

**Join Zoom Meeting**

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Meeting ID: 837 9472 6061

Passcode: 988705

**A G E N D A**  
**PENSION AND RETIREMENT BOARD MEETING**  
**March 17, 2022**

1. **Call to Order:**
2. **Roll Call:**
3. **Elections:**
4. **Disposition of Minutes:** Meeting of February 17, 2022
5. **Chairman Report:**
6. **New Business:**
7. **Old Business:**
8. **Pension Requests:**

a) Dennis Broderick	Code 3 – City (Police) Normal w/ MBI & ABI	--	Application
b) Christopher Brown	Code 3F – City (Fire) Normal w/ QDRO	--	Application
c) Brian Coleman	Code 5 – BOE (Maint) Normal	--	Application
d) Joseph DeStefano	Code 3 – City (Police) Normal w/ ABI	--	Application
d) Lisa Johnson	Code 5 – BOE (Secretary) Normal	--	Application
e) Paul L. Raucci	Code 5 – BOE (Maint) Normal	--	Application
9. **Withdrawals and Refunds:**

a) Richard Brantley	Code 5 – City (PW) Entered: 09/17/2018	--	Application/Calculation Terminated: 12/10/2021
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10. **Buy-ins:** NONE
11. **Contingent Annuitant Option:** NONE

Pension and Retirement Board Meeting

**12. Applications of Entry:**

- |                      |                                      |                   |
|----------------------|--------------------------------------|-------------------|
| a) Tina Marie James  | Code 5 – City (Police Social Worker) | Entry: 02/07/2022 |
| b) Mona LaBissoniere | Code 9 – City (Sanitarian)           | Entry: 02/14/2022 |
| c) Kacey Golebiewksi | Code 3F – BOE (Secretary)            | Entry: 03/09/2022 |

**13. Invoices:**

- |                |            |                               |
|----------------|------------|-------------------------------|
| a) Wells Fargo | \$2,717.70 | Period: 01/01/2022-01/31/2022 |
|----------------|------------|-------------------------------|

**14. Committee Reports:** NONE

**15. Financial Report:** NONE

**16. Asset Allocation:** NONE

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

**18. Adjourn**

Executive Session:

- A two-thirds (2/3) vote of those present and voting is required for any item to be considered in executive session.
- A two-thirds (2/3) vote of those present and voting is required to go into executive session.
- The Chairman shall announce, in public session, those items to be covered in executive session and call for a vote to enter executive session. If a two-thirds (2/3) vote, to enter executive session, is obtained, the hall shall be cleared and executive session declared.

**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.**

*UNAPPROVED – SUBJECT TO CORRECTION*

**Pension and Retirement Board  
Regular Meeting  
February 17, 2022**

The Pension and Retirement Board held their Regular Meeting on Thursday, February 17, 2022, via Audio/Tele Conferencing. Chairman Kimmel called the meeting to order at 6:00 p.m.

**Members Present via Audio/TeleConference**

A. Armstrong  
M. Chacho  
S. DuBrow  
T. Harrigan  
C. Hiza  
G. Kimmel  
A. Maher  
L. Mahoney  
C. McKenna  
M. O'Neil (present at 6:15 P.M.)  
M. Palumbo  
C. Angelica (Alt)  
D. German, BOA Liaison

**Members Absent**

T. Bradbury  
W. Farrell  
M. Hedman  
C. McInnis  
K. Frank (Alt)  
M. Glennon (Alt)  
J. Grady (Alt)  
M. Moreno (Alt)  
R. Smith (Alt)  
B. Broesder, BOA Liaison

**Also Present**

T. Barnes, Human Resources  
M. Carrasquillo, Benefits & Pension Coordinator  
L. DiCocco, Recording Secretary  
Rodger Metzger, Hooker & Holcombe  
J. O. Beirne, Beirne Wealth  
John Beirne, Beirne Wealth  
Samantha Hicks, Beirne Wealth  
Brian Gevry, Boyd Watterson Asset Management  
Timothy Horne, Boyd Watterson Asset Management

**Consideration of Minutes:**

Mr. Chaco and Mr. Mahoney made and seconded a motion to approve the minutes of the Regular Meeting held January 20, 2022. Motion carried unanimously.

