

AGENDA TOWN OF GOLDEN BEACH EMPLOYEES' PENSION PLAN
100 OCEAN BLVD. GOLDEN BEACH, FL 33160
3RD FLOOR CHAMBERS
October 30, 2024 3:00 p.m.

Join Zoom Meeting

<https://us02web.zoom.us/j/82001731277?pwd=wKR05SC1FIZbRPuvqs3DdaE8VdFcLd.1>

Meeting ID: 820 0173 1277

Passcode: 336576

CALL TO ORDER:

I. ROLL CALL: Chairperson Eric Fishman, Trustee Maria Camacho, Trustee David Block, Trustee Marie Talley, Trustee Gio Diaz and Trustee Isaac Mendal

II. APPROVAL OF MINUTES:

Regular meeting of August 28, 2024 and Special meeting of October 2, 2024

III. RATIFICATION OF WARRANTS: Warrants No. 261 to 259

David Block (Hotel, per diem, mileage & tolls; FPPTA 9/22-9/24 2024) \$1,268.80

Marie Talley (Hotel, per diem, mileage & tolls; FPPTA 9/21-9/25 2024) \$1,707.84

TOTAL: \$ 2,976.64

Southern Actuarial Services (DROP Statement) \$ 275.00

Benefits USA (Administration Fee; October) \$ 1,250.00

Benefits USA (Bookkeeping Fee; October) \$ 250.00

TOTAL: \$ 1,775.00

Marie Talley (Registration/CPPT/Trustee Fundamentals Fall Trustee School) \$ 2,200.00

Sugarman, Susskind, Braswell & Herrera (Legal Fees; September) \$ 1,500.00

Benefits USA (Administration Fee; September) \$ 1,250.00

Benefits USA (Bookkeeping Fee; September) \$ 250.00

TOTAL: \$ 5,200.00

IV. APPROVAL OF PAYMENTS

FPPTA (2025 Membership) \$ 750.00

FPPTA (Re-Cert; M. Camacho & D. Block) \$ 100.00

Benefits USA (Administration Fee; November) \$ 1,250.00

Benefits USA (Bookkeeping Fee; November) \$ 250.00

TOTAL: \$ 2,350.00

V. NEW BUSINESS:

- a. Approval of Disability Application for Joseph Bautista
- b. Election Results for Police Officer Vacancy
- c. Discussion on 2025 Meeting Dates
- d. Appoint Secretary

VI. OLD BUSINESS:

Posted October 23, 2024

VII. REPORTS

- a. Attorney
- b. Investment Manager
- c. Chairperson
- d. Secretary
- e. Administrator

VIII. PUBLIC COMMENTS

IX. NEXT MEETING DATE: TBT

X. ADJOURN:

Notice is hereby given that two or more members of the Town Council or other Town committees or boards may be in attendance at this meeting, which shall be open to the public at all times. If any person decides to appeal any decision made by the Board with respect to any matter considered at such a meeting, we will need a proceeding of that meeting. And that, for such purpose, he may need to insure a verbatim record of the proceedings, the record is to include the testimony and evidence upon which that appeal is to be based. F.S.S.286.0105. Any individual who believes he or she has a disability which requires a reasonable accommodation in order to participate fully and effectively in a meeting of the Pension Board must so notify the Town Clerk at (305) 932-0744 at least 24 hours prior to the date of the meeting.

RETIREMENT PLAN FOR EMPLOYEES OF THE
TOWN OF GOLDEN BEACH
REGULAR MEETING
August 28, 2024

Chairperson Fishman called the regular meeting of the Board of Trustees of the Retirement Plan for Employees of the Town of Golden Beach to order at 3:00 p.m.

TRUSTEES PRESENT:

Chairperson Fishman, Trustee Camacho, Trustee Block and Trustee Talley

OTHER AVAILABE BY TELEPHONE: Attorney Pedro Herrera

ABSENT:

Trustee Kessler and Trustee Bautista

OTHERS PRESENT:

Scott Owens, Graystone Consulting, Lissette Perez, Town Clerk and Administrator Lauri Patterson of Benefits USA, Inc.

Motion made by Trustee Fishman to approve the minutes as amended. Motion seconded by Trustee Camacho.

NEW BUSINESS:

Discussion on Citrin Cooperman formerly Keefe Mccullough - Chairman Fishman said he spoke to Ken Smith and Mr. Smith recommended that we find another auditing firm mainly because they are now a very large firm and the price will be significantly higher. Chairman Fishman would like to go out for RFP as soon as feasibly possible and set up a special meeting if necessary. Trustee Camacho said the fiscal year end is September 30, 2024 and we need to get a new auditor and have the audit presented at the February meeting. Attorney Herrera said we are fiduciaries to the plan and we should go out for RFP or RFQ. Attorney Herrera said we should review the Engagement Letter with the fees to see if Keefe Mccullough will honor it.

Town Manager Diaz recommended if the Board is going to change auditors, then it is in the best interest that the Town use the same auditing firm, he emphasized it should be done simultaneously. Town Manager Diaz said the last (2) audits have been difficult and late due to personnel changes at Benefits USA.

Motion made by Trustee Block for the Chairman to work with the Town Manager and the pension attorney to go out for RFQ. Motion seconded by Trustee Camacho. Trustee Talley - Y, Trustee Fishman -Y, Trustee Camacho - Y and Trustee Block -Y.

Town Manager Diaz said that Trustee Kessler resigned and was replaced with Isacc Mendel on August 28, 2024 and Marie Talley was designated to fill the retiree position. He added if there is a tie vote it is a "no" and the item will be placed on the next agenda since it was a failed vote according to Robert Rules of Order.

Mayor Singer thanked the Board for their service and hard work for the employees of Golden Beach.

RATIFICATION OF WARRANTS: Warrants No. 258 to 253

David Block (Registration Fee; Fall Trustee School)	\$ 850.00
Sugarman, Susskind, Braswell & Herrera (Legal Fees; August 2024)	\$ 1,500.00
Benefits USA (Administration Fee; August)	\$ 1,250.00
Benefits USA (Bookkeeping Fee; August)	\$ 250.00
TOTAL:	\$ 3,850.00

First State Trust (Custodial Fees; 4/1- 6/30/2024)	\$ 1,548.88
Sugarman, Susskind, Braswell & Herrera (Legal Fees; May/July 2024)	\$ 3,000.00
Benefits USA (Administration Fee; July)	\$ 1,250.00
Benefits USA (Bookkeeping Fee; July)	\$ 250.00
TOTAL:	\$ 6,048.88

Maria Camacho (Per diem for FPPTA Annual Conference)	\$ 320.00
Southern Actuarial Services (DROP Statement; Herbello, R)	\$ 275.00
Benefits USA (Administration Fee; June 2024)	\$ 1,250.00
Benefits USA (Bookkeeping Fee; June 2024)	\$ 250.00
TOTAL:	\$ 2,095.00

David Block (Hotel, Tolls & mileage; FPPTA 1/28-1/30/2024)	\$ 1,003.89
TOTAL:	\$ 1,003.89

United Members Insurance (Fid. Liability Ins; 6/5-6/5/2025)	\$ 2,677.51
TOTAL:	\$ 2,677.51

REPORTS

Investment Manager - Mr. Owens provided a brief overview of the economy for the quarter ending 6/30/2024. For the quarter, the Dow declined 1.3%, Russell Midcap fell 3.3%, the S & P 500 rose 4.3%, and the Russell 2000 small-cap index fell 3.3%. Inflation has been gradually deaccelerating throughout the 2nd Quarter, the Fed continued its rate policy pause, the FED announced eleven rate hikes, for a total of 5.25 percentage points. Mr. Owens mentioned five sectors posted positive returns however materials lagged at -4.5% while information technology was 13.8%. Mr. Owens reviewed the Executive Summary and provided an overview for Trustee Talley about Graystone's role and what the Board of Trustees role is. He added that the pension plan uses active management.

