

**A G E N D A**  
**PENSION AND RETIREMENT BOARD MEETING**  
**September 16, 2021**

1. **Call to Order:**

2. **Roll Call:**

3. **Disposition of Minutes:** **Meeting of August 19, 2021**

4. **Chairman Report:**

5. **New Business:**

6. **Old Business:**

7. **Executive Session:**

8. **Pension Requests:**

a)	Bruce Henry Carney Sr.	Code 3P – Police Normal w/ MBI	--	Calculation
b)	Philip Ciolino	Code 5 – City (Public Works) Normal w/ 75% CA	--	Calculation
c)	Brett Corris	Code 3F –Fire Normal	--	Application
d)	Jeanette Davidson	Code 5 – City (Health) Normal w/100% CA	--	Application
e)	Beth Fernandes	Code 8 – BOE (Food Service) Normal	--	Application/ Calculation
f)	Donna Zupsansky	Code 5 – BOE (Payroll) Normal	--	Calculation

9. **Withdrawals and Refunds:**

a)	Jamie Fabian	Code 3P – Police Entered: 04/12/2021	--	Application/ Calculation Terminated: 06/23/2021
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10. **Buy Ins:** **NONE**

11. **Contingent Annuitant Option:** **NONE**

12. **Applications of Entry:**

a)	Kristen M. Davey	Code 5 – Nurses	Entry: 08/26/2021
b)	Kendra Luth	Code 5 –Nurses	Entry: 09/01/2021

c) Deborah A. Tyrrel Code 5 – Nurses Entry: 08/26/2021

**13. Invoices:**

a)	Wells Fargo	\$1,686.90	Period: 7/1/2021 – 7/31/2021
b)	Gamco	\$32,811.00	Period: 1/1/2021 – 3/31/2021
c)	Gamco	\$28,517.00	Period: 4/1/2021 – 6/30/2021
d)	Gamco	\$30,512.00	Period: 7/1/2021 – 9/30/2021

**14. Committee Reports:** NONE

**15. Financial Report:** NONE

**16. Asset Allocation:** NONE

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

**18. Adjourn**

**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  
August 19, 2021**

The Pension and Retirement Board held their Regular Meeting on Thursday, August 19, 2021, via Audio/Tele Conferencing. Chairman Kimmel called the meeting to order at 6:03 p.m.

**Members Present via Audio/TeleConference**

M. Chaco  
S. DuBrow  
J. Grady (Alt)  
C. McInnis  
G. Kimmel  
T. Harrigan  
A. Maher  
L. Mahoney  
M. O'Neil  
M. Palumbo  
C. Angelica (Alt)  
C. McKenna (Alt)  
R. Smith (Alt)

**Members Absent**

T. Bradbury  
W. Farrell  
M. Hedman  
M. Glennon  
K. Frank (Alt)  
M. Moreno (Alt)  
T. Overholser (Alt)  
E. Beatty, BOA Liaison  
W. Smith, BOA Liaison

**Also Present**

J. Green, Human Resources Dept.  
L. DiCocco, Recording Secretary  
Arthur Meizner, Hooker & Holcombe  
J. O. Beirne, Beirne Wealth  
J. Beirne, Beirne Wealth  
J. Bradanini, Beirne Wealth

**Consideration of Minutes:**

Mr. Chaco and Mr. McInnis made and seconded a motion to approve the minutes of the Regular Meeting held July 15, 2021. Motion carried unanimously.

**New Business:**

None

**Old Business:**

None

**Executive Session:**

None



## **Pension Requests:**

- (a) Brian R. Ball                      Code 5 – City (Public Works)                      Application/Calculation  
Normal

Mr. Grady and Mr. McInnis made and seconded a motion to accept the application and calculation for a Code 5 City (Public Works) Normal Retirement Pension for Mr. Ball in the annual amount of \$32,940.07 gross monthly payments \$2,745.01 commencing on 7/1/21. Motion carried unanimously.

- (b) Bruce Henry Carney, Sr.      Code 3 – Police                      Application  
Normal w/ MBI

Mr. DuBrow and Mr. Chaco made and seconded a motion to accept the application for a Code 3P Police Normal Retirement Pension with MBI for Mr. Carney. Motion carried unanimously.

