

**A G E N D A**  
**PENSION AND RETIREMENT BOARD MEETING**  
**October 15, 2020**

**1. Call to Order:****2. Roll Call:****3. Disposition of Minutes: Meeting of September 17, 2020****4. Chairman Report:****5. New Business:****6. Old Business:****7. Executive Session:**

a)	Karen Giudice	Code 5 – City (Police) Non-Service Connected Disability	--	Application
----	---------------	--	----	-------------

**8. Pension Requests:**

b)	Lisa Hazelton	Code 5 – BOE (Secretary) Regular	--	Application
----	---------------	-------------------------------------	----	-------------

c)	Raymond Galli	Code 5 – City (PW) Regular w/CA	--	Application
----	---------------	------------------------------------	----	-------------

d)	Thomas Morse	Code 5 – BOE (Maintenance) Regular	--	Application/Calculation
----	--------------	---------------------------------------	----	-------------------------

e)	David Lazo	Code 3F – Fire Regular	--	Calculation
----	------------	---------------------------	----	-------------

f)	Susan Marklinsky	Code 8 – BOE (Media) Regular	--	Calculation
----	------------------	---------------------------------	----	-------------

g)	Kevin O'Donnell	Code 5 – City (PW) Regular	--	Calculation
----	-----------------	-------------------------------	----	-------------

h)	Kathleen Kizavul	Code 5 – BOE (Secretary) Regular	--	Calculation*
----	------------------	-------------------------------------	----	--------------

i)	Nancy Chasse	Code 8 – BOE (Food Service) Regular	--	Calculation*
----	--------------	--	----	--------------

j)	Susan Scucci	Code 8 – BOE (Food Service) Regular	--	Calculation*
----	--------------	--	----	--------------

**9. Withdrawals and Refunds:**

k)	Jessica Kalakay	Code 9 – City (Health)	--	Calculation
----	-----------------	------------------------	----	-------------

Entered: 5/23/16 Terminated: 8/3/20

10. **Buy Ins:** NONE

11. **Contingent Annuitant Option:**

a) Paul Raucci Code 5 – BOE (Maintenance)  
100% Contingent Annuitant Option  
Karen Raucci

b) John Smith Code 5 – BOE (Maintenance)  
75% Contingent Annuitant Option  
Diane Smith

12. **Applications of Entry:**

a)	Shawn Chevalier	Code 5 – City (PW)	Entry: 8/31/20
b)	Christopher Levine	Code 5 – City (PW)	Entry: 9/14/20
c)	Norberto Pabon	Code 5 – City (PW)	Entry: 9/21/20
d)	Nicole Cadigan	Code 5 – BOE (Secretary)	Entry: 9/29/20

13. **Invoices:**

a)	Hooker & Holcombe	\$600.00	Period: 8/27/20
b)	Michael J Paolini CPA	\$9,800.00	Period: 10/5/20
c)	Tocqueville	\$3,887.46	Period: 2/6/20
d)	Sprott	\$13,120.92	Period: 1/1/20-3/31/20

14. **Committee Reports:** NONE

15. **Financial Report**

a) City of Milford Pension Fund Financial Statement Period: Year End 6/30/20

16. **Hooker and Holcombe:** NONE

17. **Report of Investment Advisor:** Presented by Beirne Wealth (30 minutes)

18. **Adjourn**

\* Pertinent documents will be distributed at The Pension and Retirement Board Meeting.

**Any individual with a disability who needs special assistance to participate in the meeting should contact the Director of Community Development, 203- 783-3230, five days prior to the meeting if possible.**

**Pension and Retirement Board  
Regular Meeting  
September 17, 2020**

The Pension and Retirement Board held their Regular Meeting on Thursday, September 17, 2020, via Audio/Tele Conferencing. Chairman Kimmel called the meeting to order at 6:04 p.m.

**Members Present via Audio/TeleConference**

B. Bannon  
M. Chaco  
T. Harrigan  
G. Kimmel  
A. Maher  
L. Mahoney  
M. O'Neil  
M. Palumbo  
C. Angelica (Alt)  
J. Grady (Alt)  
C. McKenna (Alt)  
R. Smith (Alt)  
E. Beatty, BOA Liaison

**Members Absent**

T. Bradbury  
W. Farrell  
M. Glennon  
M. Hedman  
B. Marschner  
C. McInnis  
K. Frank (Alt)  
M. Moreno (Alt)  
T. Overholser (Alt)  
W. Smith, BOA Liaison

**Also Present**

G. DelPo, Human Resources Dept.  
T. Barnes, Human Resources Dept.  
B. Simpson, Recording Secretary  
R. Metzger, Hooker & Holcombe  
J. O. Beirne, Beirne Wealth  
J. Beirne, Beirne Wealth

**Consideration of Minutes:**

Mr. Chaco and Mr. Grady made and seconded a motion to approve the minutes of the Regular Meeting held August 20, 2020. Motion carried unanimously.

**Chairman's Report:**

None

**New Business:**

None





(e) Kevin O'Donnell Code 5 –City (PW) Application  
Regular Pension

Mr. Grady and Mr. Chaco made and seconded a motion to accept an application for a regular retirement pension for Mr. O'Donnell. Motion carried unanimously.

(f) David Lazo Code 3 – Fire Application  
Regular Pension

Mr. O'Neil and Mr. Chaco made and seconded a motion to accept an application for a regular retirement pension for Mr. Lazo. Motion carried unanimously.

(g) Elaine Colangelo Code 9 –City (Health) Application/Calculation  
Regular Pension

Ms. Palumbo and Mr. Chaco made and seconded a motion to accept and grant an application and calculation for a regular retirement pension to Ms. Colangelo, in the annual amount of \$36,685.88, monthly payments of \$3,057.16, commencing August 3, 2020. Motion carried unanimously.

(h) Frank Giustino Code 5 – City (PW) Application/Calculation  
Regular Pension

Mr. Grady and Mr. Chaco made and seconded a motion to accept an application for a regular retirement pension for Mr. Giustino. Motion carried unanimously.

Chairman Kimmel and Mr.Chaco made and seconded a motion to grant a regular retirement pension, in the annual amount of \$5,892.84, monthly payments of \$491.07, commencing July 31, 2020. Motion carried unanimously.