**Chairman's Report**

None



**New Business:**

None

**Old Business:**

None

**Pension Requests:**

(a) Kathy A. Inzitarri                      Code 8 – BOE (Food Service)                      Calculation  
Normal

Ms. Palumbo and Mr. Chaco made and seconded a motion to accept the calculation for a Code 8 – BOE (Food Service) Normal Retirement Pension for Ms. Inzitarri in the annual amount of \$2,816.21, monthly payments of \$234.68 commencing 12/23/2021. Motion carried unanimously.

(b) Stephen Schuler                      Code 5 – City (PW)                      Revoke  
Early Vested 02/09/2022

Ms. Palumbo and Mr. Hiza made and seconded a motion to accept the revocation of a Code 5 City (PW) Retirement Pension with an early vested date of 02/09/2022 for Mr. Schuler. Motion carried unanimously.

(c) Stephen Schuler                      Code 5 – City (PW)                      Application/Calculation  
Early Vested 02/09/2027

Ms. Palumbo and Mr. Chaco made and seconded a motion to accept the application and calculation for a Code 5 - City (PW) Early Vested Retirement Pension for Mr. Schuler in the annual amount of \$4,283.35, monthly payments \$356.95 commencing 2/9/2027. Motion carried unanimously.

(d) Paul E. Piscitelli                      Code 5 – City (Non-Rep Rec)                      Recalculation  
Normal w/ 100% CA

Ms. Palumbo and Mr. Chaco made and seconded a motion to accept the recalculation for a Code 5 – City (Non-Rep Rec) Normal Retirement Pension with 100 percent Contingent Annuitant for Mr. Piscitelli in the amount of \$51,505.94, monthly payments of \$4,292.16 commencing 3/7/2020. Motion carried unanimously.

**Withdrawals and Refunds:**

None



**Buy Ins:**

None

**Contingent Annuitant Options:**

(a) Paul Raucci Code 5 – BOE (Maint) Revoke  
Normal w/ 100% CA

Ms. Palumbo and Mr. Hiza made and seconded a motion to accept the revocation of a 100 percent Contingent Annuitant option of a Code 5 – BOE (Maint) Normal Retirement Pension. Motion carried unanimously.

(b) Michael Filanowski Code 5 – City (PW) Application  
Normal w/ 50% CA option Medical note on file  
Beneficiary: Sheri Filanowski

Ms. Palumbo and Mr. Chaco made and seconded a motion to accept the application of a Code 5 – City (PW) Normal Retirement Pension with 50 percent Contingent Annuitant option with beneficiary as Sheri Filanowski. Motion carried unanimously.

**Applications of Entry:**

Chairman Kimmel read the following application of entry:

(a)	Catherine Ghazagh	Code 8 – BOE (Food Service)	Entered: 11/15/2021
(b)	Patrick S. Devine	Code 5 – City (Non-Rep PW)	Entered: 12/27/2021
(c)	Chace Ardito	Code 3F – City (Fire)	Entered: 01/24/2022
(d)	Jake Burwell	Code 3F – City (Fire)	Entered: 01/24/2022
(e)	Alexander Impellizeri	Code 3F – City (Fire)	Entered: 01/24/2022
(f)	Christopher L. Kwasizur	Code 3F – City (Fire)	Entered: 01/24/2022
(g)	Jack Lancelin	Code 3F – City (Fire)	Entered: 01/24/2022
(h)	Kyle MacLean	Code 3F – City (Fire)	Entered: 01/24/2022
(i)	Neeraj Madivala	Code 3F – City (Fire)	Entered: 01/24/2022
(j)	Conor Stevens	Code 3F – City (Fire)	Entered: 01/24/2022
(k)	Caitlyn Capela	Code 5 – City (Non-Rep Police)	Entered: 01/31/2022