- (c) Philip Ciolino                      Code 5 – City (Public Works)                      Application  
Normal w/ 75% CA

Mr. Grady and Mr. Chaco made and seconded a motion to accept the application for a Code 5 (Public Works) Normal Retirement Pension with 75% Contingent Annuitant for Mr. Ciolino. Motion carried unanimously.

- (d) Gisela D'Angelo                      Code 8 – BOE (Food Service)                      Application/Calculation  
Normal

Mr. Smith and Mr. Chaco made and seconded a motion to accept the application and calculation for a Code 8 BOE (Food Service) Normal Retirement Pension for Ms. D'Angelo in the annual amount of \$6,357.35, monthly payments \$529.78 commencing 6/18/21. Motion carried unanimously.

- (e) Andrew F. Dunaj, Jr.              Code 3P – Police                      Application/Calculation  
Normal

Mr. DuBrow and Mr. McInnis made and seconded a motion to accept the application and calculation for a Code 3P Police Normal Retirement Pension for Mr. Dunaj in the annual amount of \$61,678.07, monthly payments \$5,139.84 commencing 7/9/21. Motion carried unanimously.

- (f) Elizabeth A. Fox                      Code 5 – BOE (Secretary)                      Application/Calculation  
Normal w/ 50% CA

Mr. Smith and Mr. Chaco made and seconded a motion to accept the application and calculation for a Code 5 BOE (Secretary) Normal Retirement Pension with 50% Contingent Annuitant for Ms. Fox in the annual amount of \$20,500.95, monthly payments \$1,708.41 commencing 7/1/21. Motion carried unanimously.

- (g) Nicole Hammill                      Code 5 – City (Public Works)                      Application/Calculation  
Vested

Mr. Grady and Ms. Palumbo made and seconded a motion to accept the application and calculation for a Code 5 City (Public Works) Vested Pension in the amount of \$17,497.74, monthly payments \$1,458.15 commencing 9/27/44. Motion carried unanimously.

(h)	Karl W. Hofmeister	Code 3F – Fire Normal	Application/Calculation
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Mr. O'Neil and Mr. McInnis made and seconded a motion to accept the application and calculation for a Code 3F Fire Normal Retirement Pension for Mr. Hofmeister in the amount of \$91,313.65, monthly payments \$7,609.47 commencing 7/10/21. Motion carried unanimously.

(i)	Lisa L. Muir	Code 5 – City (Non-Rep Police) Normal	Application/Calculation
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Mr. DuBrow and Mr. McInnis made and seconded a motion to accept the application and calculation for a Code 5 City (Non-Rep Police) Normal Pension for Ms. Muir in the amount of \$34,288.34, monthly payments \$2,857.36 commencing 7/9/21. Motion carried unanimously.

(j)	Stephen Schuler	Code 5 – City (Public Works) Early Retirement – Vested 50+	Application/Calculation
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Mr. Grady and Mr. McInnis made and seconded a motion to accept the application and calculation for a Code 5 City (Public Works) Early Retirement Vest 50+ for Mr. Schuler in the amount of \$3,039.80, monthly payments \$253.32 commencing 2/9/22. Motion carried unanimously.

(k)	John S. Smith	Code 5 – BOE (Custodian) Normal w/ 75% CA	Application/Calculation
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Chairman Kimmel and Mr. McInnis made and seconded a motion to amend Mr. Smith's pension noted as a Code 5 BOE (Secretary) to a Code 5 – BOE (Custodian) and to accept the application and calculation for a Code 5 City Public works Normal Pension with 75% Contingent Annuitant for Mr. Smith in the amount of \$34,951.11, monthly payments \$2,912.59 commencing 7/7/21. Motion carried with one abstention (Mr. Smith).

(l)	Robert M. Turner	Code 3F – Fire Normal	Application/Calculation
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Mr. O'Neil and Mr. McInnis made and seconded a motion to accept the application and calculation for a Code 3F Fire Normal Pension for Mr. Turner in the amount of \$116,769.16, monthly payments \$9,730.76 commencing 7/17/21. Motion carried unanimously.