(i) Lori Weinstein Code 5 –City (PW) Recalculation/Correction  
Regular Pension

Mr. Grady and Mr. Chaco made and seconded a motion to grant a recalculated regular retirement pension in the annual amount of \$23,081.68, monthly payments of \$1,923.47, commencing July 9, 2020. Motion carried unanimously.

(j) Jane Pressler Code 5 –City(PW) Regular Pension Recalculation/Correction

Mr. Grady and Mr. Chaco made and seconded a motion to grant a recalculated regular retirement pension in the annual amount of \$22,234.94, monthly payments of \$1,852.91, commencing May 2, 2020. Motion carried unanimously.

**Withdrawals and Refunds:**

(a) Jennifer Johnson Code 5 – BOE (Secretary) Calculation  
Entered: 8/21/2014 Termed: 12/2/2019

Ms. Palumbo and Mr. Chaco made and seconded a motion to accept the withdrawal and refund to Ms. Johnson in the amount of \$9,316.53. Motion carried unanimously.

(b) Tracy Kerzner Code 8 – BOE (Media) Calculations  
Entered: 8/20/2015 Termed: 6/11/2020

Ms. Palumbo and Mr. Chaco made and seconded a motion to accept the withdrawal and refund to Ms. Kerzner in the amount of \$8,036.86. Motion carried unanimously.

(c) Heather Pokornowski Code 8 – BOE (Media) Calculations  
Entered: 8/20/2015 Termed: 6/11/2020

Ms. Palumbo and Mr. Chaco made and seconded a motion to accept the withdrawal and refund to Ms. Pokornowski in the amount of \$8,188.82. Motion carried unanimously.

(d) David Ceste Code 5 - City (PW) Calculations  
Entered: 12/16/2019 Termed: 6/12/2020

Mr. Grady and Mr. Chaco made and seconded a motion to accept the withdrawal and refund to Mr. Ceste in the amount of \$1,236.30. Motion carried unanimously.

(e) Jeffrey Rolfe

Code 5 - City (PW)  
Entered: 12/16/2019

Calculations  
Termed: 5/29/2020

Mr. Grady and Mr. Chaco made and seconded a motion to accept the withdrawal and refund to Mr. Rolfe in the amount of \$1,006.24. Motion carried unanimously.

**Buy Ins:**

None

**Contingent Annuitant Option:**

(a) Robert Barrett

Code 5 – BOE (Maintenance)  
75% Contingent Annuitant Option  
Beneficiary: Laura Barrett

Ms. Palumbo and Mr. Chaco made and seconded a motion to accept the 75% contingent annuitant option. Motion carried unanimously

**Applications of Entry:**

Chairman Kimmel read the following application of entry:

(a) Kimberly Lanier	Code 5 - BOE (Secretary)	Entered 7/27/2020
(b) Andrew Beetham	Code 9–City(Library)	Entered 8/10/2020
(c) Kyle Rosenthal	Code 5 - BOE (IT)	Entered 8/25/2020
(d) Conor Quinn	Code 5 - BOE (IT)	Entered 8/25/2020
(e) Daniel Petroski	Code 5 - BOE (IT)	Entered 9/2/2020

**Invoices:**

(a) Wells Fargo - \$1,726.80

Mr. Chaco and Mr. O'Neil made and seconded a motion to authorize payment to Wells Fargo in the amount of \$1,726.80, for their invoice dated August 7, 2020. Motion carried unanimously.







**Hooker & Holcombe:**

None

**Report of Investment Advisor:**

J.O. Beirne presented the results of the pension fund as August 31, 2020.  
An Asset Allocation meeting will be planned for November 2020.

**Adjourn:**

Mr. McKenna and Mr. Chaco made and seconded a motion to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 7:41 p.m.

The next regular meeting of the Pension & Retirement Board will be held on October 15, 2020.

Respectfully submitted,



Beth Simpson  
Recording Secretary

PENSION AND RETIREMENT BOARD  
CITY OF MILFORD, CONNECTICUT

RECEIVED  
SEP 17 2020

CITY OF MILFORD  
HUMAN RESOURCES

Employee Request for Retirement

I HEREBY REQUEST A:

- Regular Pension
- Non-Service Connected Disability Pension  
Nature of Disability \_\_\_\_\_
- Service Connected Disability Pension ✓ (-)  
Nature of Disability \_\_\_\_\_

Name: Karen Giudice Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Date of Birth: \_\_\_\_\_ Proof of Age Attached: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Date of Hire: 3/30/07 (Full time) Adjusted Pension Date (if any): 9-14-03 (includes B.O.E.)

Department: Police Present Title: Records Supervisor

\*Last Day Worked: 10/6/2020 Retirement Date: 10/7/2020

\* For regular retirement only. Disability retirement date will be determined by the Pension and Retirement Board.

Name of Beneficiary: \_\_\_\_\_ Relationship \_\_\_\_\_

Beneficiary's Date of Birth \_\_\_\_\_ Beneficiary's Social Security Number \_\_\_\_\_

Applicant: Karen Astrak Giudice Date: 9-14-2020  
Signature in Ink

I acknowledge receipt of request for this retirement. \_\_\_\_\_  
Department Head Date

For Pension Use:		
Granted: _____	Type of Pension: _____	Amount: \$ _____
Effective Date: _____		
Denied: _____	Reason: _____	

MILFORD, CONNECTICUT

City Employee's Retirement System  
Employee's Census Blank and Application for Participation  
(All answers to be printed or typewritten)

Name Karen A. Giudice Telephone \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Department Police Title Stenographer

Academy Entry Date: \_\_\_\_\_ Hire/Pension Date: 3/30/07

Have you ever been employed in any capacity by the City of Milford before?  
If yes, Tax Collector 1994 1999 - (seasonal temp.)  
Department Board of Education From 1999 To 2003 (Secretary, Substitute Secretary)  
Police Dept. 2003 Present (seasonal temp.)

I hereby make application to participate in the retirement system as outlined in an Act concerning Pensions for Employees of the Town of Milford, passed by the Connecticut General Assembly, Sessions of 1939 and approved by voters of the Town of Milford, August 7, 1939. If accepted, I will comply with all of the provisions of said Act.