**Invoices**

(a) Boyd Watterson \$14,924.00 Period: 10/01/2021 – 12/31/2021

Mr. Chaco and Mr. Hiza made and seconded a motion to authorize payment to Beirne Wealth in the amount of \$14,924.00, for their invoice dated January 21, 2022, for the period of 10/01/2021 – 12/31/2021. Motion carried unanimously.

(b) Lazard Asset Management \$33,554.32 Period: 01/01/2022 – 03/31/2022

Mr. Chaco and Mr. Mahoney made and seconded a motion to authorize payment to Lazard Asset Management in the amount of \$33,554.32, for their invoice dated 01/25/2022, for the period of 01/01/2022 – 03/31/2022. Motion carried unanimously.

(c) Neuberger Berman \$31,751.72 Period: 01/01/2022 – 03/31/2022

Mr. Chaco and Mr. Mahoney made and seconded a motion to authorize payment to Neuberger Berman in the amount of \$31,751.72 for their invoice dated 01/11/2022 for the period of 01/01/2022 – 03/31/2021. Motion carried unanimously.

(d) Neuberger Berman \$134,493.96 Period: 01/01/2022 – 03/31/2022

Mr. Chaco and Mr. Hiza made and seconded a motion to authorize payment to Neuberger Berman in the amount of \$134,493.96 for their invoice dated 01/01/2022 for the period of 01/01/2022 – 03/31/2022. Motion carried unanimously.

(e) Sprott \$26,446.18 Period: Q4 2021

Mr. Chaco and Mr. Mahoney made and seconded a motion to authorize payment to Sprott in the amount of \$26,446.18 for their invoice dated 01/31/2022 for the period of Q4 2021. Motion carried unanimously.

(f) Wells Fargo \$2,547.70 Period: 12/01/2021 – 12/31/2021

Mr. Chaco and Mr. Mahoney made and seconded a motion to authorize payment to Wells Fargo in the amount of \$2,547.70 for their invoice dated 01/07/2022 for the period of 12/01/2021 – 12/31/2021. Motion carried unanimously.

**Committee Report:**

None

**Financial Report:**

None

**Report of Investment Advisor: Beirne Wealth**

Mr. J.O. Beirne presented a request from Zephyr Peacock India to wind down the investments as opposed to force a liquidation on March 31 2022. Discussion took place regarding the benefits of winding down of investments versus a forced liquidation. Mr. Armstrong questioned continuing payment for management fees through a wind down of investments. Mr. Beirne explained the management fees get paid back into the fund for every dollar above the preferred rate. He also pointed out the Board can approve it but 75 percent of the investors have to ultimately approve. It was recommended to wind down the investments as opposed to force a liquidation.



Mr. Kimmel and Mr. Chaco made and seconded a motion to approve extending the Zephyr Peacock Fund III to two additional terms as outlined in the letter presented by Mr. Beirne from Zephyr Peacock III. Motion carried unanimously.

J.O. Beirne reviewed the Beirne Wealth Consulting Report for the quarter ending December 31, 2021. He said the year ending from the big asset classes were all within the range. He pointed out the overweight on domestic and wants to have Arsenal come in and give an update on the investment and potential opportunities.

Mr. Beirne said the fund outperformed 96 percent and was a great year to end on.

Mr. Beirne reviewed the month ending January 31, 2022 Beirne Wealth Consulting report. He reviewed each of the investment gains and losses. Portfolio value is \$430,768,515 and he said there is a need to look at getting more of a balance between growth and value. He said the private equity is going to deplete so there is a need to add to the private equity.