Trustee Block asked Mr. Owens if they could add additional information to the Executive Summary which would include 3, 5 and 10 yr periods for returns and remove the since inception figure. Mr. Owens said Graystone can provide that information at the next meeting.

Mr. Owens provided information on an Emerging Market Investment Manager Search as requested by the Board however; they are now outperforming and he recommended we table for now and look at the manager in the future.

Mr. Owens provided a report for the Quarter ended June 30, 2024. The market value was \$16,561,703 compared to the market value of \$16,497,327 on March 31, 2024. During the current Fiscal YTD, the portfolio generated 12.17% (gross-of-fees) and 11.57% (net of fees) compared to the 7% assumed actuarial assumption rate of return. As of June 30, 2024, the asset allocation was: 59.9% in equity, 23.8% in fixed income, 11.0% in alternative investments, and 5.3% in cash held in the Deposit & Disbursement account. The portfolio is in compliance with the designated ranges.

Mr. Owens provided a brief report on each manager noting that BlackRock - Large Cap Value was negative - 0.63% but FYTD was 19.87%, Sawgrass returned less than the benchmark for the quarter however, the FYTD did well 22.54%, TSW did not meet the benchmark, MDT was down -2.55%, Kayne Anderson was -5.63% for the quarter, BNYM Walter Scott International Growth was up 16.90% since inception date of 9/1/2022. Lazard - EM Core Equity had a good quarter 5.94%, Genter - Short Term Fixed Income was 0.96% they are fairly new to the portfolio, Madison - Fixed Income was 0.72% and FYTD was 4.79%. Mr. Owens said we have been getting a good yield from Fixed Income. Mr. Owens discussed in the future we should transition and invest the extra cash in Genter Core since there is a wider range of duration. Mr. Owens recommends that we reduce the cash by 4% and put in Madison-Fixed Income. American Core Realty has underperformed for the last year and there have been no distributions and office space has not done well. Trustee Block added that real estate is climbing back. Mr. Owens asked the board if they wanted to discuss Sawgrass since they have been underperforming. Trustee Fishman said he was satisfied with them at this time.

Mr. Owens provided a Mid Cap Value Investment Manager Search Summary for discussion. Thompson, Siegel, Walmsley is the current manager that we are looking to replace. Discussion ensued about Anchor, Earnest Partners and Kennedy. The trustees came to a consensus that Earnest Partners would be a good fit, the gross and net returns since inception were better than the other managers and the fees were reasonable.

Motion made by Trustee Block to terminate TSW-Mid Cap Value as recommended by Graystone Consulting and move to Earnest Partner. Motion seconded by Trustee Camacho.

Trustee Fishman – Y, Trustee Talley – Y, Trustee Camacho – Y and Trustee Block – Y. Motion passed.

Mr. Owens reported as of August 19, 2024 the total fund was valued at \$17,092.46 and the total return was 15.7%.

Attorney – Attorney Herrera said there was no legislative update at this time. Attorney Herrera said there has been discussion about additional death benefits however, there has been no formal action taken by the City to amend the ordinance to his knowledge. Trustee Fishman asked since Trustee Bautista is applying for disability can he stay on the board or should he be replaced. Attorney Herrera said that although Trustee Bautista is currently working and a sworn police officer it would be better if he resigned and run an election to finish his unexpired term.

Attorney Herrera mentioned that Trustee Talley is required to file the Financial Disclosure Form within 30 days of taking office and Trustee Kessler needs to file Form 1F within 60 days of leaving office.

Chairman - There was no report.

Secretary - There was no report.

Administrator - There was no report.

PUBLIC COMMENTS:

Motion made by Trustee Block to adjourn the meeting at 4:45 p.m.

RETIREMENT PLAN FOR EMPLOYEES OF THE
TOWN OF GOLDEN BEACH
SPECIAL MEETING
October 2, 2024

Chairperson Fishman called the special of the Board of Trustees of the Retirement Plan for Employees of the Town of Golden Beach to order at 3:00 p.m.

TRUSTEES PRESENT:

Chairperson Fishman, Trustee Camacho, Trustee Block and Trustee Talley

OTHER AVAILABE BY ZOOM: Attorney Pedro Herrera

OTHERS PRESENT:

Lissette Perez, Town Clerk and Administrator Lauri Patterson of Benefits USA, Inc.

NEW BUSINESS:

a. Approval of Engagement Letter from Caballero Fierman Llerena + Garcia

Chairman Fishman asked if everyone had a chance to review the Engagement Letter for the new auditing firm. The trustees said yes. Chairman Fishman asked for a motion to approve the Engagement Letter.

Motion made by Trustee Block to approve the Engagement Letter dated September 15, 2024 from Caballero Fierman Llerena + Garcia. Motion seconded by Trustee Camacho.

**Trustee Talley - Y, Trustee Fishman -Y, Trustee Camacho - Y and Trustee Block -Y.
Motion passed.**

Attorney - There was no report.

PUBLIC COMMENTS:

NEXT MEETING DATE: TBD

Motion made by Trustee Block to adjourn the meeting at 3:25 p.m.

WARRANT NO. 261

For payment from the GOLDEN BEACH GENERAL EMPLOYEES
PENSION FUND, Account# 676-90335-1-2-229

TO: FIRST STATE

You are hereby authorized by the Board of Trustees of the Town of Golden Beach General Employees' Pension Fund to pay the amounts listed below for services rendered to the said Board of Trustees, and to pay the persons named below, hereby certified by the Board of Trustees:

<u>NAME & ADDRESS</u>	<u>AMOUNTS</u>
David Block (Hotel, per diem, mileage & tolls; FPPTA 9/22-9/24 2024)	\$1,268.80
Marie Talley (Hotel, per diem, mileage & tolls; FPPTA 9/21-9/25 2024)	\$1,707.84
TOTAL:	\$ 2,976.64

Please mail David Block's check to:
240 South Island Drive
Golden Beach, FL 33160



Trustee

Trustee

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TOTAL:	\$ 2,976.64

Please mail David Block's check to:
240 South Island Drive
Golden Beach, FL 33160

Trustee



Trustee

**CITY OF GOLDEN BEACH PENSION FUND
TRAVEL AND EXPENSE REPORT**

Name: (Print): David Block
 Meeting Purpose: Fall Trustee School
 Meeting Location: Orlando

Date Begin 9/22/2024
 End: 9/25/2024

A) Per Diem, if applicable: From: 9/22 To: 9/24 No. Days x's \$.= 80
 \$ 320.240

B) Daily, if applicable:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total
Hotel								\$ <u>705.39</u>
Breakfast								\$ -
Lunch								\$ -
Dinner								\$ -
Airfare, Taxi, Etc...								\$ -
Parking								\$ -
Tolls								\$ <u>27.27</u>
Misc.								\$ -
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

C) Mileage- Private Vehicle- Mileage Star 442 Total Miles End: 0.67 \$ 296.14

TOTAL EXPENSES (A) + (B) + (C) = \$ 1268.80 ✓

I hereby certify or affirm that this travel expense report is true and correct in every material matter; that the expenses were actually incurred by me as necessary expenses; and that I have not hitherto received payment for said expenses.