Karen Astrab Giudice  
Written Signature in Ink

3-18-07  
Date

In accordance with Section 5 of the Retirement Act, in the event of my death, I hereby authorize payment of funds due me from the City Employees' Retirement System to be made to:

Primary Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

Contingent Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

Karen Giudice  
Written Signature of Employee (Ink)

Dated at Milford, Connecticut, this 22 day of MARCH, 2007

Witnessed by [Signature]

For Pension & Retirement Board purposes only: Employee # 1464  
Pension Code 33 (5)  
Union N/A

PENSION AND RETIREMENT BOARD  
CITY OF MILFORD, CONNECTICUT

Employee Request for Retirement

I HEREBY REQUEST A:  Regular Pension  Vested (60)  Vested/Early Retirement (50 +)  
 Non-Service Connected Disability Pension  
Nature of Disability \_\_\_\_\_  
 Service Connected Disability Pension  
Nature of Disability \_\_\_\_\_

Name: Lisa Hazeltan Home Telephone: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Date of Birth: \_\_\_\_\_ Proof of Age Attached: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Date of Hire: 12-08-2008 Adjusted Pension Date (if any): \_\_\_\_\_

Department: Jos. A. Foran HS Present Title: Secretary

\*Last Day Worked: 10-05-2020 Retirement Date: 10-05-2020 10/6/20

\* For regular retirement only. Disability retirement date will be determined by the Pension and Retirement Board.

Name of Beneficiary: \_\_\_\_\_ Relationship \_\_\_\_\_

Beneficiary's Date of Birth \_\_\_\_\_ Beneficiary's Social Security Number \_\_\_\_\_

Contingent Annuitant Option:  Yes  No

Applicant: [Signature] Date: 09-03-2020  
Signature in Ink

I acknowledge receipt of request for this retirement. [Signature] 9/4/20  
Department Head Date



MILFORD, CONNECTICUT

City Employee's Retirement System  
Employee's Census Blank and Application for Participation  
(All answers to be printed or typewritten)

Name LISA ABRABERG <sup>HAZELTON</sup> Telephone \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Department/Union MPS / MAES Title Secretary

Date of Entering Permanent Full Time (20+ hours per week) Service 12-08-08

Have you ever been employed in any capacity by the City of Milford before? NO  
If yes,  
Department \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

I hereby make application to participate in the retirement system as outlined in an Act concerning Pensions for Employees of the Town of Milford, passed by the Connecticut General Assembly, Sessions of 1939 and approved by voters of the Town of Milford, August 7, 1939. If accepted, I will comply with all of the provisions of said Act.

[Signature]  
Written Signature in Ink

12-04-08  
Date

In accordance with Section 5 of the Retirement Act, in the event of my death, I hereby authorize payment of funds due me from the City Employees' Retirement System to be made to:

Primary Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

Contingent Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

[Signature]  
Written Signature of Employee (Ink)

Dated at Milford, Connecticut, this 8<sup>th</sup> day of December, 2008  
I certify that the full time date of entry above is true. [Signature]  
Wendy Kopazna, Director of Personnel

For Pension & Retirement Board purposes only: Employee # \_\_\_\_\_  
Pension Code \_\_\_\_\_  
Union \_\_\_\_\_

BOE

[Signature]

PENSION AND RETIREMENT BOARD  
CITY OF MILFORD, CONNECTICUT

RECEIVED

SEP 25 2020

CITY OF MILFORD  
HUMAN RESOURCES

Employee Request for Retirement

I HEREBY REQUEST A:  Regular Pension  Vested (60)  Vested/Early Retirement (50 +)

Non-Service Connected Disability Pension

Nature of Disability \_\_\_\_\_

Service Connected Disability Pension

Nature of Disability \_\_\_\_\_

Name: RAYMOND M. GALLI JR. Home Telephone: \_\_\_\_\_

Cell Number: \_\_\_\_\_

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

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Proof of Age Attached:

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

Marital Status: \_\_\_\_\_

Date of Hire: 5/10/10

Adjusted Pension Date (if any): \_\_\_\_\_

Department: HIGHWAY

Present Title: TRUCK DRIVER/SWEEPER OPERATOR

Last Day Worked: 10/02/20

Retirement Date: 10/02/20

\* For regular retirement only. Disability retirement date will be determined by the Pension and Retirement Board.

Name of Beneficiary: \_\_\_\_\_

Relationship \_\_\_\_\_

Beneficiary's Date of Birth \_\_\_\_\_

Beneficiary's Social Security Number \_\_\_\_\_

Contingent Annuitant Option:

Yes

No

Health Insurance Option at Age 65:

High

Low (There may be a cost involved for the high)

(option depending on your contract)

Applicant: \_\_\_\_\_

Raymond M Galli Jr.  
Signature in Ink

Date: \_\_\_\_\_

6/10/20

I acknowledge receipt of request for this retirement.

[Signature]

Department Head

9-23-2020

Date

MILFORD, CONNECTICUT

City Employee's Retirement System  
Employee's Census Blank and Application for Participation  
(All answers to be printed or typewritten)

Name Raymond M. Galli, Jr. Telephone \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Department Highway/Parks Title T.D.-Laborer

Date of Entering Full Time Service of City 05/10/10

Have you ever been employed in any capacity by the City of Milford before?

If yes,

Department \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

I hereby make application to participate in the retirement system as outlined in an Act concerning Pensions for Employees of the Town of Milford, passed by the Connecticut General Assembly, Sessions of 1939 and approved by voters of the Town of Milford, August 7, 1939. If accepted, I will comply with all of the provisions of said Act.

Raymond M. Galli Jr.  
Written Signature in Ink

04/20/10  
Date

In accordance with Section 5 of the Retirement Act, in the event of my death, I hereby authorize payment of funds due me from the City Employees' Retirement System to be made to:

Primary Beneficiary Relationship

Contingent Beneficiary Relationship

Raymond M. Galli Jr.  
Written Signature of Employee (Ink)

Dated at Milford, Connecticut, this 20th day of April, 2010

Witnessed by Lauren M. Rivacane

For Pension & Retirement Board purposes only: Employee # 1987  
Pension Code 023(5)  
Union 1566



PENSION AND RETIREMENT BOARD  
CITY OF MILFORD, CONNECTICUT

Employee Request for Retirement

I HEREBY REQUEST A:  Regular Retirement  Early Retirement (50+)  Vested Retirement (60)  
 Non-Service Connected Disability Retirement  
Nature of Disability: \_\_\_\_\_  Medical note attached  
 Service Connected Disability Retirement  
Nature of Disability: \_\_\_\_\_  Medical note attached

Name: Thomas Morse Telephone: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Date of Birth: \_\_\_\_\_ Proof of Age Attached: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Date of Hire: 8/22/2008 Adjusted Pension Date(if any): 8/22/2005

Department: BOE Present Title: CUSTOMER

\*Retirement Date: 8/28/2019 Last day worked: 8/27/2019  
\*The day after your last day worked. Disability retirement will be determined by the Pension and Retirement Board.