Mr. Beirne reviewed each value of the portfolio investment classes. Mr. Kimmel asked about the volatility over the last few weeks, where are we with putting on a defense to reduce the volatility. Mr. Beirne said cash will be added to the portfolio as part defense and part muting the volatility.

#### **Asset Allocation:**

#### **Boyd Watterson Presentation**

Brian Gevry of Boyd Watterson Asset Management said Boyd was hired by the City June 30, 1992. He presented their February 17, 2022 Investment Portfolio Review and report of Diversified Government REIT, Inc. 2021 Fourth Quarter. He went through each area of investments explaining each in detail. He explained each of the real estate investments are thoroughly investigated prior to purchase. The properties are diversified with most income generated from the federal government. They look at the longevity of occupancy. Many contractors contracted with the federal government are tenants with long term expectations of remaining tenants. Mr. Timothy Horne of Boyd explained his position. He said the City of Milford was the first investment group. He said the future commitment focus is low volatility. He said their over 200 properties are hugely diversified. He said over the life of the relationship with the City they targeted 8 percent and are hitting the target. Mr. Horne said they make sure they are leveraging his past governmental relationships to win lease renewals in buildings already owned. A building owned in Idaho has Patel Energy as a tenant and does work on behalf of Idaho's Department of Energy. The tenant has invested millions outfitting the building to their specifications. Mr. Boyd said properties purchased in New York City are critical infrastructure housing the fire headquarters and 911 dispatch call center. He said Boyd wins bids sometimes not because they are the highest bidder but because of their reputation.

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

The meeting adjourned at 7:31 p.m.



The next regular meeting of the Pension & Retirement Board will be held on March 17, 2022.

Respectfully submitted,

A handwritten signature in blue ink that reads "Lesley DiCocco". The signature is written in a cursive style with a large initial "L".

Lesley DiCocco  
Recording Secretary

PENSION AND RETIREMENT BOARD  
CITY OF MILFORD, CONNECTICUT

RECEIVED  
DEC 10 2021  
CITY OF MILFORD  
HUMAN RESOURCES

Employee Request for Retirement

I HEREBY REQUEST A:  Regular Retirement  
 Non-Service Connected Disability Retirement  
Nature of Disability: \_\_\_\_\_  Medical note attached  
 Service Connected Disability Retirement  
Nature of Disability: \_\_\_\_\_  Medical note attached

Name: Dennis Broderick Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Number: ↓

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

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

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

Date of Hire: 2/22/2002 Adjusted Pension Date(if any): 2/22/1999 (Military Buy Back)

Department: Police Present Title: Sergeant

\*Retirement Date: 2/23/2022 Last day worked: 2/22/2022

\*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: \_\_\_\_\_

Applicant: [Signature] Date: 12/8/2021  
Signature in Ink

I acknowledge receipt of request for this retirement: [Signature] 12/9/21  
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 Dennis Broderick Telephone [REDACTED]

Home Address [REDACTED]  
Street City State Zip

Date of Birth [REDACTED] Place of Birth [REDACTED]

Social Security Number [REDACTED]

Department Police Title Police Officer

Academy Entry Date: 2-22-02 Hire/Pension Date: 11/22/02

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

11/14/02  
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:

[REDACTED]  
Primary Beneficiary Relationship

Contingent Beneficiary Relationship

[Signature]  
Written Signature of Employee (Ink)

Dated at Milford, Connecticut, this 14<sup>th</sup> day of Nov., 20 02

Witnessed by [Signature]

For Pension & Retirement Board purposes only: Employee # [REDACTED]  
Pension Code 025(3)  
Union Police



PENSION AND RETIREMENT BOARD  
CITY OF MILFORD, CONNECTICUT

Employee Request for Retirement

I HEREBY REQUEST A:  Regular Retirement  
 Non-Service Connected Disability Retirement  
Nature of Disability: \_\_\_\_\_  Medical note attached  
 Service Connected Disability Retirement  
Nature of Disability: \_\_\_\_\_  Medical note attached