David Block
 TRUSTEE SIGNATURE

10/1/24
 DATE

*240 South Island Drive
 Golden Beach, FL 33160*

nights 2 or 3
CARD MEMBER



ACCOUNT ENDING - 57998

Platinum Card®

ELLEN BLOCK

DATE	DESCRIPTION	AMOUNT	
Sep 26	<p>SIGNA ORLANDO BONNET CREEK FT DESK 14100 BONNET CRK RESRT LN</p> <p>ORLANDO FL 32821-4023 (407) 597-3600 http://www3.hilton.com/en/index.html</p>	<p>SIGNIA BY HILTON BONORLANDO FL Will appear on your Oct 15, 2024 statement as SIGNIA BY HILTON BONORLANDO FL</p> <hr/> <p>CARD DAVID BLOCK</p> <hr/> <p>MEMBERSHIP REWARDS POINTS 1X on Other purchases 579</p> <hr/> <p>THANK YOU FOR YOUR STAY CHECK-IN: September 22, 2024 CHECK-OUT: September 25, 2024</p> <hr/> <p>ADDITIONAL INFORMATION 1946135 407-597-3600 LODGING</p>	\$578.93

minus 108.66
Food

Reimburse \$105.39

night One - Prepaid Deposit



ACCOUNT ENDING - 57998

Platinum Card®

ELLEN BLOCK

DATE	DESCRIPTION	DESCRIPTION	AMOUNT
Aug 10	SIGNA ORLANDO BONNET CREEK FT DESK 14100 BONNET CRK RESRT LN ORLANDO FL 32821-4023 (407) 597-3600 http://www3.hilton.com/en/index.html	SIGNIA BY HILTON BONORLANDO FL Will appear on your Aug 15, 2024 statement as SIGNIA BY HILTON BONORLANDO FL CARD DAVID BLOCK MEMBERSHIP REWARDS POINTS 1X on Other purchases 235 THANK YOU FOR YOUR STAY CHECK-IN: August 9, 2024 CHECK-OUT: August 9, 2024 ADDITIONAL INFORMATION 1946135 407-597-3600 LODGING	\$235.13

	A	B	C	D	E	F	G	H	I	J	K	L
1	POSTED DATE	TRANSACTION	TRANSACTION TI	TRANSACTION NU	TRANSPOM	AGENCY N	LANE	AXLE	DESCRIPTION / PLAZA NAME	DEBIT(-)	CREDIT(+)	BALANCE
2	9/25/2024	9/24/2024	5:09:44 PM	42733864579	4.69E+10	Central Flc	008B	2	SR 417 JOHN YOUNG (M)	\$1.63		\$25.53
3	9/24/2024	9/24/2024	8:41:35 PM	42731494171	4.69E+10	Florida Tur	60S	2	SR91 POMPANO BCH MAIN SB MP65	\$1.16		\$27.16
4	9/24/2024	9/24/2024	8:21:12 PM	42731449713	4.69E+10	Florida Tur	60S	2	SR91 LANTANA MAIN SB MP88	\$0.60		\$28.32
5	9/24/2024	9/24/2024	7:53:36 PM	42731380472	4.69E+10	Florida Tur	60S	2	SR91 FOREST H BLV MAIN SB MP96	\$0.35		\$28.92
6	9/24/2024	9/24/2024	7:51:00 PM	42731373233	4.69E+10	Florida Tur	60S	2	SR91 BELVEDERE RD MAIN SB MP98	\$0.27		\$29.27
7	9/24/2024	9/24/2024	7:45:11 PM	42731361441	4.69E+10	Florida Tur	60S	2	SR91 45TH STREET MAIN SB MP104	\$0.69		\$29.54
8	9/24/2024	9/24/2024	7:40:26 PM	42731348951	4.69E+10	Florida Tur	60S	2	SR91 PGA BLVD MAIN SB MP108	\$0.27		\$30.23
9	9/24/2024	9/24/2024	7:36:00 PM	42731336586	4.69E+10	Florida Tur	60S	2	SR91 JUPITER MAIN SB MP113	\$0.60		\$30.50
10	9/24/2024	9/24/2024	7:17:23 PM	42731275613	4.69E+10	Florida Tur	60S	2	SR91 STUART MAIN SB MP133	\$1.47		\$31.10
11	9/24/2024	9/24/2024	7:12:54 PM	42731263970	4.69E+10	Florida Tur	60S	2	SR91 BECKER RD MAIN SB MP138	\$0.43		\$32.57
12	9/24/2024	9/24/2024	8:57:18 PM	2789108563					PAYMENT & ADJUSTMENTS		\$25.00	\$33.00
13	9/24/2024	9/24/2024	7:09:28 PM	42731019844	4.69E+10	Florida Tur	60S	2	SR91 PT ST LUCIE MAIN SB MP141	\$0.35		\$8.00
14	9/24/2024	9/24/2024	7:01:56 PM	42730997551	4.69E+10	Florida Tur	60S	2	SR91 MIDWAY RD MAIN SB MP150	\$0.86		\$8.35
15	9/24/2024	9/24/2024	6:58:02 PM	42730980026	4.69E+10	Florida Tur	60S	2	SR91 FT PIERCE MAIN SB MP154	\$3.53		\$9.21
16	9/24/2024	9/24/2024	5:43:08 PM	42730415861	4.69E+10	Florida Tur	60S	2	SR91 THREE LAKES MAIN SB MP236	\$4.13		\$12.74
17	9/23/2024	9/22/2024	3:20:55 PM	42710576940	4.69E+10	Central Flc	015B	2	SR 417 JOHN YOUNG (M)	\$1.63		\$16.87
18	9/22/2024	9/22/2024	3:04:01 PM	42703271900	4.69E+10	Florida Tur	50S	2	SR91 THREE LAKES MAIN NB MP236	\$4.13		\$18.50
19	9/22/2024	9/22/2024	1:44:36 PM	42702826722	4.69E+10	Florida Tur	50S	2	SR91 FT PIERCE MAIN NB MP154	\$3.53		\$22.63
20	9/22/2024	9/22/2024	1:40:53 PM	42702670980	4.69E+10	Florida Tur	50S	2	SR91 MIDWAY RD MAIN NB MP150	\$0.86		\$26.16
21	9/22/2024	9/22/2024	1:33:50 PM	42701713068	4.69E+10	Florida Tur	50S	2	SR91 PT ST LUCIE MAIN NB MP141	\$0.35		\$27.02
22	9/22/2024	9/22/2024	1:30:37 PM	42701650531	4.69E+10	Florida Tur	50S	2	SR91 BECKER RD MAIN NB MP138	\$0.43		\$27.37
23												
24	Total									\$27.27		

Town of Golden Beach Retirement Plan

Name: (Print): Marie Talley
 Meeting Purpose: Fall Trustee School
 Meeting Location: Orlando Bonnet Creek

Date Begin: 9/21/2024
 End: 9/25/2024

A) Per Diem, if applicable: From: 9/21/2024 9/25/2024 **5 days** \$400.00 ✓

B) Daily; if applicable: **\$1,019.96**

	9/22	9/23	9/24	9/25			9/21
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hotel	\$235.13	\$235.13	\$235.13				\$235.13
Breakfast							
Lunch							
Dinner							
Airfare, Taxi, Etc...							
Parking							
Tolls				\$17.50			\$17.50
Misc.							\$44.44 Gas
Total	\$235.13	\$235.13	\$235.13	\$17.50			\$297.07

Included in Mileage

C) Mileage- Private Vehicle- Mileage Start 53,403 End: 53,899
 496 Miles x's \$ 0.67 \$ \$332.32 ✓

TOTAL EXPENSES (A) + (B) + (C) = \$1752.28 **\$1,761.84**

I hereby certify or affirm that this travel expense report is true and correct in every material matter; that the expenses were actually incurred by me as necessary expenses; and that I have not hitherto received payment for said expenses.