Name of Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

Beneficiary Date of Birth: \_\_\_\_\_ Beneficiary Social Security Number \_\_\_\_\_

Contingent Annuitant Option  Yes  No

Applicant: [Signature] Date: 9/25/2020  
Signature in Ink

I acknowledge receipt of request for this retirement: Mindy Kapano 10/6/2020  
Department Head Date



MILFORD, CONNECTICUT

City Employee's Retirement System  
Employee's Census Blank and Application for Participation  
(All answers to be printed or typewritten)

Name Thomas R. Maese Telephone \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

Date of Birth 7/1/19 Place of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Department/Union CUSTOD./ MAINT. 12018 Title Custodian

Date of Entering Permanent Full Time (20+ hours per week) Service 8/22/08

Have you ever been employed in any capacity by the City of Milford before?

If yes,  
Department MAINT. From JUNE 4 To 8/21/08

I hereby make application to participate in the retirement system as outlined in an Act concerning Pensions for Employees of the Town of Milford, passed by the Connecticut General Assembly, Sessions of 1939 and approved by voters of the Town of Milford, August 7, 1939. If accepted, I will comply with all of the provisions of said Act.

Thomas R. Maese  
Written Signature in Ink

9/4/08  
Date

In accordance with Section 5 of the Retirement Act, in the event of my death, I hereby authorize payment of funds due me from the City Employees' Retirement System to be made to:

Primary Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

Contingent Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

[Signature]  
Written Signature of Employee (Ink)

Dated at Milford, Connecticut, this 8<sup>th</sup> day of September, 2008  
I certify that the full time date of entry above is true. Wendy Kopazna  
Wendy Kopazna, Director of Personnel

For Pension & Retirement Board purposes only: Employee # \_\_\_\_\_  
Pension Code \_\_\_\_\_  
Union \_\_\_\_\_



**CITY OF MILFORD, CONNECTICUT**

Final

To: Thomas Morse Employee #:   
 From: Gayle DePo Benefits & Pension Coordinator Department: BOE (Maint) Pension Code: 8/22/2008 Total Pension Contributions: \$31,741.36   
 Date: 10/3/2020   
 Subject: RETIREMENT UNDER PENSION PLAN   
Type of Pension: Normal with MBI Union: 2018

At a recent meeting of the Pension and Retirement Board, your request for The computation of your estimated pension is as follows:

**Calculation of Average Annual Pay**

**FISCAL YEAR SALARY (Two Highest Years)**

a. \$60,389.23 2016-2017   
 b. \$59,984.59 2015-2016   
\$120,373.82

Date of Hire: 8/22/2005   
 Last Day Worked: 8/27/2019   
 Retirement Date: 8/28/2019

Total Service: 14 Years 0 Months 6 Days   
 \*\*Date of hire with Millitary Buy-In

PREVIOUS 24 MONTHS: \$97,330.66

**Using Fiscal Year Pay**

\$120,373.82 divided by 2 = \$60,186.91 AVERAGE ANNUAL SALARY

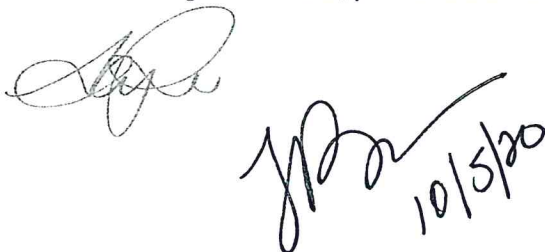
**Calculation of Normal Pension**

\$60,186.91 \* 2.25% = \$1,354.21 divide by 12 = \$112.85 divide by 30 = \$3.76   
 A/per year B/per mo C/per day   
 YEARS 14 \$18,958.88   
 MONTHS 0 \$0.00   
 DAYS 6 \$22.57   
\$18,981.45

Your annual pension is: \$18,981.45   
 Paid to you monthly commencing on: 8/28/2019   
 Your monthly installments are: \$1,581.79

Date of Birth: Current Age in Years 64

If you have any questions concerning this estimate, please contact us at 203-783-3224.





City of Milford, Connecticut  
- Founded 1639 -  
70 West River Street - Milford, CT 06460-3317  
Tel 203-783-3224 FAX 203-783-3228  
www.ci.milford.ct.us

Pension and Retirement Board

TO: Board of Education Payroll Department  
FROM: Office of Human Resources  
DATE: January 6, 2020  
SUBJECT: CERTIFICATION OF EMPLOYEE ANNUAL EARNINGS AND CONTRIBUTIONS OF PENSION PLAN PARTICIPANTS

EMPLOYEE NAME: Thomas Morse EMPLOYEE ID: \_\_\_\_\_  
DEPT.: BOE (Custodian)  
Paid Through Date: 8/27/19 Union: 2018 Code: 5

Hire Date: 8/22/2008 MBI 8/22/2005 Last Day Worked: 8/13/2019 8/27/19 Term Date: 8/27/19  
*paid*

Please certify the following payroll data for the above named employee, including final adjustments upon termination of employment when applicable:

1. Hourly Rate: 24.00
2. Annual Base Salary (Hourly rate x number of annual scheduled work hours): 49,920.00
3. Two Highest Fiscal Year's Compensation to Date:
 

1. \$ <u>59,984.59</u>	<u>15/16</u> Fiscal Year	<u>DM</u> (initial, if correct)
2. \$ <u>60,389.23</u>	<u>16/17</u> Fiscal Year	<u>DM</u> (initial, if correct)
4. Fiscal Year 2019 Compensation: \$ 52,754.00  
(Not to include any paid time from which pension contributions were not deducted such as sick time)
5. Pension Contributions withheld from Fiscal Year 2019 wages: \$ 2,522.20
6. Fiscal Year 2020 Compensation: \$ 15,883.66  
(Not to include any paid time from which pension contributions were not deducted such as sick time)
7. Pension Contributions withheld from Fiscal Year 2020 wages: \$ 678.68
8. Total Pension Contributions withheld from wages for *all* years of service: \$ 31,741.36
9. Compensation received for last 24 months (going back 52 pay periods) from date of last pay received:  
(Not to include any paid time from which pension contributions were not deducted such as sick time)  
\$ 97,330.66 \*

\*This figure should include any funds paid for unused vacation days owed to employee.

