years 3 Months 11 Days

### Beneficiary Data

Name : RONALD BLAETTNER Social Security No. :  
 Date of Birth : 12/03/1949  
 Age at Retirement : 75 Years 6 Months 29 Days Relationship : Spouse  
 # of children under 18 : 0

### Retirement Data

Pension Start Date : 09/23/2013 Calculation Type : Estimate  
 Termination Date : 06/27/2025 Benefit Group : Non-Hazardous - Tier II  
 Effective Date : 07/01/2025 Retirement Type : Normal Retirement  
 FAC : \$ 45,702.06 Option Elected :  
 Pre-Tax Contributions : \$ 0.00 Partial Lump Sum : \$0.00 (0 %)  
 Post-Tax Contributions : \$ 0.00 Total Member Service : 11 Years 9 Months 5 Days

Formula for Benefit A : 2% \* 9.0222 years \* \$45,702.06

Form of Payment	Factor	Monthly Benefit	
		To Member	Potential To Beneficiary
<del>Normal Form</del>	<del>1.00000</del>	<del>\$687.22</del>	N/A
Single Life Annuity 948.26	1.00000	\$687.22	N/A
10 Year Certain and Life Annuity 906.21	0.95565	\$656.75	N/A
50% Joint and Survivor 915.94	0.96592	\$663.80	\$331.90
66 2/3% Joint and Survivor 905.66	0.95507	\$656.35	\$437.56
75% Joint and Survivor 900.60	0.94973	\$652.68	\$489.51
100% Joint and Survivor 885.75	0.93408	\$641.92	\$641.92

Formula for Benefit B : 2.5% \* 2.7417 years \* \$45,702.06

Form of Payment	Factor	Monthly Benefit	
		To Member	Potential To Beneficiary
<del>Normal Form</del>	<del>1.00000</del>	<del>\$261.04</del>	N/A
Single Life Annuity	1.00000	\$261.04	N/A
10 Year Certain and Life Annuity	0.95565	\$249.46	N/A
50% Joint and Survivor	0.96592	\$252.14	\$126.07
66 2/3% Joint and Survivor	0.95507	\$249.31	\$166.21
75% Joint and Survivor	0.94973	\$247.92	\$185.94
100% Joint and Survivor	0.93408	\$243.83	\$243.83

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

Important Note: This calculation is provided only as a point-in-time estimate and is not a guarantee of your actual benefit. This calculation may contain errors and is subject to correction even if utilized in a formal benefit determination. You may not rely on this calculation as an accurate statement of your benefit. The accuracy of this calculation is based on the underlying data and assumptions that were provided to us and utilized to generate this estimate. We reserve the right to alter this calculation at any time, including after the payment of a benefit. The plan also reserves the right to recover any payments made to you in error. If you become aware of any errors in this calculation, please contact a plan representative.

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.

**CITY OF CLEARWATER  
PENSION ENTITLEMENT OPTION REQUEST FORM  
NON-HAZARDOUS DUTY EMPLOYEE**

I, <u>Jeanne Blaettner</u> do hereby apply to receive benefits under the (Please print name) City of Clearwater General Employees' Pension Plan in accordance with the following:	
Employee ID # <u>108432</u>	
Date of Birth: <u>3/21/1960</u>	Gender (circle one): M <input type="radio"/> F <input checked="" type="radio"/>
Job Classification: <u>Accounting Tech II</u>	
Department: <u>Finance</u>	Division: <u>FU Accounting</u>
Date of Hire: <u>9/23/2013</u>	Date of Separation: <u>June 27, 2025</u>
Benefits Effective Date: <u>9/23/2013</u>	
Spouse's Name: <u>Ronald Blaettner</u>	
Spouse's Date of Birth: <u>12/03/1949</u>	Spouse's Gender (circle one): M <input checked="" type="radio"/> F <input type="radio"/>

The type of pension for which I am applying is (check only one):

- ☒ Regular Pension based on years of service  
☐ Job-connected Disability Pension  
☐ Non-job-connected Disability Pension

The City of Clearwater Employees' Pension Plan provides multiple options to Plan Participants as to the manner of the pension benefit payment. Option 1 below represents the standard or normal form of retirement benefit for Participants eligible to retire prior to January 1, 2013. Option 2 below represents the standard or normal form of retirement benefit for Participants eligible to retire after December 31, 2012. The other optional forms (#3- #7) shall be computed to be the Actuarial Equivalent of the respective normal benefit.

**Option 1 - Joint and Survivor Annuity (ONLY if eligible to retire prior to January 1, 2013)**

An annuity paid monthly for the life of the Participant, with a 100% survivor annuity paid monthly for a period of five years following the death of the Participant to the beneficiary, provided that following such five year period the survivor annuity shall be reduced to 50% of the original survivor annuity amount. [See section 2.397 (a) (3) (A)] The Participant's surviving spouse receives the designated amount for the rest of his/her life or until he/she remarries. If no surviving spouse, dependent children under the age of 18 shall be deemed to be the beneficiary and receive the designated amount until the age of 18. [Section 2.397 (a) (3) and Section 2.398 (b) (1)]

**Option 2 - Life Annuity**

The Participant receives his/her pension as long as he/she lives. Upon the death of the Participant, benefits cease. [Section 2.416 (c) and Section 2.424 (b) (2) a. 1.]

**Option 3 - 10 Year Certain & Life Annuity - (must designate a beneficiary)**

The Participant receives his/her pension as long as he/she lives. If the Participant dies before 120 monthly payments have been made, the remaining payments up to the 120 payments are made to his/her beneficiary, or the estate if his/her beneficiary is not alive. [Section 2.424 (b) (2) a. 2.]