(m)	Donna Zupsansky	Code 5 – BOE (Payroll) Normal	Application
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Mr. Smith and Mr. Chaco made and seconded a motion to accept the application for a Code 5 BOE (Payroll) Normal Retirement Pension for Ms. Zupsansky. Motion carried unanimously.

**Withdrawals and Refunds:**

(a) Yomaris Aponte                      Code 5 – Police Disp                      Application/Calculation  
Entered: 02/26/2021 Terminated: 07/20/2021

Chairman Kimmel and Mr. McInnis made and seconded a motion to accept the withdrawal and refund request to Ms. Aponte in the amount of \$710.89. Motion carried unanimously.

(b) Joseph Dunn                      Code 5 – City (Police)                      Application/Calculation  
Entered: 04/26/2019 Terminated: 06/13/2021

Mr. DuBrow and Mr. McInnis made and seconded a motion to accept the withdrawal and refund request to Mr. Dunn in the amount of \$5,433.30. Motion carried unanimously.

(c) Armando Pereira                      Code 5 – BOE (Secretary)                      Application/Calculation  
Entered: 08/14/2019 Terminated: 06/29/2021

Mr. Smith and Mr. Chaco made and seconded a motion to accept the withdrawal and refund request to Mr. Pereira in the amount of \$2,762.72. Motion carried unanimously.

(d) Christine Rodriguez                      Code 5 City (Health Secretary)                      Application/Calculation  
Entered: 11/23/2020 Terminated: 06/08/2021

Chairman Kimmel and Mr. McInnis made and seconded a motion to accept the withdrawal and refund request to Ms. Rodriguez in the amount of \$767.46. Motion carried unanimously.

(e) Brock Roggie                      Code 3P – Police                      Application/Calculation  
Entered: 10/03/2016 terminated: 07/01/2021

Mr. DuBrow and Mr. McInnis made and seconded a motion to accept the withdrawal and refund request to Mr. Roggie in the amount of \$33,095.08. Motion carried unanimously.

**Buy Ins:**

None

**Contingent Annuitant Options:**

(a) Brian Ball                      Code 5 – City (Public Works)                      Application to Revoke  
Request to revoke Contingent Annuitant  
100% Option C/A Approved by Pension  
Board Date: 2/15/2018

Beneficiary: Joel Ball

Chairman Kimmel and Mr. McInnis made and seconded a motion to accept an application to revoke Contingent Annuitant 100% Option, Contingent Annuitant approved by Pension Board February 15, 2018 with Beneficiary Joel Ball for Mr. Ball Code 5 City (Public Works). Motion carried unanimously.

### **Applications of Entry:**

Chairman Kimmel read the following application of entry:

(a)	Teonni Barrett	Code 9 – MEA	Entered: 08/02/2021
(b)	Anthony Bonetti	Code 5 – BOE (Custodian)	Entered: 07/09/2021
(c)	Victoria Brennan	Code 5 – MSA	Entered: 07/12/2021
(d)	Daniel Fiore	Code 5 – City (Public Works)	Entered: 07/06/2021
(e)	Donna R. Kennedy	Code 5 – BOE (Secretary)	Entered: 08/18/2021
(f)	Cynthia E. Pander	Code 5 – Police (NON REP)	Entered: 07/16/2021
(g)	Timothy Soto	Code 5 – BOE (Custodian)	Entered: 06/21/2021
(h)	Lannita S. Walker	Code 5 – Police Dispatch	Entered: 07/16/2021

### **Invoices**

(a) Tocqueville - \$3,887.46 Period: 1/1/2020- 3/31/2020

Mr. Chaco and Mr. McInnis made and seconded a motion to authorize payment to Tocqueville upon verification in the invoice is from Tocqueville in the amount of \$3,887.46, for their invoice dated February 6, 2020. Motion carried unanimously.

(b) Wells Fargo - \$1,612.90 Period: 6/1/2021 – 6/30/2021

Mr. Chaco and Mr. McInnis made and seconded a motion to authorize payment to Wells Fargo in the amount of \$1,612.90 for their invoice dated July 7, 2021. Motion carried unanimously.