Address to mail check
 2342 NW 67th Street
 Miami, FL 33147

Use ACH per Trustee

Marie P. Talley
 TRUSTEE SIGNATURE

October 1, 2024
 DATE

BONNET CREEK

THANK YOU FOR CHOOSING THE SIGNIA BY HILTON ORLANDO

1935551 A

Hilton Honors(R) stays are posted within 72 hours of checkout. To check your earnings or book your next stay at more than 6,500+ hotels and resorts in 119 countries, please visit Honors.com

9/21/2024	GUEST ROOM	TWOLTERS	15252335	\$209.00
9/21/2024	ROOM OCC TAX	TWOLTERS	15252335	\$12.54
9/21/2024	ROOM STATE TAX	TWOLTERS	15252335	\$13.59
9/22/2024	GUEST ROOM	DCRUP1	15255407	\$209.00
9/22/2024	ROOM OCC TAX	DCRUP1	15255407	\$12.54
9/22/2024	ROOM STATE TAX	DCRUP1	15255407	\$13.59
9/23/2024	GUEST ROOM	DCRUP1	15258819	\$209.00
9/23/2024	ROOM OCC TAX	DCRUP1	15258819	\$12.54
9/23/2024	ROOM STATE TAX	DCRUP1	15258819	\$13.59
9/24/2024	GUEST ROOM	TWOLTERS	15262241	\$209.00
9/24/2024	ROOM OCC TAX	TWOLTERS	15262241	\$12.54
9/24/2024	ROOM STATE TAX	TWOLTERS	15262241	\$13.59
BALANCE				
\$940.52				

9/25/2024

Confirmation Number: 3099460452

Rate Plan: HH #
 AL:
 Car:
 HFLTA
 144207490 BLUE
 908/Q2
 9/21/2024 3:55:00 PM
 1/0
 209.00

TALLEY, MARIE
 2342 NW 67TH ST
 MIAMI FL 33147
 UNITED STATES OF AMERICA



Account #24046410

TRANSACTION VIEW

Generated 09/26/2024 10:52 AM

POSTED DATE	TRANSACTION DATE	TRANSACTION TIME	TRANSACTION NUMBER	TRANSPONDER / LICENSE PLATE	AGENCY NAME	LANE	AXLE	DESCRIPTION / PLAZA NAME	DEBIT (-)	CREDIT (+)	BALANCE
09/26/2024	09/25/2024	10:27:11 AM	42743720145	PEN2MIC-FL	Florida Turnpike Enterprise	60S	2	SR91 BECKER RD MAIN SB MP138	\$0.43		\$16.98
09/26/2024	09/25/2024	08:59:58 AM	42742298385	023803210110	Central Florida Expressway Authority	009B	2	SR 417 JOHN YOUNG (M)	\$1.63		\$17.41
09/25/2024	09/25/2024	12:49:37 PM	2789579092					PAYMENT & ADJUSTMENTS		\$10.00	\$19.04
09/25/2024	09/25/2024	11:45:14 AM	42736120870	023803210110	Florida Turnpike Enterprise	60S	2	SR91 GOLDEN GLADES MAIN SB MP0	\$1.16		\$9.04
09/25/2024	09/25/2024	11:26:57 AM	42735935056	023803210110	Florida Turnpike Enterprise	60S	2	SR91 POMPANO BCH MAIN SB MP65	\$1.16		\$10.20
09/25/2024	09/25/2024	11:05:32 AM	42735656518	023803210110	Florida Turnpike Enterprise	60S	2	SR91 LANTANA MAIN SB MP88	\$0.60		\$11.36
09/25/2024	09/25/2024	10:59:01 AM	42735632244	023803210110	Florida Turnpike Enterprise	60S	2	SR91 FOREST H BLV MAIN SB MP96	\$0.35		\$11.96
09/25/2024	09/25/2024	10:57:02 AM	42735629671	023803210110	Florida Turnpike Enterprise	60S	2	SR91 BELVEDERE RD MAIN SB MP98	\$0.27		\$12.31
09/25/2024	09/25/2024	11:12:30 AM	2789535128					PAYMENT & ADJUSTMENTS		\$10.00	\$12.58
09/25/2024	09/25/2024	10:52:47 AM	42735621569	023803210110	Florida Turnpike Enterprise	60S	2	SR91 45TH STREET MAIN SB MP104	\$0.69		\$2.58
09/25/2024	09/25/2024	10:49:11 AM	42735600606	023803210110	Florida Turnpike Enterprise	60S	2	SR91 PGA BLVD MAIN SB MP108	\$0.27		\$3.27
09/25/2024	09/25/2024	10:45:59 AM	42735585817	023803210110	Florida Turnpike Enterprise	60S	2	SR91 JUPITER MAIN SB MP113	\$0.60		\$3.54
09/25/2024	09/25/2024	10:30:58 AM	42735530494	023803210110	Florida Turnpike Enterprise	60S	2	SR91 STUART MAIN SB MP133	\$1.47		\$4.14
09/25/2024	09/25/2024	10:24:17 AM	42735512151	023803210110	Florida Turnpike Enterprise	60S	2	SR91 PT ST LUCIE MAIN SB MP141	\$0.35		\$5.61
09/25/2024	09/25/2024	10:18:04 AM	42735487653	023803210110	Florida Turnpike Enterprise	60S	2	SR91 MIDWAY RD MAIN SB MP150	\$0.86		\$5.96
09/25/2024	09/25/2024	10:14:41 AM	42735467607	023803210110	Florida Turnpike Enterprise	60S	2	SR91 FT PIERCE MAIN SB MP154	\$3.53		\$6.82



Account #24046410

TRANSACTION VIEW

Generated 09/26/2024 10:52 AM

POSTED DATE	TRANSACTION DATE	TRANSACTION TIME	TRANSACTION NUMBER	TRANSPONDER / LICENSE PLATE	AGENCY NAME	LANE	AXLE	DESCRIPTION / PLAZA NAME	DEBIT (-)	CREDIT (+)	BALANCE
09/25/2024	09/25/2024	09:15:19 AM	42735213968	023803210110	Florida Turnpike Enterprise	60S	2	SR91 THREE LAKES MAIN SB MP236	\$4.13		\$10.35
09/22/2024	09/21/2024	03:16:56 PM	42697653445	023803210110	Central Florida Expressway Authority	014B	2	SR 417 JOHN YOUNG (M)	\$1.63		\$14.48
09/21/2024	09/21/2024	01:55:09 PM	42691469603	023803210110	Florida Turnpike Enterprise	50S	2	SR91 MIDWAY RD MAIN NB MP150	\$0.86		\$16.11
09/21/2024	09/21/2024	03:43:51 PM	2787043034					PAYMENT & ADJUSTMENTS		\$10.00	\$16.97
09/21/2024	09/21/2024	02:56:26 PM	42691270870	023803210110	Florida Turnpike Enterprise	50S	2	SR91 THREE LAKES MAIN NB MP236	\$4.13		\$6.97
09/21/2024	09/21/2024	01:58:17 PM	42690633453	023803210110	Florida Turnpike Enterprise	50S	2	SR91 FT PIERCE MAIN NB MP154	\$3.53		\$11.10
09/21/2024	09/21/2024	01:08:29 PM	42690308100	023803210110	Florida Turnpike Enterprise	50S	2	SR91 PT ST LUCIE MAIN NB MP141	\$0.35		\$14.63
09/21/2024	09/21/2024	01:05:38 PM	42690293332	023803210110	Florida Turnpike Enterprise	50S	2	SR91 BECKER RD MAIN NB MP138	\$0.43		\$14.98
09/21/2024	09/21/2024	01:01:38 PM	42690249886	023803210110	Florida Turnpike Enterprise	50S	2	SR91 STUART MAIN NB MP133	\$1.47		\$15.41
09/21/2024	09/21/2024	12:46:56 PM	42690177282	023803210110	Florida Turnpike Enterprise	50S	2	SR91 JUPITER MAIN NB MP113	\$0.60		\$16.88
09/21/2024	09/21/2024	12:43:34 PM	42690159404	023803210110	Florida Turnpike Enterprise	50S	2	SR91 PGA BLVD MAIN NB MP108	\$0.27		\$17.48
09/21/2024	09/21/2024	12:40:10 PM	42690088823	023803210110	Florida Turnpike Enterprise	50S	2	SR91 45TH STREET MAIN NB MP104	\$0.69		\$17.75
09/21/2024	09/21/2024	12:35:36 PM	42690078299	023803210110	Florida Turnpike Enterprise	50S	2	SR91 BELVEDERE RD MAIN NB MP98	\$0.27		\$18.44
09/21/2024	09/21/2024	12:33:40 PM	42690080691	023803210110	Florida Turnpike Enterprise	50S	2	SR91 FOREST H BLV MAIN NB MP96	\$0.35		\$18.71
09/21/2024	09/21/2024	12:28:00 PM	42689986808	023803210110	Florida Turnpike Enterprise	50S	2	SR91 LANTANA MAIN NB MP88	\$0.60		\$19.06
09/21/2024	09/21/2024	12:09:57 PM	42689836868	023803210110	Florida Turnpike Enterprise	50S	2	SR91 POMPANO BCH MAIN NB MP65	\$1.16		\$19.66
09/21/2024	09/21/2024	11:53:00 AM	42689658319	023803210110	Florida Turnpike Enterprise	50S	2	SR91 GOLDEN GLADES MAIN NB MP0	\$1.16		\$20.82