Signed: Dana Zepsonsky 3/3/20



**CITY OF MILFORD, CONNECTICUT**

Final

<b>To:</b>	David Lazo	Employee #:	
<b>From:</b>	Gayle DePo Benefits and Pension Coordinator	Department:	<b>FIRE</b>
		Pension Code:	<b>3F</b>
<b>Date:</b>	9/18/2020	Total Pension Contributions:	<b>\$89,399.65</b>
		Base Salary:	<b>\$79,713.92</b>
<b>Subject:</b>	<u>RETIREMENT UNDER PENSION PLAN</u>	Hourly Wage:	<b>38.32</b>
	<u>Type of Pension:</u> Normal	Union:	<u>Fire</u>

At a recent meeting of the Pension and Retirement Board, your request for The computation of your estimated pension is as follows:

**Calculation of Average Annual Pay**

**FISCAL YEAR SALARY (Two Highest Years)**

a.	\$91,951.64	2019-2020
b.	\$89,347.85	2018-2019
	<u>\$181,299.49</u>	

Date of Hire:	8/24/1998
Last Day Worked:	8/28/2020
Retirement Date:	8/29/2020

**Total Service:** 22 Years 0 Months 5 Days

**PREVIOUS 24 MONTHS:** \$209,900.65

**Includes:**

Terminal Leave	\$9,887.59
Unused Vacation	\$18,395.52
Perfect Attendance	\$0.00
Compensation Time	\$0.00

Using Previous 24 Months

\$209,900.65 divided by 2 = \$104,950.33

**AVERAGE ANNUAL SALARY**

**Calculation of Normal Pension**

\$104,950.33	* 2.25% =		
	\$2,361.38	divide by 12 =	\$196.78
	A/per year		B/per mo
	<b>YEARS</b>		divide by 30 =
	22		\$6.56
	\$2,361.38		C/per day
	<b>MONTHS</b>	\$51,950.41	
	0	\$0.00	
	\$196.78		
	<b>DAYS</b>		
	5	\$32.80	
	\$6.56	<u>\$51,983.21</u>	

Your annual pension is:	\$51,983.21
Paid to you monthly commencing on:	8/29/2020
Your monthly installments are:	\$4,331.93

Date of Birth: \_\_\_\_\_ Current Age in Years  
59

If you have any questions concerning this estimate, please contact us at 203-783-3224.



*Handwritten signature and date*  
9.18.20





# City of Milford, Connecticut

Founded 1639

Office of the  
Pension & Retirement Board  
(203) 783-3224

TO: Payroll Department

FROM: Gayle DelPo  
Benefits and Pensions Coordinator

DATE: September 8, 2020

SUBJECT: CERTIFICATION OF EMPLOYEE ANNUAL EARNINGS AND  
CONTRIBUTIONS OF PENSION PLAN PARTICIPANTS

EMPLOYEE NAME: David Lazo ✓

EMPLOYEE #: \_\_\_\_\_

LAST DAY PAID: 9/4/20 ✗

EFFECTIVE DATE: 8/29/20

DEPT.: Fire ✓ CODE: 3F ✓

UNION: Fire ✓

Please certify the following payroll data for the above named employee, including final adjustments upon termination of employment when applicable:

- Hourly Rate: \$ 38.3240 ✗
- Annual Base Salary: \$ 79,713.92 ✓

3. Two Highest Fiscal Year's Compensation to Date:

- \$ 91,951.64 ✗ 2019-2020 Fiscal Year
- \$ 89,347.85 ✗ 2018-2019 ✓ Fiscal Year

4. Total Pension Contributions withheld from wages for all years of service: Pre-tax \$83,418.97 ✗  
Post-tax \$9,377.78 ✗

5. Compensation received for last 24 months preceding retirement date: \$ 309,900.65 ✓  
(Not to include any paid time from which pension contributions were not deducted such as sick time)

**CITY OF MILFORD, CONNECTICUT**

Final

To: Susan Marklinsky Employee #: \_\_\_\_\_

From: Gayle DePo Department: BOE (Media)  
 Benefits and Pension Coordinator Pension Code: 8  
Total Pension Contributions: \$18,424.19

Date: 9/18/2020

Subject: **RETIREMENT UNDER PENSION PLAN**

Type of Pension: Normal Union: 217

At a recent meeting of the Pension and Retirement Board, your request for  
 The computation of your estimated pension is as follows:

**Calculation of Average Annual Pay**

**FISCAL YEAR SALARY (Two Highest Years)**

a. \$33,027.27 2019-2020  
 b. \$31,183.15 2015-2016  
 \$64,210.42

Date of Hire: 8/27/2014  
 Last Day Worked: 6/11/2020  
 Retirement Date: 6/12/2020

**Total Service:** 5 Years 9 Months 16 Days

**PREVIOUS 24 MONTHS:** \$63,845.31

**Using Fiscal Year Pay**

\$64,210.42 divided by 2 = \$32,105.21 **AVERAGE ANNUAL SALARY**

**Calculation of Normal Pension**

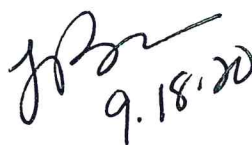
\$32,105.21	* 2.25% =			
	\$722.37	divide by 12 =	\$60.20	divide by 30 =
	A/per year		B/per mo	C/per day
		<b>YEARS</b>		
	\$722.37	5	\$3,611.84	
		<b>MONTHS</b>		
	\$60.20	9	\$541.78	
		<b>DAYS</b>		
	\$2.01	16	\$32.11	
			<u>\$4,185.72</u>	

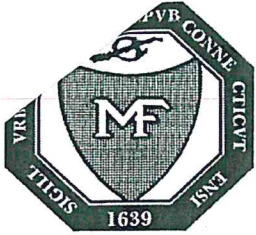
Your annual pension is: \$4,185.72  
 Paid to you monthly commencing on: 6/12/2020  
 Your monthly installments are: \$348.81

Date of Birth: \_\_\_\_\_ Current Age in Years  
 60

If you have any questions concerning this estimate, please contact us at 203-783-3224.