(c) Sprott - \$26,911.29 Period: Q2 2021

Mr. Chaco and Mr. McInnis made and seconded a motion to authorize payment to Sprott in the amount of 26,911.29, for their invoice dated July 22, 2021. Motion carried unanimously.

(d) Lazard - \$33,060.22 Period: 7/1/2021 – 9/30/2021

Mr. Chaco and Mr. McInnis made and seconded a motion to authorize payment to Lazard in the amount of \$33,060.22, for their invoice dated July 14, 2021. Motion carried unanimously.



(e) Michael J. Paolini, C.P.A. - \$4,800.00

Period: 3/31/2021

Mr. Chaco and Mr. McInnis made and seconded a motion to authorize payment to Michael J. Paolini, C.P.A. in the amount of \$4,800.00 for their invoice dated August 9, 2021. Motion carried unanimously.

**Committee Report:**

None

**Financial Report:**

Financial statement prepared by Michael J. Paolini (nine months ended March 31, 2021) - Michael J. Paolini, CPA

Chairman Kimmel and Mr. Chaco made and seconded a motion to table the financial report of Michael J. Paolini to the September 2021 meeting. Motion carried unanimously.

**Asset Allocation:**

J.O. Beirne said a New Asset Allocation study hadn't been done for a while. It was going to be looked at in 2 parts. First was to approve the Strategic Asset Allocation and then at a subsequent meeting look at the actual content of the investment policy statement. J.O. Beirne reviewed the updated policy. The recommendation was to adopt the strategic asset allocation and moving forward the actual content of the investment policy would be looked at. Chairman Kimmel wanted to make sure and J.O. Beirne confirmed that it was in line with what had been discussed over several meetings and it was put into a chart so they could all see it and finalize it. J.O. Beirne reviewed what had been discussed during previous meetings regarding projections of returns and risks and that the chart was the final representation. Chairman Kimmel asked if our current portfolio would be within our policy guidelines that J.O. Beirne was asking the committee to adopt. J.O. Beirne confirmed this and stated anything that falls out of the guidelines would be rebalanced into the range.

Mr. O'Neil and Mr. Chaco made and seconded a motion to approve the New Strategy Asset Allocation Guidelines presented as of August 18, 2021. Motion carried unanimously.

**Report of Investment Advisor: Beirne Wealth**

J.O. Beirne presented the Beirne Wealth Consulting Services report for the month ending 7/31/21. He noted the value of the portfolio at \$436 million being close to or the highest dollar value of the pension fund ever. He reviewed the breakdown of the amounts in the various funds. Chairman Kimmel asked if there were any managers on the watch list. J.O. Beirne said they were watching the data of one manager because 3 consecutive quarters didn't hit the benchmark. J.O. Beirne pointed out that they are noticing that smaller and cyclical companies were doing better than at the height of COVID as well as the larger companies. They are now noticing and watching closely a lot of relative weakness out of the smaller and midsized companies. More concentration is being seen with the big tech companies. The weaker, smaller companies are starting to sell off. When this happens, it goes into



the midsized companies, then the cyclical or value companies and then goes into the growth stocks. If a continuous deterioration is seen of the indicators of the market, then the overall equity exposure will need to be reduced and become more cautious. Waiting for more data to come in and see if this is just a short term phenomenon and then see more expansion of stocks.

The Beirne Wealth Consulting Services report for the quarter ending 6/30/21 shows for June to June the portfolio is up over 31%. The portfolio ended that one year in the top 10% of all pension funds. J.O. Beirne reviewed the breakdown of the amounts and percentage invested in the various funds. He highlighted the Neuberger fund and reducing it to move some of the investments from that fund to others and will be recommended at a future date. Over the next couple years more will be added to the international side as the U.S. side exposure is reduced.