**Option 4 - 50% Joint & Survivor Annuity - (must designate a beneficiary)**

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 50 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

**Option 5 - 75% Joint & Survivor Annuity - (must designate a beneficiary)**

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 75 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]



**Option 6 - 100% Joint & Survivor Annuity - (must designate a beneficiary)**

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 100 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

**Option 7 - 66 ⅔% Joint & Survivor Annuity - (must designate a beneficiary)**

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 66 ⅔ percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

**Partial Lump Sum Payment Option**

A partial lump sum payment equal to either ten percent (10%), twenty percent (20%), or thirty percent (30%) of the actuarially determined value of the normal retirement benefit due the member may be elected in combination with any of the options indicated above. If a member elects such a partial lump sum distribution, then the monthly retirement benefit for the option selected shall be reduced accordingly thereafter. [Section 2.424 (b) (2) a. 4.]

I have considered the various benefit payment methods under such Plan and have elected to receive my retirement benefits as indicated below. (Note: Option selection to be indicated both by Number and Description.)

**I understand that once my first pension check is received, my decision on this option is irrevocable.**

**If taking Option 1 sign below:**

Option #: <u>1</u>	Description: <u>Joint and Survivor Annuity</u>		
Employee's Signature: _____	Date: _____		
Dependent children under the age of 18 and residing in my household are:			
Child's Name	Gender (M-F)	Date of Birth	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**If taking Option 2 sign below:**

Option #: <u>2</u>	Description: <u>Life Annuity</u>
Employee's Signature: <u>Jeanne Blachier</u>	Date: <u>5-2-25</u>

**If taking Option 3, fill in beneficiary information and sign below:**

Option #: <u>3</u>	Description: <u>10 Year Certain and Life Annuity</u>
My designated beneficiary is:	
Name: _____	Social Security Number: _____
Date of Birth: _____	Gender (Circle One) M F
Address: _____	
Phone Number: _____	Relationship _____
Employee's Signature: _____	Date: _____

If taking Option 4, 5, 6, or 7, fill in Option Number, Description and beneficiary information and sign below:

Option #: \_\_\_\_\_ Description: \_\_\_\_\_ % Joint and Survivor Annuity \_\_\_\_\_

My designated beneficiary is:

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender (Circle One) M F

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If taking a Partial Lump Sum Payment, fill in Percentage and sign below:

Option #: \_\_\_\_\_ NA \_\_\_\_\_ Description: \_\_\_\_\_ Partial Lump Sum Payment \_\_\_\_\_

I elect to take a partial lump sum payment in the following amount (check only one):

\_\_\_\_\_ 10% of the actuarially determined value of the normal retirement benefit

\_\_\_\_\_ 20% of the actuarially determined value of the normal retirement benefit

\_\_\_\_\_ 30% of the actuarially determined value of the normal retirement benefit

I understand my monthly retirement benefit for the option selected above shall be reduced accordingly.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If naming a beneficiary ONLY, fill in beneficiary information and sign below:

My designated beneficiary is:

Beneficiary Name: \_\_\_\_\_ Beneficiary Social Security #: \_\_\_\_\_

Beneficiary Date of Birth: \_\_\_\_\_ Beneficiary Gender (Circle One) M F

Beneficiary Address: \_\_\_\_\_

Beneficiary Phone Number: \_\_\_\_\_ Relationship \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF  
PINELLAS



ALYSSA GAGLIARDI  
Commission # HH 476578  
Expires January 28, 2028

The foregoing instrument was acknowledged before me this

2 day of May, 2025

by Jeanne Bluetner

who is personally known to me or who has provided \_\_\_\_\_

as identification and who did/did not take an oath.

\_\_\_\_\_  
(Signature) Notary Public

Alyssa Gagliardi Name of Notary Printed

My Commission expires: \_\_\_\_\_

# CITY OF CLEARWATER

## EMPLOYEES' SEPARATION PAY PREFERENCES

### PREFERENCE #1

Employees can receive a lump sum payment for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave at the time of separation from the City. There will be no deduction for pension from this lump sum payment nor will this amount count as earnings in the calculation of the pension. The last day of work will be the termination date and pension benefits will begin the following month.

### PREFERENCE #2

Employee can extend termination date by part or all of the time due for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave. Employee may choose to run out this time in any manner. Balance will be paid in a lump sum on employee's final paycheck. Termination date will be the final day of extended time. Pension benefits will begin the following month.

I, Jaime Cuervo-Garzon, an employee of the City of Clearwater, hereby apply for pension benefits under the City's Employees' Pension Plan.

I hereby certify that I fully understand the preferences offered to me. I choose to retire using separation pay preference # 1 and wish my benefits to be calculated under this preference. Please use my leave in the following manner:

Run Out \_\_\_\_\_ vacation \_\_\_\_\_ sick \_\_\_\_\_ floaters \_\_\_\_\_ bonus hours

Lump Sum \_\_\_\_\_ vacation \_\_\_\_\_ sick \_\_\_\_\_ floaters \_\_\_\_\_ bonus hours

186.4873

474.5610

24

0

237.2805

I understand that my preference cannot be changed once this form is signed and that my decision is irrevocable.