  
 9.18.20



# City of Milford, Connecticut

Founded 1639

Office of the  
Pension & Retirement Board  
(203) 783-3224

RECEIVED

JUL 08 2020

CITY OF MILFORD  
HUMAN RESOURCES

TO: Payroll Department  
FROM: Gayle DelPo  
Benefits and Pensions Coordinator

DATE: June 17, 2020

SUBJECT: CERTIFICATION OF EMPLOYEE ANNUAL EARNINGS AND  
CONTRIBUTIONS OF PENSION PLAN PARTICIPANTS

EMPLOYEE NAME: Susan Marklinsky

EMPLOYEE #: \_\_\_\_\_

LAST DAY PAID: 6/11/2020

TERMINATION DATE: 6/11/20

RETIREMENT DATE: \_\_\_\_\_

DEPT.: BOE (Media) CODE: 8

UNION: 217

Please certify the following payroll data for the above named employee, including final adjustments upon termination of employment when applicable:

- 1. Hourly Rate: \$ 23.72
- 2. Annual Base Salary: \$ 30,053.00

3. Two Highest Fiscal Year's Compensation to Date:

- 1. \$ 33,027.27 2019-2020 Fiscal Year
- 2. \$ 31,183.15 2015-2016 Fiscal Year

4. Total Pension Contributions withheld from wages for all years of service: \$ 8424.19

5. Compensation received for last 24 months preceding retirement date: \$ 63,845.31  
(Not to include any paid time from which pension contributions were not deducted such as sick time)



**CITY OF MILFORD, CONNECTICUT**

Final

To: Kevin M O'Donnell Employee #: \_\_\_\_\_

From: Gayle DePo Department: \_\_\_\_\_  
 Benefits & Pension Coordinator Pension Code: 5  
 Total Pension Contributions: \$51,072.88

Date: 10/3/2020

Subject: **RETIREMENT UNDER PENSION PLAN**

**Type of Pension:** Normal Union: **PW**

At a recent meeting of the Pension and Retirement Board, your request for The computation of your estimated pension is as follows:

**Calculation of Average Annual Pay**

**FISCAL YEAR SALARY (Two Highest Years)**

a.	\$73,065.11	2019-2020
b.	<u>\$65,352.86</u>	2017-2018
	\$138,417.97	

Date of Hire:	8/27/2001
Last Day Worked:	9/11/2020
Retirement Date:	9/12/2020

Total Service: 19 Years 0 Months 16 Days

PREVIOUS 24 MONTHS: \$151,099.43

**Using Previous 24 Months**

\$151,099.43 divided by 2 = \$75,549.72 **AVERAGE ANNUAL SALARY**

**Calculation of Normal Pension**

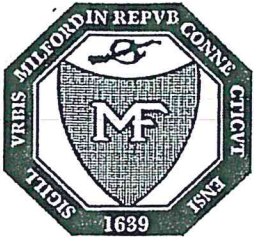
\$75,549.72	* 2.25% =			
	\$1,699.87	divide by 12 =	\$141.66	divide by 30 =
	A/per year		B/per mo	\$4.72
		<b>YEARS</b>		<b>C/per day</b>
	\$1,699.87	19	\$32,297.50	
		<b>MONTHS</b>		
	\$141.66	0	\$0.00	
		<b>DAYS</b>		
	\$4.72	16	<u>\$75.55</u>	
			<b>\$32,373.05</b>	

Your annual pension is: \$32,373.05  
 Paid to you monthly commencing on: 9/12/2020  
 Your monthly installments are: \$2,697.75

Date of Birth: \_\_\_\_\_ **Current Age in Years**  
 66

If you have any questions concerning this estimate, please contact us at 203-783-3224.





# City of Milford, Connecticut

Founded 1639

Office of the  
Pension & Retirement Board  
(203) 783-3224

TO: Payroll Department

FROM: Gayle DelPo  
Benefits and Pension Coordinator

DATE: September 18, 2020

SUBJECT: CERTIFICATION OF EMPLOYEE ANNUAL EARNINGS AND  
CONTRIBUTIONS OF PENSION PLAN PARTICIPANTS

Retirement     Vested     Withdrawal/Refund

EMPLOYEE NAME: ✓ Kevin O'Donnell \_\_\_\_\_

EMPLOYEE #:

✓ DEPT.: City (PW) \_\_\_\_\_

✓ UNION: PW \_\_\_\_\_ ✓ CODE: 5

Hire Date: 8/27/2001 ✓    Termination Date: 09/11/2020 ✓    Retirement Date: 9/12/20 ✓

Paid Through Date: 9/18/20 ✓

Please certify the following payroll data for the above named employee, including final adjustments upon termination of employment when applicable:

- 1. Hourly Rate: ✓ \$ 27.63
- 2. Annual Rate: ✓ \$ 57,470.40

3. Two Highest Fiscal Year's Compensation to Date:

- 1. \$ 73,065.11    2019-2020    Fiscal Year ✓
- 2. \$ 65,352.86    2017-2018    Fiscal Year ✓

- 4. Total Pre-tax Pension Contributions withheld from wages for all years of service: \$0.00
- 5. Total Post-tax Pension Contributions withheld from wages for all years of service: \$51,003.92 ✓ ~~51,072.88~~
- 6. Compensation received for last 24 months preceding retirement date: \$ 151,079.43  
(Not to include any paid time from which pension contributions were not deducted such as sick time)

Pension and Retirement Board  
CITY OF MILFORD, CONNECTICUT

ELECTION FORM

RECEIVED

JUL 17 2020


CITY OF MILFORD  
HUMAN RESOURCES

Please indicate your election by marking an (X) next to your selected option:

Option 1: Withdraw pension contributions plus compounded interest at an annual rate of five (5%) percent

Option 2: Leave vested contributions in the Retirement Fund until I reach the age of 60.