-\$44.44

Description

7-Eleven

Authorized Date 09/21/2024

Posted Date 09/23/2024

Status Posted

Category Gas >

Appears on your statement as 7-ELEVEN 37242
ORLANDO FL

Transaction Type POS DEBIT

Charged by MARIE E TALLEY

Card number 453506*****4567

Additional details POS DEBIT

Merchant details



WARRANT NO. 260

For payment from the GOLDEN BEACH GENERAL EMPLOYEES
PENSION FUND, Account# 676-90335-1-2-229

TO: FIRST STATE

You are hereby authorized by the Board of Trustees of the Town of Golden Beach General Employees' Pension Fund to pay the amounts listed below for services rendered to the said Board of Trustees, and to pay the persons named below, hereby certified by the Board of Trustees:

<u>NAME & ADDRESS</u>	<u>AMOUNTS</u>
Southern Actuarial Services (DROP Statement)	\$ 275.00
Benefits USA (Administration Fee; October)	\$ 1,250.00
Benefits USA (Bookkeeping Fee; October)	\$ 250.00
TOTAL:	\$ 1,775.00



Trustee



Trustee



Next Payment

Town of Golden Beach
Employees' Pension Plan
c/o Ms. Lauri Patterson
3810 Inverrary Boulevard, Suite 303
Lauderhill, FL 33319

INVOICE

INVOICE NO: 745-0924
DATE: September 13, 2024
PAYMENT DUE BY: October 13, 2024

PROJECT	DESCRIPTION	FEE
745-38	Preparation of the June 30, 2024 DROP statement, submitted August 25, 2024	\$275.00
TOTAL DUE		\$275.00

Please remit payment electronically on or before the due date that is shown above.
Payments should be transferred to:

Wells Fargo Bank (routing number 061000227)
Southern Actuarial Services account number 2000056055793

Please do NOT send payments via the U.S. Postal Service. If you are unable to remit payments electronically and you prefer to send a check, please use a private delivery service such as UPS or Fedex with tracking and remit payment to:

Southern Actuarial Services Company, Inc.
c/o Carlos G. Carr
8275 Jett Ferry Road
Atlanta, GA 30350

Payments are considered made when received, not when submitted. Also, please note that accounts become past due after the due date shown above and become delinquent after 60 days from the billing date. Clients with a delinquent account may be required to submit payment in advance before additional work will be performed.

If you have any questions concerning this invoice, please call (770) 392-0980.

WE APPRECIATE YOUR BUSINESS!

WARRANT NO. 259

For payment from the GOLDEN BEACH GENERAL EMPLOYEES
PENSION FUND, Account# 676-90335-1-2-229

TO: FIRST STATE

You are hereby authorized by the Board of Trustees of the Town of Golden Beach General Employees' Pension Fund to pay the amounts listed below for services rendered to the said Board of Trustees, and to pay the persons named below, hereby certified by the Board of Trustees:

<u>NAME & ADDRESS</u>	<u>AMOUNTS</u>
Marie Talley (Registration/CPPT/Trustee Fundamentals Fall Trustee School)	\$ 2,200.00
Sugarman, Susskind, Braswell & Herrera (Legal Fees; September)	\$ 1,500.00
Benefits USA (Administration Fee; September)	\$ 1,250.00
Benefits USA (Bookkeeping Fee; September)	\$ 250.00
TOTAL:	\$ 5,200.00

Trustee



Trustee


WARRANT NO. 259

For payment from the GOLDEN BEACH GENERAL EMPLOYEES
PENSION FUND, Account# 676-90335-1-2-229

TO: FIRST STATE

You are hereby authorized by the Board of Trustees of the Town of Golden Beach General Employees' Pension Fund to pay the amounts listed below for services rendered to the said Board of Trustees, and to pay the persons named below, hereby certified by the Board of Trustees:

<u>NAME & ADDRESS</u>	<u>AMOUNTS</u>
Marie Talley (Registration/CPPT/Trustee Fundamentals Fall Trustee School)	\$ 2,200.00
Sugarman, Susskind, Braswell & Herrera (Legal Fees; September)	\$ 1,500.00
Benefits USA (Administration Fee; September)	\$ 1,250.00
Benefits USA (Bookkeeping Fee; September)	\$ 250.00
TOTAL:	\$ 5,200.00



Trustee

Trustee

SUGARMAN, SUSSKIND, BRASWELL & HERRERA

PROFESSIONAL ASSOCIATION
ATTORNEYS AT LAW

Robert A. Sugarman ♦
Howard S. Susskind
D. Marcus Braswell, Jr.
Pedro A. Herrera
Kenneth R. Harrison, Sr.
Veronica Ucros

Madison J. Levine
David E. Robinson
Of Counsel

150 Alhambra Circle
Suite 725
Coral Gables, Florida 33134
(305) 529-2801
Toll Free (800) 329-2122
Facsimile (305) 447-8115

♦ Board Certified Labor &
Employment Lawyer

September 11, 2024
Invoice No. 190706

Board of Trustees
Town of Golden Beach Pension Board
c/o Benefits USA, Inc.
3810 Inverrary Boulevard, Suite 303
Lauderhill, FL 33319

RETAINER STATEMENT

Retainer for the month of September, 2024	\$1,500.00
TOTAL AMOUNT DUE:	\$1,500.00

SUGARMAN, SUSSKIND, BRASWELL & HERRERA, P.A.