Name: Christopher W Brown Telephone: \_\_\_\_\_

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

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

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

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

Date of Hire: 9/24/2001 Adjusted Pension Date(if any): \_\_\_\_\_

Department: Fire Department Present Title: Captain

\*Retirement Date: 2/26/2022 Last day worked: 2/25/2022  
\*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: \_\_\_\_\_

Health Insurance Option at Aged 65:  Low  Decline Coverage

Applicant: [Signature] Date: 12/23/21  
Signature in Ink

I acknowledge receipt of request for this retirement: [Signature] 12/27/21  
Department Head Date

RECEIVED

SEP 27 2001

DIRECTOR OF FINANCE  
CITY OF MILFORD

MILFORD, CONNECTICUT  
(City Employee's Retirement System)  
(Employee's Census Blank and Application for Participation)  
(All answers printed or typewritten)

Name: Christopher W Brown Telephone No: [REDACTED]

Address: [REDACTED]

Date of Birth: [REDACTED] Place of Birth: [REDACTED]

Department: Fire Department Title: Firefighter I

Date of Entering City Service: Sept. 24 - 2001 Ever been employed in any capacity by the City of Milford before? no  
Date: \_\_\_\_\_ Dept: \_\_\_\_\_

Social Security Number: [REDACTED]

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

9-25-01  
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:

[REDACTED]  
Primary Beneficiary - Relationship

Contingent Beneficiary - Relationship

[Signature]  
Written Signature of Employee(Ink)

Dated at Milford, Connecticut, this 24 day of Sept., 19 2001

Witnessed by: [Signature]  
Department Head

(Information contained in this blank is confidential and will be used only for purposes of the Pension and Retirement Board.)

Employee # [REDACTED]  
Pension Code: 021(3)  
Union: Local 944

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: Brian J. Coleman Telephone: \_\_\_\_\_

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

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

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

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

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

Department: Facilities Present Title: Custodian

\*Retirement Date: 3-9-22 Last day worked: 3-8-22

*\*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: Brian J. Coleman Date: 1-25-22  
Signature in Ink

I acknowledge receipt of request for this retirement: Melody Kopacz 3/9/22  
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 Brian J. Coleman Telephone [REDACTED]  
Home Address [REDACTED]  
Street City State Zip  
Date of Birth [REDACTED] Place of Birth [REDACTED]  
Social Security Number [REDACTED]  
Department/Union Custodian / Local 2018 Title Custodian  
Date of Entering Full Time Service of City 10-13-03

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.

Brian J. Coleman 10-20-03  
Written Signature in Ink 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:

[REDACTED]  
Primary Beneficiary Relationship  
[REDACTED]  
Contingent Beneficiary Relationship

Brian J. Coleman  
Written Signature of Employee (Ink)

Dated at Milford, Connecticut, this 20<sup>th</sup> day of October, 2003  
I certify that the full time date of entry above is true. Ellen M. Andrews  
Ellen Andrews, Director of Personnel

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

L.U.

PENSION AND RETIREMENT BOARD  
CITY OF MILFORD, CONNECTICUT

Employee Request for Retirement

I HEREBY REQUEST A:  Regular Retirement  
 Non-Service Connected Disability Retirement  
Nature of Disability: \_\_\_\_\_  Medical note attached  
 Service Connected Disability Retirement  
Nature of Disability: \_\_\_\_\_  Medical note attached

Name: JOSEPH T. DESTEFANO Telephone: \_\_\_\_\_

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

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

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

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

Date of Hire: 2-22-02 Adjusted Pension Date(if any): \_\_\_\_\_

Department: MILFORD POLICE Present Title: SERGEANT

\*Retirement Date: 2-23-22 Last day worked: 2-22-22  
\*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 \_\_\_\_\_