EMPLOYEE'S SIGNATURE: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

WITNESSES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

DATE: 6-10-25

# City of Clearwater Employees' Retirement System

## Benefit Estimate

### Member Data

Name : JAIME CUERVO GARZON Social Security No.  
 Date of Birth : 10/03/1961  
 Age at Retirement : 63 Years 9 Months 29 Days

### Beneficiary Data

Name : LUZ ONEIDA CASTRILLON Social Security No. :  
 Date of Birth : 03/17/1969  
 Age at Retirement : 56 Years 4 Months 15 Days Relationship : Spouse  
 # of children under 18 : 0

### Retirement Data

Pension Start Date : 07/12/2004 Calculation Type : Estimate  
 Termination Date : 07/11/2025 Benefit Group : Non-Hazardous - Tier II  
 Effective Date : 08/01/2025 Retirement Type : Normal Retirement  
 FAC : \$ 51,181.39 Option Elected :  
 Pre-Tax Contributions : \$ 0.00 Partial Lump Sum : \$0.00 (0 %)  
 Post-Tax Contributions : \$ 0.00 Total Member Service : 21 Years 0 Months

Formula for Benefit A : 2.75% \* 8.4694 years \* \$51,181.39

#### Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
<del>Normal Form</del>	<del>1.00000</del>	<del>\$993.39</del>	N/A
Single Life Annuity <b>2,463.11</b>	1.00000	\$993.39	N/A
10 Year Certain and Life Annuity	0.96058	\$954.23	N/A
50% Joint and Survivor	0.88738	\$881.51	\$440.76
66 2/3% Joint and Survivor	0.85528	\$849.62	\$566.42
75% Joint and Survivor	0.84008	\$834.52	\$625.89
100% Joint and Survivor	0.79756	\$792.29	\$792.29

Formula for Benefit B : 2.75% \* 12.5306 years \* \$51,181.39

#### Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
<del>Normal Form</del>	<del>1.00000</del>	<del>\$1,469.72</del>	N/A
Single Life Annuity	1.00000	\$1,469.72	N/A
10 Year Certain and Life Annuity	0.96089	\$1,412.24	N/A
50% Joint and Survivor	0.88855	\$1,305.92	\$652.96
66 2/3% Joint and Survivor	0.85672	\$1,259.14	\$839.42
75% Joint and Survivor	0.84165	\$1,236.99	\$927.74
100% Joint and Survivor	0.79945	\$1,174.97	\$1,174.97

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

Important Note: This calculation is provided only as a point-in-time estimate and is not a guarantee of your actual benefit. This calculation may contain errors and is subject to correction even if utilized in a formal benefit determination. You may not rely on this calculation as an accurate statement of your benefit. The accuracy of this calculation is based on the underlying data and assumptions that were provided to us and utilized to generate this estimate. We reserve the right to alter this calculation at any time, including after the payment of a benefit. The plan also reserves the right to recover any payments made to you in error. If you become aware of any errors in this calculation, please contact a plan representative.

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.

**CITY OF CLEARWATER  
PENSION ENTITLEMENT OPTION REQUEST FORM  
NON-HAZARDOUS DUTY EMPLOYEE**

I, <u>Jaime Cuervo Garzon</u> do hereby apply to receive benefits under the (Please print name)	
City of Clearwater General Employees' Pension Plan in accordance with the following:	
Employee ID # <u>105908</u>	
Date of Birth: <u>10/3/1961</u>	Gender (circle one): <u>(M)</u> F
Job Classification: <u>Skilled Tradesworker II</u>	
Department: <u>General services</u>	Division: <u>GS Tradesworker team</u>
Date of Hire: <u>7/12/2004</u>	Date of Separation: <u>July 11, 2025</u>
Benefits Effective Date: <u>7/12/2004</u>	
Spouse's Name: _____	
Spouse's Date of Birth: _____	Spouse's Gender (circle one): M F

The type of pension for which I am applying is (check only one):

- ☒ Regular Pension based on years of service  
☐ Job-connected Disability Pension  
☐ Non-job-connected Disability Pension

The City of Clearwater Employees' Pension Plan provides multiple options to Plan Participants as to the manner of the pension benefit payment. Option 1 below represents the standard or normal form of retirement benefit for Participants eligible to retire prior to January 1, 2013. Option 2 below represents the standard or normal form of retirement benefit for Participants eligible to retire after December 31, 2012. The other optional forms (#3- #7) shall be computed to be the Actuarial Equivalent of the respective normal benefit.

**Option 1 - Joint and Survivor Annuity (ONLY if eligible to retire prior to January 1, 2013)**

An annuity paid monthly for the life of the Participant, with a 100% survivor annuity paid monthly for a period of five years following the death of the Participant to the beneficiary, provided that following such five year period the survivor annuity shall be reduced to 50% of the original survivor annuity amount. [See section 2.397 (a) (3) (A)] The Participant's surviving spouse receives the designated amount for the rest of his/her life or until he/she remarries. If no surviving spouse, dependent children under the age of 18 shall be deemed to be the beneficiary and receive the designated amount until the age of 18. [Section 2.397 (a) (3) and Section 2.398 (b) (1)]

**Option 2 - Life Annuity**

The Participant receives his/her pension as long as he/she lives. Upon the death of the Participant, benefits cease. [Section 2.416 (c) and Section 2.424 (b) (2) a. 1.]

**Option 3 - 10 Year Certain & Life Annuity - (must designate a beneficiary)**

The Participant receives his/her pension as long as he/she lives. If the Participant dies before 120 monthly payments have been made, the remaining payments up to the 120 payments are made to his/her beneficiary, or the estate if his/her beneficiary is not alive. [Section 2.424 (b) (2) a. 2.]