Jessica Malachuk 7.13.20  
Name (Printed) Date

  
Signature



MILFORD, CONNECTICUT

City Employee's Retirement System  
Employee's Census Blank and Application for Participation  
(All answers to be printed or typewritten)

Name Jessica Kalakay Telephone \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Department Health Title DENTAL HYGIENIST

Date of Entering Full Time Service of City 5-23-16

Have you ever been employed in any capacity by the City of Milford before?  
If yes,  
Department \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

I hereby make application to participate in the retirement system as outlined in an Act concerning Pensions for Employees of the Town of Milford, passed by the Connecticut General Assembly, Sessions of 1939 and approved by voters of the Town of Milford, August 7, 1939. If accepted, I will comply with all of the provisions of said Act.

J. Kalakay  
Written Signature in Ink

5.5.16  
Date

In accordance with Section 5 of the Retirement Act, in the event of my death, I hereby authorize payment of funds due me from the City Employees' Retirement System to be made to:

Primary Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

Contingent Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

J. Kalakay  
Written Signature of Employee (Ink)

Dated at Milford, Connecticut, this 11th day of May, 2016

Witnessed by Aurora M. Pisciardi

For Pension & Retirement Board purposes only: Employee # 3069  
Pension Code 22  
Union MEA

*Handwritten initials and signature*

CITY OF MILFORD, CONNECTICUT

Final Calculation for Withdrawal/Refund

**UNION: MEA**

Refund for: **Jessica Kalakay**  
Date of Entering Service: **5/23/2016**  
Date of Terminating Service: **8/3/2020**  
Employee Number:

Interest Rates as follows:  
1 1/2% up to and including 1962  
3% from 1963 up to and including 1972  
4% from 1973 up to and including 1977  
5% from 1978 to present

Year	Contribution	Interest	Total
2016	\$60.19	\$3.01	
2017	\$1,860.90		<b>\$1,924.10</b>
		\$96.20	
2018	\$1,977.93		<b>\$3,998.23</b>
		\$199.91	
2019	\$1,973.82		<b>\$6,171.97</b>
		\$308.60	
2020	\$2,093.02		<b>\$8,573.58</b>
		\$428.68	
2021	\$157.45		<b>\$9,159.71</b>

Total Contributions: \$8,123.31  
Total Interest: \$1,036.40  

---

\$9,159.71



*JK*  
9.11.20

EMPLOYEE REQUEST FOR SURVIVORSHIP BENEFITS

Return to: Pension & Retirement Board

Sept 17 20 20

INFORMATION ON EMPLOYEE:

NAME: Paul Ravci TELEPHONE

ADDRESS: Street City State Zip Code

DATE OF BIRTH: PROOF OF AGE:

SOCIAL SECURITY NO:

DATE EMPLOYED: 11/19/02 DEPARTMENT: Maint

INFORMATION ON SURVIVING CONTINGENT ANNUITANT:

NAME: Karen Ravci TELEPHONE:

ADDRESS: Street City State Zip Code

RELATIONSHIP: SOCIAL SECURITY:

DATE OF BIRTH: PROOF OF AGE ATTACHED:

Certified Copy of Marriage License Attached:

Understanding the rules and regulations concerning survivorship benefits I hereby request that the below factor, which I have elected, be paid to the above named survivor upon my death.

Contingent Annuitant Option Factor: 100 %

Written signature of employee in ink

Date of signature

Witness



RECEIVED  
SEP 22 2020  
CITY OF MILFORD  
HUMAN RESOURCES

EMPLOYEE REQUEST FOR SURVIVORSHIP BENEFITS

Return to: Pension & Retirement Board

Sept 16 20 20

INFORMATION ON EMPLOYEE:

NAME: John S Smith TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip Code

DATE OF BIRTH: \_\_\_\_\_ PROOF OF AGE: \_\_\_\_\_

SOCIAL SECURITY NO: \_\_\_\_\_

DATE EMPLOYED: Jan, 3, 1995 DEPARTMENT: Custodial Dept

INFORMATION ON SURVIVING CONTINGENT ANNUITANT:

NAME: Diane D Smith TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip Code

RELATIONSHIP: ... SOCIAL SECURITY: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PROOF OF AGE ATTACHED: yes

Certified Copy of Marriage License Attached: yes

Understanding the rules and regulations concerning survivorship benefits I hereby request that the below factor, which I have elected, be paid to the above named survivor upon my death.

Contingent Annuitant Option Factor: 75 %

[Signature]  
Written signature of employee in ink

9/22/20  
Date of signature

[Signature]  
Witness

MILFORD, CONNECTICUT

City Employee's Retirement System  
Employee's Census Blank and Application for Participation  
(All answers to be printed or typewritten)

Name Shawn R. Chevalier Telephone \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Department Public Works Title Building Custodian

Date of Entering Full Time Service of City 8-31-20

Have you ever been employed in any capacity by the City of Milford before?

If yes,  
Department \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

I hereby make application to participate in the retirement system as outlined in an Act concerning Pensions for Employees of the Town of Milford, passed by the Connecticut General Assembly, Sessions of 1939 and approved by voters of the Town of Milford, August 7, 1939. If accepted, I will comply with all of the provisions of said Act.

Shawn R. Chevalier  
Written Signature in Ink

08/17/2020  
Date

In accordance with Section 5 of the Retirement Act, in the event of my death, I hereby authorize payment of funds due me from the City Employees' Retirement System to be made to:

Primary Beneficiary Relationship \_\_\_\_\_

Contingent Beneficiary Relationship \_\_\_\_\_

Shawn R. Chevalier  
Written Signature of Employee (Ink)

Dated at Milford, Connecticut, this 18<sup>th</sup> day of August, 2020

Witnessed by John Boanno

For Pension & Retirement Board purposes only: Employee # 100127  
Pension Code 5  
Union PW

RECEIVED

SEP 21 2020

CITY OF MILFORD  
HUMAN RESOURCES

MILFORD, CONNECTICUT

City Employee's Retirement System

Employee's Census Blank and Application for Participation

(All answers to be printed or typewritten)

Name Christopher Levine Telephone \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Department Public Works Parks/Highways Title Truck Driver/Laborer

Date of Entering Full Time Service of City 9/14/2020

Have you ever been employed in any capacity by the City of Milford before?

If yes,  
Department Parks/Highways From 11/16 To 4/17

I hereby make application to participate in the retirement system as outlined in an Act concerning Pensions for Employees of the Town of Milford, passed by the Connecticut General Assembly, Sessions of 1939 and approved by voters of the Town of Milford, August 7, 1939. If accepted, I will comply with all of the provisions of said Act.