Health Insurance Option at Aged 65:  Low  Decline Coverage

Applicant: \_\_\_\_\_ Date: 11-16-21  
Signature in Ink

I acknowledge receipt of request for this retirement: \_\_\_\_\_  
Department Head Date 11-17-21

MILFORD, CONNECTICUT

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

Name Joseph T DeStefano Telephone [REDACTED]

Home Address [REDACTED]  
Street City State Zip

Date of Birth [REDACTED] Place of Birth [REDACTED]

Social Security Number [REDACTED]

Department Police Title Police Officer

Academy Entry Date: 02-22-02 Hire/Pension Date: 11/22/02

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

11-15-02  
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:

[REDACTED]  
Primary Beneficiary Relationship

[REDACTED]  
Contingent Beneficiary Relationship

[Signature]  
Written Signature of Employee (Ink)

Dated at Milford, Connecticut, this 15 day of November, 2002

Witnessed by [Signature]

For Pension & Retirement Board purposes only: Employee # [REDACTED]  
Pension Code 025(3)  
Union Police



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: Lisa R Johnson Telephone: \_\_\_\_\_

Cell Number: same

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

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

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

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

Department: Joseph A Foran High School Present Title: Secretary / Bookkeeper


\*Retirement Date: 3/12/22 Last day worked: 3/11/22  
*\*The day after your last day worked. Disability retirement will be determined by the Pension and Retirement Board.*

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

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

Contingent Annuitant Option      Yes       No

Applicant:  Date: 2/9/22  
Signature in Ink



I acknowledge receipt of request for this retirement:  2/10/22  
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 R. Johnson Telephone 

Home Address   
Street City State Zip

Date of Birth  Place of Birth 

Social Security Number 

Department/Union MPS / Foran / MAES Title Bookkeeper/Secretary

Date of Entering Permanent Full Time (20+ hours per week) Service 2/13/12

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.

Lisa R. Johnson  
Written Signature in Ink

2/6/12  
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

Lisa R. Johnson  
Written Signature of Employee (Ink)

Dated at Milford, Connecticut, this 7<sup>th</sup> day of February, 2012  
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 \_\_\_\_\_

CZD

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: Paul Pawcci Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip

Date of Birth: \_\_\_\_\_ Proof of Age Attached:   
Social Security Number: \_\_\_\_\_ Marital Status: Married

Date of Hire: 11/19/02 Adjusted Pension Date(if any): \_\_\_\_\_  
Department: BOE Maint Present Title: Carpenter

\*Retirement Date: 3/5/2022 Last day worked: 3/4/2022  
\*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: Paul Pawcci Date: 1/5/2022  
Signature in Ink

I acknowledge receipt of request for this retirement: Wendy Koparzo 3/9/2022  
Department Head Date



MILFORD, CONNECTICUT  
(City Employee's Retirement System)  
(Employee's Census Blank and Application for Participation)  
(All answers printed or typewritten)

Name: Paul Rawce Telephone No: [REDACTED]

Address: [REDACTED]

Date of Birth: [REDACTED] Place of Birth: [REDACTED]

Department: Milford Bd. of Ed. Title: Maintenance

Date of Entering City Service: 11-19-02 Ever been employed in any capacity by the City of Milford before?  Date: \_\_\_\_\_ Dept: \_\_\_\_\_

Social Security Number: [REDACTED]

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

11/19/02  
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:

[REDACTED]

Primary Beneficiary - Relationship

[REDACTED]

Contingent Beneficiary - Relationship

[Signature]  
Written Signature of Employee(Ink)

Dated at Milford, Connecticut, this 20 day of November, 19 2002

Witnessed by: [Signature]  
Department Head

(Information contained in this blank is confidential and will be used only for purposes of the Pension and Retirement Board.)

