

City of Providence

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

CHAPTER 2007-26A

No. 316

AN ORDINANCE Relating to Article IV, Chapter 17, Section 17-189(5) of the Code of Ordinances.

Approved JUNE 18, 2007

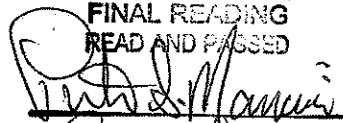

Be it ordained by the City of Providence:

- SECTION 1. Notwithstanding the language of Section 17-189(5) of the Code of Ordinances which provides that the application to accomplish such [accidental disability] retirement must be filed within eighteen (18) months of the date of the accident, the Retirement Board of the City of Providence, may consider and act upon the accidental disability retirement application of Firefighter John L. Moise, even though more than eighteen (18) months have passed since the date of the accident which is the averred proximate cause of the above-named applicant for a disability retirement allowance.
- SECTION 2. Said application shall be subject to and considered in accordance with all other applicable ordinances, regulations, standards and practices relating to accidental disability retirement applications.
- SECTION 3. This Ordinance shall take effect upon its passage..

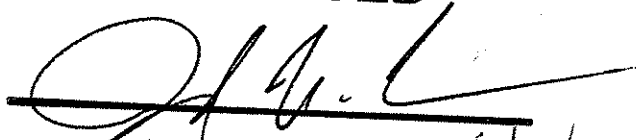
IN CITY COUNCIL
MAY 17 2007
FIRST READING
READ AND PASSED


CLERK

IN CITY
COUNCIL
JUN 7 2007
FINAL READING
READ AND PASSED


PRESIDENT

CLERK

APPROVED


MAYOR 6/18/07

31371

EMPLOYEES' RETIREMENT SYSTEM

OF THE

CITY OF PROVIDENCE

APPLICATION FOR ACCIDENTAL DISABILITY RETIREMENT

Aug 29 2006

To the Providence Retirement Board:

I, John H. Misi, the undersigned member of the Employees' Retirement System of the City of Providence in accordance with Chapter 489 of the laws of 1923 of the State of Rhode Island and Providence Plantations, do hereby apply for retirement from active service as a

Firefighter in Fire
 (Give title of the position as it appears on the payroll) (Give department in which employed)

of the City of Providence on account of disability which disqualifies me for service and which is a direct result of an accident occurring in the actual performance of duty.

I am incapacitated for the performance of City service as the result of an accident occurring while I was in the actual performance of duty and not as the result of negligence on my part. The accident causing my disability occurred as follows:

Time 12-22-04 approx 2pm

Place Brook St Fire Station

Conditions and description Climbing ladder truck slipped left foot

Result of accident Caught in rungs + wrenched back Taken by rescue, after attending fire, to R.I. Hosp.

I attach a statement as to my physical condition together with an authorization to my physician to report directly to the physicians of the Retirement Board on my condition.

I was born on the 11th day of June, 1968

Cross
out this
paragraph

I have read the law (printed on the reverse side of this application) relative to optional benefits and desire to have the maximum allowance payable during my life without optional modification.

or

These
para-
graphs

My present home address is

65 Yale Ave
Providence RI 02908

John H. Misi
Signature of Applicant

County of Providence

State of Rhode Island

On the

29th

day of

August

2006

, appeared before me the above named applicant to me personally known and known to be the individual described in and who executed the foregoing instrument, and he (or she) duly acknowledged to me that he (or she) executed the same and that the statements therein contained were true to the best of his (or her) knowledge and belief.

(Official title)

Marylee David
Notary Public