**Option 4 - 50% Joint & Survivor Annuity - (must designate a beneficiary)**

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 50 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

**Option 5 - 75% Joint & Survivor Annuity - (must designate a beneficiary)**

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 75 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

**Option 6 - 100% Joint & Survivor Annuity - (must designate a beneficiary)**

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 100 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

**Option 7 - 66 ⅔% Joint & Survivor Annuity - (must designate a beneficiary)**

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 66 ⅔ percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

**Partial Lump Sum Payment Option**

A partial lump sum payment equal to either ten percent (10%), twenty percent (20%), or thirty percent (30%) of the actuarially determined value of the normal retirement benefit due the member may be elected in combination with any of the options indicated above. If a member elects such a partial lump sum distribution, then the monthly retirement benefit for the option selected shall be reduced accordingly thereafter. [Section 2.424 (b) (2) a. 4.]

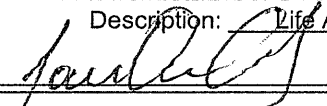
I have considered the various benefit payment methods under such Plan and have elected to receive my retirement benefits as indicated below. (Note: Option selection to be indicated both by Number and Description.)

**I understand that once my first pension check is received, my decision on this option is irrevocable.**

**If taking Option 1 sign below:**

Option #: <u>1</u>	Description: <u>Joint and Survivor Annuity</u>		
Employee's Signature: _____	Date: _____		
Dependent children under the age of 18 and residing in my household are:			
Child's Name	Gender (M-F)	Date of Birth	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**If taking Option 2 sign below:**

Option #: <u>2</u>	Description: <u>Life Annuity</u>
Employee's Signature: <u></u>	Date: <u>6-10-25</u>

**If taking Option 3, fill in beneficiary information and sign below:**

Option #: <u>3</u>	Description: <u>10 Year Certain and Life Annuity</u>
My designated beneficiary is:	
Name: _____	Social Security Number: _____
Date of Birth: _____	Gender (Circle One) M F
Address: _____	
Phone Number: _____	Relationship _____
Employee's Signature: _____	Date: _____

**If taking Option 4, 5, 6, or 7, fill in Option Number, Description and beneficiary information and sign below:**

Option #: \_\_\_\_\_ Description: \_\_\_\_\_ % Joint and Survivor Annuity \_\_\_\_\_

My designated beneficiary is:

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender (Circle One) M F

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If taking a Partial Lump Sum Payment, fill in Percentage and sign below:**

Option #: \_\_\_\_\_ NA \_\_\_\_\_ Description: \_\_\_\_\_ Partial Lump Sum Payment \_\_\_\_\_

I elect to take a partial lump sum payment in the following amount (check only one):

\_\_\_\_\_ 10% of the actuarially determined value of the normal retirement benefit

\_\_\_\_\_ 20% of the actuarially determined value of the normal retirement benefit

\_\_\_\_\_ 30% of the actuarially determined value of the normal retirement benefit

I understand my monthly retirement benefit for the option selected above shall be reduced accordingly.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If naming a beneficiary ONLY, fill in beneficiary information and sign below:**

My designated beneficiary is:

Beneficiary Name: \_\_\_\_\_ Beneficiary Social Security #: \_\_\_\_\_

Beneficiary Date of Birth: \_\_\_\_\_ Beneficiary Gender (Circle One) M F

Beneficiary Address: \_\_\_\_\_

Beneficiary Phone Number: \_\_\_\_\_ Relationship \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF  
PINELLAS

The foregoing instrument was acknowledged before me this

10<sup>th</sup> day of June, 2025

by Jaime Cuervo-Garzon

who is personally known to me or who has provided \_\_\_\_\_

as identification and who ~~did~~ did not take an oath.

(Signature)

Notary Public

Alyssa Gagliardi Name of Notary Printed

My Commission expires: \_\_\_\_\_



ALYSSA GAGLIARDI  
Commission # HH 476578  
Expires January 28, 2028

# CITY OF CLEARWATER

## EMPLOYEES' SEPARATION PAY PREFERENCES

### PREFERENCE #1

Employees can receive a lump sum payment for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave at the time of separation from the City. There will be no deduction for pension from this lump sum payment nor will this amount count as earnings in the calculation of the pension. The last day of work will be the termination date and pension benefits will begin the following month.

### PREFERENCE #2

Employee can extend termination date by part or all of the time due for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave. Employee may choose to run out this time in any manner. Balance will be paid in a lump sum on employee's final paycheck. Termination date will be the final day of extended time. Pension benefits will begin the following month.

I, Keith Farrington, an employee of the City of Clearwater, hereby apply for pension benefits under the City's Employees' Pension Plan.

I hereby certify that I fully understand the preferences offered to me. I choose to retire using separation pay preference # 1 and wish my benefits to be calculated under this preference. Please use my leave in the following manner:

5 of 12/25  
Run Out \_\_\_\_\_ vacation \_\_\_\_\_ sick \_\_\_\_\_ floaters \_\_\_\_\_ bonus hours  
Lump Sum 192.9336 vacation 230.1141 sick 115.0551 floaters 16 bonus hours

I understand that my preference cannot be changed once this form is signed and that my decision is irrevocable.