Employee # \_\_\_\_\_  
Pension Code: \_\_\_\_\_  
Union: \_\_\_\_\_



PENSION AND RETIREMENT BOARD  
CITY OF MILFORD, CONNECTICUT

Application for Withdrawal and Refund

Date 2/17/22

Pension and Retirement Board  
City of Milford  
70 West River Street  
Milford, CT 06460

My employment in the Public Works Department of the City of Milford, CT ceased on December 17 2021. I request that you grant my withdrawal from the retirement system of said City, and refund the amount of my contributions, plus applicable interest to me.

Richard Brantley  
Name

Richard Brantley  
Written Signature in ink

[Redacted]  
Street

[Redacted]  
City, State and Zip Code

[Redacted]  
Phone Number

[Redacted]  
Social Security Number

(Please fill out, sign and return to the Pension & Retirement Board, c/o Human Resources)

**CITY OF MILFORD, CONNECTICUT**

Final Calculation for Withdrawal/Refund

**UNION: PW**

Refund for: **Richard Brantley**  
Date of Entering Service: **9/17/2018**  
Date of Terminating Service: **12/10/2021**  
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
2019	\$1,666.84	\$83.34	
2020	\$2,382.10		<b>\$4,132.28</b>
		\$206.61	
2021	\$2,317.09		<b>\$6,655.99</b>
		\$332.80	
2022	\$1,053.29		<b>\$8,042.08</b>
			<b>\$8,042.08</b>

Total PreTax Contributions \$0.00  
Total PostTax Contributions: \$7,419.32  
Total Interest: \$622.76  

---

\$8,042.08

*[Handwritten signature]* 1/20/22

*[Handwritten signature]*  
1.20.22



# City of Milford, Connecticut

Founded 1639

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

**TO:** Payroll Department  
**FROM:** Maria E. Carrasquillo  
Benefits and Pension Coordinator  
**DATE:** January 11, 2022  
**SUBJECT:** CERTIFICATION OF EMPLOYEE ANNUAL EARNINGS AND  
CONTRIBUTIONS OF PENSION PLAN PARTICIPANTS

Retirement     Vested     Withdrawal/Refund

**EMPLOYEE NAME:** Richard Brantley ✓    **EMPLOYEE #:** [REDACTED] ✓  
**DEPT.:** City (PW) ✓  
**UNION:** 1566 ✓  
**CODE:** 5 ✓

**Hire Date:** 09/17/2018    **Termination Date:** 12/10/2021    **Retirement Date:** \_\_\_\_\_

**Paid Through Date:** 12/24/2021 ✓

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

1. Hourly Rate: \$22.02 ✓
2. Annual Rate: \$45,801.50 ✓
3. Two Highest Fiscal Year's Compensation to Date:
  1. \$49,952.47 ✓    2020 Fiscal Year
  2. \$48,651.61 ✓    2021 Fiscal Year
4. Total Pre-tax Pension Contributions withheld from wages for all years of service: \$0
5. Total Post-tax Pension Contributions withheld from wages for all years of service: \$6,366.03 ✓  
\$ 7419.32
6. Compensation received for last 24 months preceding retirement date: \$ \_\_\_\_\_  
(Not to include any paid time from which pension contributions were not deducted such as sick time)





MILFORD, CONNECTICUT

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

Name Tina Marie James Telephone [REDACTED]

Home Address [REDACTED]  
Street City State Zip

Date of Birth [REDACTED] Place of Birth [REDACTED]

Social Security Number [REDACTED]

Department Police Title Social Worker

Date of Entering Full Time Service of City 02/07/2022

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

2/7/2022  
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:

[REDACTED]  
Primary Beneficiary Relationship

[REDACTED]  
Contingent Beneficiary Relationship

[Signature]  
Written Signature of Employee (Ink)

Dated at Milford, Connecticut, this 7<sup>th</sup> day of Feb 2022

Witnessed by [Signature]

For Pension & Retirement Board purposes only: Employee # [REDACTED]  
Pension Code 5  
Union NR

MILFORD, CONNECTICUT

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

Name Mona LaBissoniere Telephone [Redacted]

Home Address [Redacted]  
Street City State Zip

Date of Birth [Redacted] Place of Birth [Redacted]

Social Security Number [Redacted]

Department Health Department Title Sanitarian

Date of Entering Full Time Service of City 2/14/2022

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.