150 Alhambra Circle
Suite 725
Coral Gables, Florida 33134
Telephone: 305-529-2801
Fax: 305-447-8115
www.sugarmansusskind.com

Town of Golden Beach Pension Board
Benefits USA, Inc.
3810 Inverrary Boulevard
Suite 303
Lauderhill, FL 33319

September 11, 2024
Invoice # 190706

Client: Matter GBPP:MEET

In Reference To: Meeting

Professional Services

	<u>Hrs/Rate</u>	<u>Amount</u>
8/28/2024 Attend meeting. Prepare for meeting.	3.20 \$300.00/hr	NO CHARGE
For professional services rendered	3.20	\$0.00
Balance due		\$0.00



INVOICE

Lauri Patterson (Benefits USA, Inc.)
100 CIVIC CT
HOMESTEAD, FL 33030
United States

Invoice Date: 09/12/2024
Invoice Number: INV_12889
Reference: Online Event
Registration: Pension
Fundamentals for New Trustees

Florida Public Pension Trustees Association
2946 WELLINGTON CIR
TALLAHASSEE, FL 32309
United States
mj@fppta.org
8506688552

Description	Quantity	Unit Price	Sales Tax	Amount USD
Pension Fundamentals for New Trustees Program - Pension Fundamentals For New Trustees (Marie Talley, Attendee)	1	\$150.00	-	\$150.00
			Sub Total	\$150.00
			TOTAL USD	\$150.00
			Amount Paid	(\$0.00)
			AMOUNT DUE:	\$150.00

DUE DATE: September 22, 2024

PAYMENT ADVICE

To:
Florida Public Pension Trustees Association
2946 WELLINGTON CIR
TALLAHASSEE, FL 32309
United States
mj@fppta.org
8506688552

Customer: Lauri Patterson
Invoice Number: INV_12889
Amount Due: \$150.00
Due Date: September 22, 2024



INVOICE

Lauri Patterson (Benefits USA, Inc.)
 100 CIVIC CT
 HOMESTEAD, FL 33030
 United States

Invoice Date: 09/12/2024
Invoice Number: INV_12891

Reference: Online Event
 Registration: 2024 Fall Trustee
 School

**Florida Public Pension Trustees
 Association**
 2946 WELLINGTON CIR
 TALLAHASSEE, FL 32309
 United States
 mj@fppta.org
 8506688552

Description	Quantity	Unit Price	Sales Tax	Amount USD
Registration Fee - Trustee Registration Fee (Marie Talley, Attendee)	1	\$850.00	-	\$850.00
CPPT Certificate Program - Basic (Marie Talley, Attendee)	1	\$1,200.00	-	\$1,200.00
Sunday Orientation Program - I am enrolling in the CPPT program and entering Basic. I will attend the full orientation program as required. (Marie Talley, Attendee)	1	\$0.00	-	\$0.00
			Sub Total	\$2,050.00
			TOTAL USD	\$2,050.00
			Amount Paid	(\$0.00)
AMOUNT DUE:				\$2,050.00

DUE DATE: September 22, 2024

-X-----

PAYMENT ADVICE

To:
 Florida Public Pension Trustees Association
 2946 WELLINGTON CIR
 TALLAHASSEE, FL 32309
 United States
 mj@fppta.org
 8506688552

Customer: Lauri Patterson
Invoice Number: INV_12891

Amount Due: \$2,050.00
Due Date: September 22, 2024

WARRANT NO. 262

For payment from the GOLDEN BEACH GENERAL EMPLOYEES
PENSION FUND, Account# 676-90335-1-2-229

TO: FIRST STATE

You are hereby authorized by the Board of Trustees of the Town of Golden Beach General Employees' Pension Fund to pay the amounts listed below for services rendered to the said Board of Trustees, and to pay the persons named below, hereby certified by the Board of Trustees:

<u>NAME & ADDRESS</u>	<u>AMOUNTS</u>
FPPTA (2025 Membership)	\$ 750.00
FPPTA (Re-Cert; M. Camacho & D. Block)	\$ 100.00
Benefits USA (Administration Fee; November)	\$ 1,250.00
Benefits USA (Bookkeeping Fee; November)	\$ 250.00
TOTAL:	\$ 2,350.00

Trustee

Trustee



INVOICE

Golden Beach GE Pension Fund
(Golden Beach GE Pension Fund)
3810 INVERRARY BLVD STE 303
LAUDERHILL, FL 33319
United States

Invoice Date: 10/21/2024
Invoice Number: INV_12943

Reference: Online Payment:
Membership Dues

Florida Public Pension Trustees Association
2946 WELLINGTON CIR
TALLAHASSEE, FL 32309
United States
mj@fppta.org
8506688552

Description	Quantity	Unit Price	Sales Tax	Amount USD
2025 Membership - Pension Board	1	\$750.00	-	\$750.00
			Sub Total	\$750.00
			TOTAL USD	\$750.00
			Amount Paid	(\$0.00)
			AMOUNT DUE:	\$750.00

DUE DATE: October 31, 2024

-X-----

PAYMENT ADVICE

To:
Florida Public Pension Trustees Association
2946 WELLINGTON CIR
TALLAHASSEE, FL 32309
United States
mj@fppta.org
8506688552

Customer: Golden Beach GE Pension Fund
Invoice Number: INV_12943

Amount Due: \$750.00
Due Date: October 31, 2024



INVOICE

Lauri Patterson (Homestead GE Pension Fund)
 100 CIVIC CT
 HOMESTEAD, FL 33030
 United States

Invoice Date: 10/21/2024
Invoice Number: INV_12945
Reference: Online Payment: CPPT Recertification

Florida Public Pension Trustees Association
 2946 WELLINGTON CIR
 TALLAHASSEE, FL 32309
 United States
 mj@fppta.org
 8506688552

Description	Quantity	Unit Price	Sales Tax	Amount USD
CPPT Recertification (current period for 2025) for: David Block, Maria Camacho	2	\$50.00	-	\$100.00
			Sub Total	\$100.00
			TOTAL USD	\$100.00
			Amount Paid	(\$0.00)
AMOUNT DUE:				\$100.00

DUE DATE: October 31, 2024

PAYMENT ADVICE

To:
 Florida Public Pension Trustees Association
 2946 WELLINGTON CIR
 TALLAHASSEE, FL 32309
 United States
 mj@fppta.org
 8506688552

Customer: Lauri Patterson
Invoice Number: INV_12945

Amount Due: \$100.00
Due Date: October 31, 2024

**TOWN OF GOLDEN BEACH EMPLOYEES' PENSION PLAN
APPLICATION FOR PENSION OR DISABILITY BENEFIT**

PLEASE PRINT OR TYPE:

1. a. Name of Employee: BAUTISTA JOSEPH PRINCE
(last) (first) (middle)
- b. Social Security Number: 501 - 00 - 0000
- c. Date of Birth: 01 - 01 - 1950 Date Employed: 04 . 29 . 2013
- b. Last Department You Worked For: N/A
- e. Home Telephone Number: _____
- f. Home Address: _____
(address and street)

(city, state, zip code)
- g. Permanent Address To Which Correspondence Should Be Sent (if different): _____

2. a. Are you currently married: Yes No
(If yes, complete the following for your spouse. If no, complete for your beneficiary.)
- b. Name of Spouse/Beneficiary: _____
(last) (first) (middle)
- c. Social Security Number: _____
- d. Date of Birth: _____ Date of Marriage: 12/21/15
3. Contingent Beneficiary:
- a. Name & Relationship: _____
- b. Social Security Number: _____
- c. Address: _____

4. Type of Retirement For Which You Are Applying (check one):

- Normal Retirement
- Early Retirement
- Service Incurred Disability
- Non-Service Incurred Disability
- Deferred Vested Termination

5. I plan to retire on: _____

If you are applying for a Disability Benefit:


- a. Date disability commenced: 7/30/2024
- b. Nature and cause of disability: on Duty shooting - Broken right arm, no strength, and nerve issues (pain).
- c. Did your disability result from any of the following:

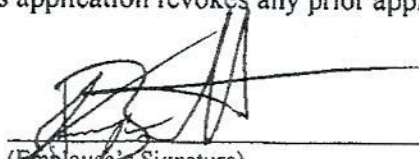
YES NO

- (1) Use of drugs, intoxicants or narcotics?
- (2) A fight, riot or civil insurrection?
- (3) While you were committing a crime?
- (4) From an injury or disease sustained while you were serving in the armed forces?
- (5) After your employment with the City terminated?
- (6) While working for someone other than the City and arising out of such employment?