EMPLOYEE'S SIGNATURE: Keith Farrington

SOCIAL SECURITY # \_\_\_\_\_

WITNESSES:

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

DATE: 5-20-25



# City of Clearwater Employees' Retirement System

## Benefit Estimate

### Member Data

Name : KEITH FARRINGTON Social Security No. :  
 Date of Birth : 08/16/1958  
 Age at Retirement : 66 Years 9 Months 16 Days

### Beneficiary Data

Name : KIM FARRINGTON Social Security No. :  
 Date of Birth : 10/25/1960  
 Age at Retirement : 64 Years 7 Months 7 Days Relationship : Spouse  
 # of children under 18 : 0

### Retirement Data

Pension Start Date : 08/08/2016 Calculation Type : Estimate  
 Termination Date : 05/30/2025 Benefit Group : Non-Hazardous - Tier II  
 Effective Date : 06/01/2025 Retirement Type : Normal Retirement  
 FAC : \$ 59,604.26 Option Elected :  
 Pre-Tax Contributions : \$ 0.00 Partial Lump Sum : \$32,838.06 (30 %)  
 Post-Tax Contributions : \$ 0.00 Total Member Service : 8 Years 9 Months 23 Days

Formula for Benefit A : 2% \* 6.1472 years \* \$59,604.26

#### Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
<del>Normal Form</del>	<del>1.00000</del>	<del>\$427.47</del>	N/A
Single Life Annuity 659.26	1.00000	\$427.47	N/A
10 Year Certain and Life Annuity 621.94	0.94340	\$403.27	N/A
50% Joint and Survivor 596.82	0.90529	\$386.98	\$193.49
66 2/3% Joint and Survivor 578.56	0.87759	\$375.14	\$250.10
75% Joint and Survivor 569.84	0.86436	\$369.49	\$277.12
100% Joint and Survivor 545.19	0.82697	\$353.50	\$353.50

Formula for Benefit B : 2.5% \* 2.6667 years \* \$59,604.26

#### Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
<del>Normal Form</del>	<del>1.00000</del>	<del>\$231.79</del>	N/A
Single Life Annuity	1.00000	\$231.79	N/A
10 Year Certain and Life Annuity	0.94340	\$218.67	N/A
50% Joint and Survivor	0.90529	\$209.84	\$104.92
66 2/3% Joint and Survivor	0.87759	\$203.42	\$135.61
75% Joint and Survivor	0.86436	\$200.35	\$150.26
100% Joint and Survivor	0.82697	\$191.69	\$191.69

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

Important Note: This calculation is provided only as a point-in-time estimate and is not a guarantee of your actual benefit. This calculation may contain errors and is subject to correction even if utilized in a formal benefit determination. You may not rely on this calculation as an accurate statement of your benefit. The accuracy of this calculation is based on the underlying data and assumptions that were provided to us and utilized to generate this estimate. We reserve the right to alter this calculation at any time, including after the payment of a benefit. The plan also reserves the right to recover any payments made to you in error. If you become aware of any errors in this calculation, please contact a plan representative.

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.

# City of Clearwater Employees' Retirement System

## Benefit Estimate

### Member Data

Name : KEITH FARRINGTON Social Security No. :  
 Date of Birth : 08/16/1958  
 Age at Retirement : 66 Years 9 Months 16 Days

### Beneficiary Data

Name : KIM FARRINGTON Social Security No. :  
 Date of Birth : 10/25/1960  
 Age at Retirement : 64 Years 7 Months 7 Days Relationship : Spouse  
 # of children under 18 : 0

### Retirement Data

Pension Start Date : 08/08/2016 Calculation Type : Estimate  
 Termination Date : 05/30/2025 Benefit Group : Non-Hazardous - Tier II  
 Effective Date : 06/01/2025 Retirement Type : Normal Retirement  
 FAC : \$ 59,604.26 Option Elected :  
 Pre-Tax Contributions : \$ 0.00 Partial Lump Sum : \$0.00 (0 %)  
 Post-Tax Contributions : \$ 0.00 Total Member Service : 8 Years 9 Months 23 Days

Formula for Benefit A : 2% \* 6.1472 years \* \$59,604.26

Form of Payment	Factor	Monthly Benefit	
		To Member	Potential To Beneficiary
<del>Normal Form</del>	<del>1.00000</del>	<del>\$610.67</del>	N/A
Single Life Annuity 941.80	1.00000	\$610.67	N/A
10 Year Certain and Life Annuity 888.49	0.94340	\$576.10	N/A
50% Joint and Survivor 852.60	0.90529	\$552.83	\$276.42
66 2/3% Joint and Survivor 826.52	0.87759	\$535.92	\$357.28
75% Joint and Survivor 814.06	0.86436	\$527.84	\$395.88
100% Joint and Survivor 778.41	0.82697	\$505.00	\$505.00

Formula for Benefit B : 2.5% \* 2.6667 years \* \$59,604.26

Form of Payment	Factor	Monthly Benefit	
		To Member	Potential To Beneficiary
<del>Normal Form</del>	<del>1.00000</del>	<del>\$331.13</del>	N/A
Single Life Annuity	1.00000	\$331.13	N/A
10 Year Certain and Life Annuity	0.94340	\$312.39	N/A
50% Joint and Survivor	0.90529	\$299.77	\$149.89
66 2/3% Joint and Survivor	0.87759	\$290.60	\$193.73
75% Joint and Survivor	0.86436	\$286.22	\$214.66
100% Joint and Survivor	0.82697	\$273.84	\$273.84

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

Important Note: This calculation is provided only as a point-in-time estimate and is not a guarantee of your actual benefit. This calculation may contain errors and is subject to correction even if utilized in a formal benefit determination. You may not rely on this calculation as an accurate statement of your benefit. The accuracy of this calculation is based on the underlying data and assumptions that were provided to us and utilized to generate this estimate. We reserve the right to alter this calculation at any time, including after the payment of a benefit. The plan also reserves the right to recover any payments made to you in error. If you become aware of any errors in this calculation, please contact a plan representative.

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.