Written Signature in Ink

8/27/2020  
Date

In accordance with Section 5 of the Retirement Act, in the event of my death, I hereby authorize payment of funds due me from the City Employees' Retirement System to be made to:

Primary Beneficiary Relationship

Contingent Beneficiary Relationship

  
Written Signature of Employee (Ink)

Dated at Milford, Connecticut, this 27<sup>th</sup> day of August, 2020

Witnessed by John Bruno

For Pension & Retirement Board purposes only: Employee # 100130  
Pension Code 5  
Union PW





MILFORD, CONNECTICUT

City Employee's Retirement System  
Employee's Census Blank and Application for Participation  
(All answers to be printed or typewritten)

Name Nicole Cochigan Telephone                     

Home Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth                     

Social Security Numbe. \_\_\_\_\_

Department Board of Education Title Secretary

Date of Entering Full Time Service of City 9/29/2020

Have you ever been employed in any capacity by the City of Milford before?  
No  Yes  If yes,

Department Board of Ed From Aug 2014 To Present

I hereby make application to participate in the retirement system as outlined in an Act concerning Pensions for Employees of the Town of Milford, passed by the Connecticut General Assembly, Sessions of 1939 and approved by voters of the Town of Milford, August 7, 1939. If accepted, I will comply with all of the provisions of said Act.

Nicole Cochigan  
Written Signature in Ink

9/30/2020  
Date

In accordance with Section 5 of the Retirement Act, in the event of my death, I hereby authorize payment of funds due me from the City Employees' Retirement System to be made to:

Primary Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

Contingent Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

Nicole Cochigan  
Written Signature of Employee (Ink)

Dated at Milford, Connecticut, this 30 day of September 2020

Witnessed by Meghan LaDore

For Pension & Retirement Board purposes only: Employee # 36560  
Pension Code \_\_\_\_\_  
Union Secretary



hooker & holcombe

1300 Hall Boulevard, Suite 1C  
Bloomfield, CT 06002

t 860.521.8400  
f 860.521.3742

hhconsultants.com

September 15, 2020

VIA Email [tbarnes@ci.milford.ct.us](mailto:tbarnes@ci.milford.ct.us)

Mr. Gregory S. Kimmel, Esq.  
Chairman, Pension & Retirement Board  
City of Milford  
Parsons Office Complex  
70 West River Street  
Milford, CT 06460

Actuarial Services from July 2020 to August 2020, including:

**Non-Taxable Services**

- |   |        |
|---|--------|
| 1. Cost estimate for potential January 1, 2021 COLA for City retirees – alternative scenario (letter dated August 27, 2020) | \$ 600 |
|---|--------|

**Taxable Services**

None	_____0
------	--------

<b>Total Due</b>	<b>\$ 600</b>
------------------	---------------

*A late charge of 1% per month, compounded, will be assessed from the date of this bill if the balance is not paid within 30 days.*





hooker & holcombe

Hooker & Holcombe, Inc.  
1300 Hall Boulevard, Suite 1C  
Bloomfield, CT 06002  
E.I.N. 06-0854693

**INVOICE**

Client Name: Milford, City of  
Client Number: 135  
Invoice Number: HOH007671  
Invoice Date: 09/17/2020  
Due Date: 10/17/2020

New Charges For	Amount Due
SPONSOR - CITY	\$600.00
<b>Total New Charges:</b>	<b>\$600.00</b>

*Please detach this lower portion and return with payment*

Please make checks payable to  
**Hooker & Holcombe, Inc.** and send to

Hooker & Holcombe, Inc.  
1300 Hall Boulevard, Suite 1C  
Bloomfield, CT 06002

**Client Name:** Milford, City of  
**Client Number:** 135  
**Due Date:** 10/17/2020  
**Invoice #:** HOH007671

Current Amount Due:

Amount Enclosed:

A late charge of 1% per month, compounded, will be assessed from the date of this bill if the balance is not paid within 30 days.

**Michael J. Paolini, C.P.A.**  
**174 Cherry Street**  
**Milford, CT 06460**  
**(203) 876-0445**

October 5, 2020

City of Milford  
Pension Fund  
70 West River Street  
Milford, CT 06460

Services rendered in the summarization of your financial records and the  
Preparation of your Compiled Financial Statements as of and for the year  
ended June 30, 2020..... \$9,800.00

\*Interest will be due at the rate of 1.5% per month or 18% annually on invoices outstanding in excess of  
thirty days. Past due invoices may be subject to costs of collection, including attorney's fees.

(Toqueville)

February 6, 2020

The City of Milford Employee Pension Fund  
Mr. Gregory Kimmel  
City of Milford  
70 West River Street  
Milford, CT 06460

Code: 657111392  
Mgr: John Hathaway  
Invoice # 226678

MANAGEMENT FEE: City of Milford Employee Pension Funds  
657111392

---

1/17/2020 Portfolio Value:		\$ 8,323,731.71
Annual Fee Based On:		\$ 83,237.32
\$ 8,323,732 @ 1.00% per annum	\$ 83,237.32	
Quarterly Fee - Total Due and Payable		<u>\$ 20,809.33</u>
For the Period 1/1/2020 through 3/31/2020		
'657111392' prorated for 74 days not managed from 1/18/2020 through 3/31/2020		-\$ 16,921.87
Net Fee:		<u>\$ 3,887.46</u>



City of Milford, Connecticut  
Pension and Benefits Consultant  
70 West River Street  
Milford, CT 06460

Invoice No. 1

Date: 5/21/2020

Attention: Theresa E. Covaleski

Description	Amount
Q1 2020 Management Fee	\$ 13,120.92
<b>TOTAL DUE:</b>	<b>USD 13,120.92</b>
<b>Terms:</b> Please make cheque payable to Sprrott Asset Management LP. Payable immediately.	
If you have inquiries regarding your invoice please contact Vishal Chhabra at 416 943 7108	

**Sprrott Asset Management LP**  
Royal Bank Plaza, South Tower, 200 Bay Street  
Suite 2600, Toronto, Ontario M5J 2J1, Canada  
1.888.362.7172 T 416.943.8099  
sprrott.com info@sprrott.com