NOTE: Records must be filed, including copies of a doctor's opinion, medical records and other documentation to show that the disability is total and permanent, and if application is made for a service-incurred disability, copies of workers' compensation records and other documentation must also be filed to show the disability occurred while performing service-related duties. Also, the Board of Trustees may require you to be examined by a doctor selected by the Board

I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me for benefits. I have reviewed the Designation of Beneficiary Form filed with the Board of Trustees and I hereby certify its accuracy. If I desire to change my designated beneficiary(ies), I will file a new Designation of Beneficiary Form with this application. This application revokes any prior applications.


(Witness Signature) Lissette Peaz


(Employee's Signature)

Date: 9/10/24

TOWN OF GOLDEN BEACH EMPLOYEES' RETIREMENT PLAN

DISABILITY APPLICANT QUESTIONNAIRE

IF YOUR CLAIM IS BASED ON AN INJURY,
PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Please describe exactly how you were injured, providing specifics as to:
 - a. Date. 04/29/2023
 - b. Time. 3:10 AM
 - c. Place. Outside of Bank of America Location: Seacrest Pkwy
& S. OCEAN DR.
 - d. Provide names and addresses of all witnesses.
 - e. Nature of your injury or injuries.
Broken Arm, nerve pain. From getting shot.
2. Was the injury reported to your department and if so, state the date reported and to whom. 4/29/23 reported to the command staff of Golden Beach.
3. Please state whether you are claiming the injury to be:
 - a. Total and Permanent. Yes [] No
 - b. Service-related. Yes [] No
 - c. Non-service related. [] Yes No
 - d. Provide your reasons for the above claims.
ON Duty injury, Pain on my primary arm (right arm)
can't lift anything over 30 lbs. nerve pain at random
times, this limitation does not allow me to
perform my duties as a police officer.

4. Please specifically describe any and all previous conditions that you have had, even though they may not be directly associated with the condition on which your claim is based.

a. Specifically state when you had these conditions.

N/A

b. Provide names, addresses and phone numbers of all health care providers (including chiropractors) whom you consulted or who treated you for the previous condition(s).

N/A

c. Provide the diagnosis.

N/A

d. Provide the prognosis.

~~no~~ surgery not recommended, since there was no ^{greater} improvement with improvement.

e. Provide the dates of treatment.

N/A

f. Provide the nature of treatment.

N/A

g. Provide the medications prescribed.

N/A

h. Provide the names, addresses and telephone numbers of all persons who may have knowledge of such condition.

N/A

5. Please provide the names, addresses and telephone numbers of all physicians, surgeons, hospitals, chiropractors, osteopaths and other health care providers who have treated you for the condition upon which your claim is based and any condition that may be related to it.

a. Provide a brief description of what you were treated for.

PLEASE SEE ATTACHED

- b. Provide the diagnosis.
- c. Provide the prognosis.
- d. Provide the dates of treatment.
- e. Provide the nature of treatment.
- f. Provide the medications prescribed.
- g. Provide the names, addresses and telephone numbers of all persons who may have knowledge of these conditions.

6. Have you ever been involved in an automobile or other vehicular accident? If so, please provide:

- a. When the accident occurred. *N/A*
- b. Where the accident occurred. *N/A*
- c. How the accident occurred. *N/A*
- d. Whether you were injured. *N/A*
- e. How you were injured. *N/A*

- a. A description of the incident. *N/A*
 - b. When it occurred.
 - c. How it occurred.
 - d. Where it occurred.
7. Have you ever had a fall, collision, sports injury, accident, etc. which required treatment by a health care provider? If so, please provide:
- m. Provide the names, addresses and telephone numbers of all who may have knowledge of the injuries resulting from the accident. *N/A*
 - l. Dates of treatment. *N/A*
 - k. Nature of treatment. *N/A*
 - j. Medications prescribed. *N/A*
 - i. Prognosis. *N/A*
 - h. Diagnosis. *N/A*
 - g. Names, addresses and telephone numbers of all health care providers who treated you. *N/A*
 - f. Was this accident job related? *N/A*

- e. How you were injured.
- f. Names, addresses and telephone numbers of all health care providers who treated you.
- g. Diagnosis.
- h. Prognosis.
- i. Medications prescribed.
- j. Nature of treatment.
- k. Dates of treatment.

l. Provide the names, addresses and telephone numbers of all persons who may have knowledge of the injuries resulting from the incident.

8. Please provide the names, addresses and dates of all your prior and current employers, and provide:

- a. The nature of the work involved with each employment.
- b. The status (i.e. terminated, continuing, etc.) of each employment.
- c. State the basis or reason for such status.

9. Please state whether you are now or ever have been self employed, and if so, state the nature of the work.

N/A

10. Were you suffering any injury, disease, or disability at the time of the accident(s), incident(s), or condition(s) for which you are now applying for disability retirement? If so, what was the nature of the injury, disease or disability?

NO

11. Describe all records of the accident(s) or incident(s) forming the basis of your application for disability retirement, including but not limited to, traffic accident reports, police reports, notice of injury reports, log books, hospital/clinic records, doctor's records, disciplinary records, etc.

N/A

12. Provide the name and addresses of all health care providers who have advised you that you are permanently and totally incapable of performing useful and efficient service, either physically or mentally, as a (police officer or firefighter) as a result of the injury or condition for which you seek disability retirement.

James Mackenzie, MD
1901 SW 172ⁿ Ave
Miramar, FL 33029

13. Provide the name and addresses of all health care providers who have advised you that you are not permanently and totally incapable of performing useful and efficient service, either physically or mentally, as a (police officer or firefighter) as a result of the injury or condition for which you seek disability retirement.

N/A

14. State the date on which you reached maximum medical improvement (MMI) for workers' compensation purposes, and provide the names and addresses of all health care providers who have advised that you have reached maximum medical improvement (MMI).

PLEASE SEE ATTACHED.

15. Provide the names and addresses of all health care providers who have advised that you have not reached maximum medical improvement (MMI). *N/A*

16. Is the injury which you are now claiming permanently and totally prevents you, physically or mentally, from performing useful and efficient service as a (police officer or firefighter) in any way related to any other injury, disease, condition or disability? If yes, explain. *Please see ATTACHED*

17. Has your sworn statement or deposition ever been taken in connection with any claim arising out of the injury or disability for which you seek disability retirement? If so, state the date taken and by whom. *N/A*

18. Is there any other information known to you, your agents and attorneys, which might be relevant to your application for disability retirement? If so, specify. *N/A*

19. Have you ever applied for worker's compensation benefits in any jurisdiction? If so, please state for each application: *NO*

- a. The name and address of the employer.
- b. The date of the application.
- c. Determination of the application.
- d. The dates of receipt of benefits.

20. Describe in detail why you feel that you are permanently and totally unable physically or mentally, from performing useful and efficient service as a Police officer.

Please see ATTACHED

IF YOUR CLAIM IS BASED ON AN ILLNESS,
PLEASE ANSWER THE FOLLOWING QUESTIONS

21. Please describe the nature of your illness and how you became ill, providing specifics as to date, time and place, and providing names and addresses of all witnesses (if applicable).

NA

22. Please state whether you are claiming the illness to be:

- a. Total and permanent []
- b. Service-related []
- c. Non-service related []
- d. Provide your reasons for the above claims.

23. Please specifically describe any and all previous conditions that you have had, even though they may not be directly associated with the condition on which your claim is based.

- a. Specifically state when you had these conditions.

b. Provide names, addresses and phone numbers of all health care providers (including chiropractors) whom you consulted or who treated you for the previous condition(s).

c. Provide the diagnosis.

d. Provide the prognosis.

e. Provide the dates of treatment.

f. Provide the nature of treatment.

g. Provide the medications prescribed.

h. Provide the names, addresses and telephone numbers of all persons who may have knowledge of such condition.

24. Please provide the names, addresses and telephone numbers of all physicians, surgeons, hospitals, chiropractors, osteopaths and other health care providers who have treated you for the condition upon which your claim is based and any condition that may be related to it.

a. Provide a brief description of what you were treated for.