**CITY OF CLEARWATER  
PENSION ENTITLEMENT OPTION REQUEST FORM  
NON-HAZARDOUS DUTY EMPLOYEE**

I, Keith Farrington do hereby apply to receive benefits under the  
(Please print name)

City of Clearwater General Employees' Pension Plan in accordance with the following:

Employee ID # 109369

Date of Birth: 8/16/1958

Gender (circle one): (M) F

Job Classification: Electrical supervisor

Department: General Services

Division: GS Electricians

Date of Hire: 8/8/2016

Date of Separation: May 30, 2025

Benefits Effective Date: 8/8/2016

Spouse's Name: Kim Farrington

Spouse's Date of Birth: 10/25/1960

Spouse's Gender (circle one): M (F)

The type of pension for which I am applying is (check only one):



Regular Pension based on years of service



Job-connected Disability Pension



Non-job-connected Disability Pension

The City of Clearwater Employees' Pension Plan provides multiple options to Plan Participants as to the manner of the pension benefit payment. Option 1 below represents the standard or normal form of retirement benefit for Participants eligible to retire prior to January 1, 2013. Option 2 below represents the standard or normal form of retirement benefit for Participants eligible to retire after December 31, 2012. The other optional forms (#3- #7) shall be computed to be the Actuarial Equivalent of the respective normal benefit.

**Option 1 - Joint and Survivor Annuity (ONLY if eligible to retire prior to January 1, 2013)**

An annuity paid monthly for the life of the Participant, with a 100% survivor annuity paid monthly for a period of five years following the death of the Participant to the beneficiary, provided that following such five year period the survivor annuity shall be reduced to 50% of the original survivor annuity amount. [See section 2.397 (a) (3) (A)] The Participant's surviving spouse receives the designated amount for the rest of his/her life or until he/she remarries. If no surviving spouse, dependent children under the age of 18 shall be deemed to be the beneficiary and receive the designated amount until the age of 18. [Section 2.397 (a) (3) and Section 2.398 (b) (1)]

**Option 2 - Life Annuity**

The Participant receives his/her pension as long as he/she lives. Upon the death of the Participant, benefits cease. [Section 2.416 (c) and Section 2.424 (b) (2) a. 1.]

**Option 3 - 10 Year Certain & Life Annuity - (must designate a beneficiary)**

The Participant receives his/her pension as long as he/she lives. If the Participant dies before 120 monthly payments have been made, the remaining payments up to the 120 payments are made to his/her beneficiary, or the estate if his/her beneficiary is not alive. [Section 2.424 (b) (2) a. 2.]

**Option 4 - 50% Joint & Survivor Annuity - (must designate a beneficiary)**

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 50 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

**Option 5 - 75% Joint & Survivor Annuity - (must designate a beneficiary)**

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 75 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

**Option 6 - 100% Joint & Survivor Annuity - (must designate a beneficiary)**

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 100 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

**Option 7 – 66 ⅔% Joint & Survivor Annuity - (must designate a beneficiary)**

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 66 ⅔ percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

**Partial Lump Sum Payment Option**

A partial lump sum payment equal to either ten percent (10%), twenty percent (20%), or thirty percent (30%) of the actuarially determined value of the normal retirement benefit due the member may be elected in combination with any of the options indicated above. If a member elects such a partial lump sum distribution, then the monthly retirement benefit for the option selected shall be reduced accordingly thereafter. [Section 2.424 (b) (2) a. 4.]

I have considered the various benefit payment methods under such Plan and have elected to receive my retirement benefits as indicated below. (Note: Option selection to be indicated both by Number and Description.)

**I understand that once my first pension check is received, my decision on this option is irrevocable.**

**If taking Option 1 sign below:**

Option #:	<u>1</u>	Description:	<u>Joint and Survivor Annuity</u>
Employee's Signature:			Date: _____
Dependent children under the age of 18 and residing in my household are:			
Child's Name	Gender (M-F)	Date of Birth	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**If taking Option 2 sign below:**

Option #:	<u>2</u>	Description:	<u>Life Annuity</u>
Employee's Signature:	_____		
	Date: _____		

**If taking Option 3, fill in beneficiary information and sign below:**

Option #:	<u>3</u>	Description:	<u>10 Year Certain and Life Annuity</u>
My designated beneficiary is:			
Name:	_____	Social Security Number:	_____
Date of Birth:	_____	Gender (Circle One)	M   F
Address:	_____		
Phone Number:	_____	Relationship	_____
Employee's Signature:	_____		Date: _____

If taking Option 4, 5, 6, or 7, fill in Option Number, Description and beneficiary information and sign below:

Option #: 6 Description: 100 % Joint and Survivor Annuity

My designated beneficiary is:

Name: Kim M Farrington Social Security Number: \_\_\_\_\_

Date of Birth: 10/25/1960 Gender (Circle One) M (F)

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship WIFE

Employee's Signature: [Signature] Date: 5-17-25

If taking a Partial Lump Sum Payment, fill in Percentage and sign below:

Option #: NA Description: 30% Partial Lump Sum Payment

I elect to take a partial lump sum payment in the following amount (check only one):

\_\_\_\_\_ 10% of the actuarially determined value of the normal retirement benefit

\_\_\_\_\_ 20% of the actuarially determined value of the normal retirement benefit

✓ 30% of the actuarially determined value of the normal retirement benefit

I understand my monthly retirement benefit for the option selected above shall be reduced accordingly.

Employee's Signature: [Signature] Date: 5-17-25

If naming a beneficiary ONLY, fill in beneficiary information and sign below:

My designated beneficiary is:

Beneficiary Name: \_\_\_\_\_ Beneficiary Social Security #: \_\_\_\_\_

Beneficiary Date of Birth: \_\_\_\_\_ Beneficiary Gender (Circle One) M F

Beneficiary Address: \_\_\_\_\_

Beneficiary Phone Number: \_\_\_\_\_ Relationship \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF  
PINELLAS

The foregoing instrument was acknowledged before me this  
17 day of May, 2025  
by Keith A Farrington  
who is personally known to me or who has provided FL DL  
as identification and who did/did not take an oath.