Mona LaBissoniere      1/9/2022  
Written Signature in Ink      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:

[Redacted]  
Primary Beneficiary      Relationship

[Redacted]  
Contingent Beneficiary      Relationship

Mona LaBissoniere  
[Signature]  
Written Signature of Employee (Ink) JB

Dated at Milford, Connecticut, this 10<sup>th</sup> day of January, 2022

Witnessed by [Signature]

For Pension & Retirement Board purposes only: Employee # [Redacted]  
Pension Code 9  
Union MEA



MILFORD, CONNECTICUT

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

Name Kacey Golebiewski None Telephone [REDACTED]

Home Address [REDACTED]  
Street City State Zip

Date of Birth [REDACTED] Place of Birth [REDACTED]

Social Security Number [REDACTED]

Department Foran High Title (secretary) BOE

Date of Entering Pension 3/9/22

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

If yes,  
Department MBOE From 1/26/2005 To current

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.

Kacey Golebiewski 02/16/22  
Written Signature in Ink Date

*K. Golebiewski*

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:

[REDACTED]  
Primary Beneficiary Relationship

[REDACTED]  
Contingent Beneficiary Relationship

Kacey Golebiewski  
Written Signature of Employee (Ink)

Dated at Milford, Connecticut, this 16 day of February, 2022

Witnessed by Meghan LaDore

Approved by Melody Kopacz  
(Department Head or Human Resources only)

For Pension & Retirement Board purposes only: Employee # \_\_\_\_\_  
Pension Code 5  
Union \_\_\_\_\_





Wells Fargo Bank, N.A.

Fee Invoice: 13673487
Account Number: 25830600
For Period: 01/01/2022 - 01/31/2022
Invoice Date: 02/04/2022

000236 XNTHIV56



Milford Ee Pension Plan
Attn: Pension Plan Administrator
70 West River Road
Milford CT 06460

Return To:
Wells Fargo Bank, N.A.
Trust Services Group
NW 5159
P.O. Box 1450
Minneapolis, MN 55485-5159

\$2,717.70

PAYMENT DUE UPON RECEIPT

Account Name: Milford Ee Pension Plan
Contact: Joseph DePalma 0044482

Fold Here

Table with 4 columns: Summary of Current Period Fees, Charged, Billed, Total. Rows include Disburse & Misc Trans, Other Services, Recordkeeping, and Total Current Period Fees.

XNTHIV56 000236 056130334213 1NNNNN NNNNNN NNNNNN 000001 CMEVITA 000577

RECEIVED
MAR - 7 2022
CITY OF MILFORD
HUMAN RESOURCES

PLEASE RETURN THIS PAGE WITH PAYMENT







Wells Fargo Bank, N.A.

Fee Invoice: 13673487
Account Number: 25830600
For Period: 01/01/2022 - 01/31/2022
Invoice Date: 02/04/2022

Account Name: Milford Ee Pension Plan
Contact: Joseph DePalma 0044482

Table with 5 columns: Services, Value / Quantity, Rate, Frequency, Amount. Rows include Disburse & Misc Trans (ACH payments, checks, postage), Other Services (Account Reporting), and Recordkeeping (Postage for 1099's).

Summary

Summary table with 2 columns: Description, Amount. Rows: Total Charged to Account (\$0.00), Total Billed (\$2,717.70), Payment Due (\$2,717.70).

RECEIVED

MAR -7 2022

CITY OF MILFORD
HUMAN RESOURCES



XN1T1W56 000236 056130334213 1NNNNN NNNNNN NNNNNN 000002 CKNFV7A 000578