- b. Provide the diagnosis.
- c. Provide the prognosis.
- d. Provide the dates of treatment.
- e. Provide the nature of treatment.
- f. Provide the medications prescribed.
- g. Provide the names, addresses and telephone numbers of all persons who may have knowledge of these conditions.

25. Were you suffering any injury, disease, or disability at the time of the accident(s), incident(s), or condition(s) for which you are now applying for disability retirement? If so, what was the nature of the injury, disease or disability?

26. Provide the name and address of all health care providers who have advised you that you are permanently and totally incapable of performing useful and efficient service, either physically or mentally, as a (police officer or firefighter) as a result of the disease or disability for which you seek disability retirement.

27. Provide the names and addresses of all health care providers who have advised you that you are not permanently and totally incapable of performing useful and efficient service, either physically or mentally, as a (police officer or firefighter) as a result of the injury or condition for which you seek disability retirement.

28. State the date on which you reached maximum medical improvement (MMI) for workers' compensation purposes, and provide the names and addresses of all doctors who have advised that you have reached maximum medical improvement (MMI).

29. Provide the names and addresses of all health care providers who have advised that you have not reached maximum medical improvement (MMI).

30. Please provide the names, addresses and dates of all of your prior and current employers, and provide:

- a. The nature of the work involved with each employment.
- b. The status (i.e. terminated, continuing, etc.) of each employment.
- c. State the basis or reason for such status.

31. Please state whether you are now or ever have been self employed, and if so, state the nature of the work.

32. Is the disease or disability which you are now claiming permanently and totally prevent you, physically or mentally, from performing useful and efficient service as a (police officer or firefighter) in any way related to any other injury, disease, condition or disability? If yes, explain.

33. Describe in detail why you feel that you are permanently and totally unable physically or mentally, from performing useful and efficient service as a _____.

34. Has your sworn statement or deposition ever been taken in connection with any claim arising out of the disease or disability for which you seek disability retirement? If so, state the date taken and by whom.

35. Is there any other information known to you, your agents and attorneys, which might be relevant to your application for disability retirement? If so, specify.

YOU ARE REQUIRED TO SUPPLEMENT THIS QUESTIONNAIRE IMMEDIATELY IN WRITING TO THE BOARD ATTORNEY WITH ANY NEW OR ADDITIONAL INFORMATION OBTAINED BETWEEN THE TIME OF SIGNING THIS QUESTIONNAIRE AND FINAL DECISION BY THE BOARD OF TRUSTEES.

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND COMPLETE. I UNDERSTAND THAT IT IS A CRIME FOR A PERSON WILLFULLY AND KNOWINGLY TO MAKE, OR CAUSE TO BE MADE, OR TO ASSIST, CONSPIRE WITH, OR URGE ANOTHER TO MAKE, OR CAUSE TO BE MADE, ANY FALSE, FRAUDULENT, OR MISLEADING ORAL OR WRITTEN STATEMENT OR WITHHOLD OR CONCEAL MATERIAL INFORMATION TO OBTAIN ANY BENEFIT AVAILABLE UNDER THE PENSION PLAN. IN ADDITION TO ANY APPLICABLE CRIMINAL PENALTY UPON CONVICTION FOR A VIOLATION DESCRIBED ABOVE, I MAY IN THE DISCRETION OF THE BOARD OF TRUSTEES, BE REQUIRED TO FORFEIT THE RIGHT TO RECEIVE ANY OR ALL BENEFITS TO WHICH I WOULD OTHERWISE BE ENTITLED. FOR PURPOSES HEREOF, "CONVICTION" MEANS A DETERMINATION OF GUILT THAT IS THE RESULT OF A PLEA OR TRIAL, REGARDLESS OF WHETHER ADJUDICATION IS WITHHELD.

DATED this 10 day of September, 2024.

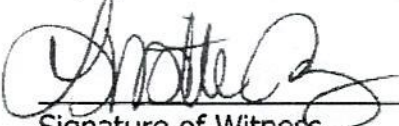


Applicant's Signature
Print Name: Joseph Bactista

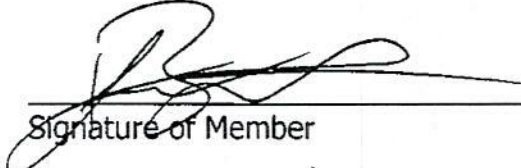
TOWN OF GOLDEN BEACH EMPLOYEES' RETIREMENT PLAN

**AUTHORIZATION TO WAIVE CONFIDENTIALITY
OF MEDICAL RECORDS**

To facilitate the Board of Trustees of the Town of Golden Beach Employees' Retirement Plan in carrying out its duty to review, discuss and determine my application for disability retirement, I hereby waive my right of confidentiality of my medical records and other medical evidence in the custody of the Board of Trustees or elsewhere. In so doing, I understand such records will be discussed during one or more public meetings and will become public record. I understand that the Board will rely upon this waiver and that I will not be able to withdraw same at a later date.



Signature of Witness
Lissette Perez



Signature of Member
Joseph Bautista

Print Full Name of Member

XXX-XX-_____
Social Security No.

9/10/24

Date

Lauri Patterson

From: JBautista@goldenbeach.us (Joseph Bautista) <JBautista@goldenbeach.us>
Sent: Tuesday, September 03, 2024 7:29 AM
To: Lauri Patterson
Subject: Re: Trustee status

Thank you Lauri I here by resign.
Sgt. JOSEPH BAUTISTA
Motor Unit
Golden Beach Police Department
1 Golden Beach Drive, Golden Beach, FL 33160
(305) 932-0744 Phone
(305) 932-2045 Fax
Jbautista@goldenbeach.us

file:///var/mobile/Library/SMS/Attachments/97/07/051CD5A0-A884-4DE6-B4D7-B09C7FE56A07/IMG_1778.heic

On Aug 30, 2024, at 4:11 PM, Lauri Patterson <lauri@benefits-usa.org> wrote:

Good afternoon Trustee Bautista,

I informed the Board that I provided you the disability paperwork on August 28, 2024. After discussion between the trustees and Board attorney it was recommended that you resign from the Board and I would need to run an election to have another PO serve your unexpired term.

Also, you will have to file the Financial Disclosure Form with 60 days of leaving office. You may reply to this email with your resignation.

We will be working together on your upcoming disability. Please feel free to contact me anytime.

Kind regards,

Lauri K. Patterson
Benefits USA, INC.
3810 Inverrary Blvd. Suite 303
Lauderhill, FL 33319
Phone: 954-730-2068 Ext 213
Fax: 954-730-0738
Email: Lauri@benefits-usa.org

Lauri Patterson

From: jess@sugarmansusskind.com (Jessica De la Torre Vila) <jess@sugarmansusskind.com>
Sent: Wednesday, October 23, 2024 1:34 PM
To: Lauri Patterson
Subject: RE: 2025 meeting dates

Hi Lauri... sorry to be the bearer of bad news but the following dates are NOT available:

February 12 or February 19, 2025

May 21, 2025

August 20, 2025

November 19, 2025

I am able to offer the following dates:

2/11 (virtually)

5/12

8/11 (virtually)

11/10

From: Lauri Patterson <lauri@benefits-usa.org>
Sent: Wednesday, October 23, 2024 10:49 AM
To: Jessica De la Torre Vila <jess@sugarmansusskind.com>
Subject: FW: 2025 meeting dates

Good morning,

Please see the response from Chairman Fishman. I would like to add this to the agenda if possible.

Thank you 😊

Lauri K. Patterson
Benefits USA, INC.
3810 Inverrary Blvd. Suite 303
Lauderhill, FL 33319
Phone: 954-730-2068 Ext 213
Fax: 954-730-0738
Email: Lauri@benefits-usa.org