Jennifer Sgro  
Notary Public  
State of Florida  
Comm# HH153981  
Expires 10/15/2025

[Signature] Notary Public  
Jennifer Sgro Name of Notary Printed  
My Commission expires: 10/15/2025

CITY OF CLEARWATER

EMPLOYEES' SEPARATION PAY PREFERENCES

PREFERENCE #1

Employees can receive a lump sum payment for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave at the time of separation from the City. There will be no deduction for pension from this lump sum payment nor will this amount count as earnings in the calculation of the pension. The last day of work will be the termination date and pension benefits will begin the following month.

PREFERENCE #2

Employee can extend termination date by part or all of the time due for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave. Employee may choose to run out this time in any manner. Balance will be paid in a lump sum on employee's final paycheck. Termination date will be the final day of extended time. Pension benefits will begin the following month.

I, Natalia Ilich-Hailey, an employee of the City of Clearwater, hereby apply for pension benefits under the City's Employees' Pension Plan.

I hereby certify that I fully understand the preferences offered to me. I choose to retire using separation pay preference # 1 and wish my benefits to be calculated under this preference. Please use my leave in the following manner:

Run Out \_\_\_\_\_ vacation \_\_\_\_\_ sick \_\_\_\_\_ floaters \_\_\_\_\_ bonus hours

Lump Sum \_\_\_\_\_ vacation \_\_\_\_\_ sick \_\_\_\_\_ floaters \_\_\_\_\_ <sup>Bank</sup> bonus hours

250.99

1202.1168

24

13.50

I understand that my preference cannot be changed once this form is signed and that my decision is irrevocable.

EMPLOYEE'S SIGNATURE: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

WITNESSES:

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

DATE: 4/16/25

# City of Clearwater Employees' Retirement System

## Benefit Estimate

### Member Data

Name : NATALIA ILLICH-HAILEY Social Security No. : X  
 Date of Birth :  
 Age at Retirement :

### Beneficiary Data

Name : SEAN HAILEY Social Security No. :  
 Date of Birth :  
 Age at Retirement : Relationship : Spouse  
 # of children under 18 : 0

### Retirement Data

Pension Start Date : 11/01/2004 Calculation Type : Estimate  
 Termination Date : 04/25/2025 Benefit Group : Hazardous - Tier II  
 Effective Date : 05/01/2025 Retirement Type : Normal Retirement  
 FAC : \$ 145,997.82 Option Elected :  
 Pre-Tax Contributions : \$ 0.00 Partial Lump Sum : \$371,351.88 (30 %)  
 Post-Tax Contributions : \$ 0.00 Total Member Service : 20 Years 5 Months 25 Days

Formula for Benefit A : 2.75% \* 8.1667 years \* \$145,997.82

### Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form 4,797.94	1.00000	\$1,912.67	N/A
Single Life Annuity 5,000.40	1.04201	\$1,993.03	N/A
10 Year Certain and Life Annuity 4,984.39	1.03867	\$1,986.64	N/A
50% Joint and Survivor 4,859.27	1.01245	\$1,936.49	\$968.25
66 2/3% Joint and Survivor 4,813.98	1.00296	\$1,918.33	\$1,278.89
75% Joint and Survivor 4,791.67	0.99829	\$1,909.41	\$1,432.05
100% Joint and Survivor 4,725.90	0.98452	\$1,883.06	\$1,883.06

Formula for Benefit B : 2.75% \* 12.3194 years \* \$145,997.82

### Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$2,885.27	N/A
Single Life Annuity	1.04232	\$3,007.37	N/A
10 Year Certain and Life Annuity	1.03898	\$2,997.75	N/A
50% Joint and Survivor	1.01301	\$2,922.80	\$1,461.41
66 2/3% Joint and Survivor	1.00360	\$2,895.65	\$1,930.44
75% Joint and Survivor	0.99896	\$2,882.26	\$2,161.70
100% Joint and Survivor	0.98529	\$2,842.84	\$2,842.84

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

Important Note: This calculation is provided only as a point-in-time estimate and is not a guarantee of your actual benefit. This calculation may contain errors and is subject to correction even if utilized in a formal benefit determination. You may not rely on this calculation as an accurate statement of your benefit. The accuracy of this calculation is based on the underlying data and assumptions that were provided to us and utilized to generate this estimate. We reserve the right to alter this calculation at any time, including after the payment of a benefit. The plan also reserves the right to recover any payments made to you in error. If you become aware of any errors in this calculation, please contact a plan representative.

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.

**CITY OF CLEARWATER  
PENSION ENTITLEMENT OPTION REQUEST FORM  
HAZARDOUS DUTY EMPLOYEE**

I, <u>Natalia Illich-Hailey</u> do hereby apply to receive benefits under the (Please print name)	
City of Clearwater General Employees' Pension Plan in accordance with the following:	
Employee ID # <u>105988</u>	Gender (circle one): M <input type="radio"/> F <input checked="" type="radio"/>
Date of Birth: _____	Job Classification: <u>Police Major</u>
Department: <u>Police</u>	Division: <u>PD CID Admin</u>
Date of Hire: <u>11/01/2004</u>	Date of Separation: <u>April 25, 2025</u>
Benefits Effective Date: <u>11/01/2004</u>	
Spouse's Name: <u>Sean Hailey</u>	Spouse's Gender (circle one): M <input checked="" type="radio"/> F <input type="radio"/>
Spouse's Date of Birth: _____	

The type of pension for which I am applying is (check only one):	
<input checked="" type="checkbox"/> Regular Pension based on years of service <input type="checkbox"/> Job-connected Disability Pension <input type="checkbox"/> Non-job-connected Disability Pension	

The City of Clearwater Employees' Pension Plan provides multiple options to Plan Participants as to the manner of the pension benefit payment. Option 1 below represents the standard or normal form of retirement benefit. The other optional forms (#2- #7) shall be computed to be the Actuarial Equivalent of the respective normal benefit.

**Option 1 - Joint and Survivor Annuity**

An annuity paid monthly for the life of the Participant, with a 100% survivor annuity paid monthly for a period of five years following the death of the Participant to the beneficiary, provided that following such five year period the survivor annuity shall be reduced to 50% of the original survivor annuity amount. [See section 2.397 (a) (3) (A)] The Participant's surviving spouse receives the designated amount for the rest of his/her life or until he/she remarries. If no surviving spouse, dependent children under the age of 18 shall be deemed to be the beneficiary and receive the designated amount until the age of 18. [Section 2.397 (a) (3) and Section 2.398 (b) (1)]

**Option 2 – Life Annuity**

The Participant receives his/her pension as long as he/she lives. Upon the death of the Participant, benefits cease. [Section 2.416 (c) and Section 2.424 (b) (2) a. 1.]

**Option 3 - 10 Year Certain & Life Annuity - (must designate a beneficiary)**

The Participant receives his/her pension as long as he/she lives. If the Participant dies before 120 monthly payments have been made, the remaining payments up to the 120 payments are made to his/her beneficiary, or the estate if his/her beneficiary is not alive. [Section 2.424 (b) (2) a. 2.]

**Option 4 - 50% Joint & Survivor Annuity - (must designate a beneficiary)**

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 50 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

**Option 5 - 75% Joint & Survivor Annuity - (must designate a beneficiary)**

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 75 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]



**Option 6 - 100% Joint & Survivor Annuity - (must designate a beneficiary)**

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 100 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

**Option 7 – 66 ⅔% Joint & Survivor Annuity - (must designate a beneficiary)**

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 66 ⅔ percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

**Partial Lump Sum Payment Option**

A partial lump sum payment equal to either ten percent (10%), twenty percent (20%), or thirty percent (30%) of the actuarially determined value of the normal retirement benefit due the member may be elected in combination with any of the options indicated above. If a member elects such a partial lump sum distribution, then the monthly retirement benefit for the option selected shall be reduced accordingly thereafter. [Section 2.424 (b) (2) a. 4.]

I have considered the various benefit payment methods under such Plan and have elected to receive my retirement benefits as indicated below. (Note: Option selection to be indicated both by Number and Description.)

**I understand that once my first pension check is received, my decision on this option is irrevocable.**

**If taking Option 1 sign below:**

Option #: <u>1</u>	Description: <u>Joint and Survivor Annuity</u>		
Employee's Signature: _____	Date: _____		
Dependent children under the age of 18 and residing in my household are:			
Child's Name	Gender (M-F)	Date of Birth	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**If taking Option 2 sign below:**

Option #: <u>2</u>	Description: <u>Life Annuity</u>
Employee's Signature: _____	Date: _____

**If taking Option 3, fill in beneficiary information and sign below:**

Option #: <u>3</u>	Description: <u>10 Year Certain and Life Annuity</u>
My designated beneficiary is:	
Name: _____	Social Security Number: _____
Date of Birth: _____	Gender (Circle One) M F
Address: _____	
Phone Number: _____	Relationship _____
Employee's Signature: _____	Date: _____

If taking Option 4, 5, 6, or 7, fill in Option Number, Description and beneficiary information and sign below:

Option #: <u>6</u>	Description: <u>100 % Joint and Survivor Annuity</u>
My designated beneficiary is:	
Name: <u>SEAN HALEY</u>	Social Security Number: _____
Date of Birth: _____	Gender (Circle One) <u>(M)</u> F
Address: _____	
Phone Number: _____	Relationship <u>HUSBAND</u>
Employee's Signature: <u>[Signature]</u>	Date: <u>4/16/25</u>

If taking a Partial Lump Sum Payment, fill in Percentage and sign below:

Option #: <u>NA</u>	Description: <u>30% Partial Lump Sum Payment</u>
I elect to take a partial lump sum payment in the following amount (check only one):	
<input type="checkbox"/> 10% of the actuarially determined value of the normal retirement benefit	
<input type="checkbox"/> 20% of the actuarially determined value of the normal retirement benefit	
<input checked="" type="checkbox"/> 30% of the actuarially determined value of the normal retirement benefit	
I understand my monthly retirement benefit for the option selected above shall be reduced accordingly.	
Employee's Signature: <u>[Signature]</u>	Date: <u>4/16/25</u>

If naming a beneficiary ONLY, fill in beneficiary information and sign below:

My designated beneficiary is:	
Beneficiary Name: _____	Beneficiary Social Security #: _____
Beneficiary Date of Birth: _____	Beneficiary Gender (Circle One) <u>M</u> F
Beneficiary Address: _____	
Beneficiary Phone Number: _____	Relationship _____
Employee's Signature: _____	Date: _____

STATE OF FLORIDA  
COUNTY OF  
PINELLAS

The foregoing instrument was acknowledged before me this

16 day of April, 2025

by Natalia Ilich-Haley

who is personally known to me or who has provided \_\_\_\_\_

as identification and who did/did not take an oath.

Notary Public

Alyssa Gagliardi  
(Signature)

Name of Notary Printed

My Commission expires: \_\_\_\_\_



ALYSSA GAGLIARDI  
Commission # HH 476578  
Expires January 28, 2028