### **Chairman's Report:**

Chairman Kimmel reported he sat in on a presentation with Beirne Wealth and 2 potential investors. J.O. Beirne explained that through manager Arsenal - Cart.com, in the ecommerce space, and Sayari, a data company. They are already in the fund and are doing very well. They went outside to raise capital. Cart.com just raised \$98 million - \$50 million from Oak, a venture fund in Connecticut; Paypal funded \$25 million of the investment. Arsenal is one of the original investors in Series A. Milford's opportunity is about \$1.2 million from a prorated allocation. J.O. Beirne reviewed the value of both companies. The allocation is high in demand. They will have to have a verbal commitment. \$1.2 million is a small amount to risk. J.O. Beirne explained the benefits of the investment. Chairman Kimmel said it was impressive for what they are expecting on return. It was discussed that about \$600,000 would be invested in each company. The funds would come from the Neuberger portfolio

Chairman Kimmel made a motion to verbally to commit \$1.2 mil to the acquisition of Sayari and Cart positions. Motion carried unanimously.

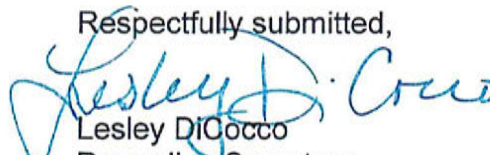
### **Adjourn:**

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

The meeting adjourned at 7:43 p.m.

The next regular meeting of the Pension & Retirement Board will be held on September 16, 2021.

Respectfully submitted,

  
Lesley DiCocco  
Recording Secretary





CITY OF MILFORD, CONNECTICUT

Final

To: Bruce Carney  
From: Julia Green  
Pension and Benefits Consultant

Employee #: [REDACTED]  
Department: POLICE  
Pension Code: 3P  
Total Pension Contributions: \$141,951.75  
Base Salary: \$94,898.96  
Hourly Wage: 45.46

Date: 9/10/2021

Subject: RETIREMENT UNDER PENSION PLAN

Type of Pension: Normal Pension with Buy-In

Union: Police

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

Calculation of Average Annual Pay

FISCAL YEAR SALARY (Two Highest Years)

a.	\$118,402.68	2016-2017
b.	\$113,235.28	2015-2016
	<u>\$14,183.52</u>	Service Credit
	\$245,821.48	

Using Previous 24 Months

AVERAGE ANNUAL PAY  
\$245,821.48 divided by 2 = \$122,910.74

PREVIOUS 24 MONTHS: \$236,634.69

Calculation of Normal Pension with Buy-In

Date of Hire:	7/12/1982	Total Service:	39 Years	7 Months	13 Days
Last Day Worked:	8/12/2021		**Date of hire with Buy-In		
Retirement Date:	8/13/2021				

		YEARS				
\$122,910.74	* 45%	20	\$55,309.83			
\$122,910.74	* 2% =	\$2,458.21	divide by 12 =	\$204.85	divide by 30 =	\$6.83
		A/per year		B/per mo		C/per day
		YEARS				
		19	\$46,706.08			
		MONTHS				
		7	\$1,433.96			
		DAYS				
		13	\$88.77			
			<u>\$48,228.81</u>			
			+ \$55,309.83			
			<u>\$103,538.64</u>			

Your annual pension is: \$103,538.64  
Paid to you monthly commencing on: 8/13/2021  
Your monthly installments are: \$8,628.22

Date of Birth: [REDACTED] Current Age in Years 62

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

*[Signature]*  
9.10.21



# City of Milford, Connecticut

Founded 1639

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

TO: Payroll Department

FROM: Julia Green  
Benefits & Pension Consultant

DATE: September 3, 2021

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

☒ Retirement ☐ Vested ☐ Withdrawal/Refund

EMPLOYEE NAME: Bruce Carney ✓

EMPLOYEE #: [REDACTED]  
DEPT.: Police  
UNION: Police CODE: 3P ✓

Hire Date: 07/12/1985 ✓ Termination Date: 08/12/2021 ✓ Retirement Date: 08/13/2021 ✓

Paid Through Date: 8-20-21 ✓

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

1. Hourly Rate: \$ 45.6245 ✓
2. Annual Rate: \$ 94,898.96 ✓

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

- |                   |             |             |
|-------------------|-------------|-------------|
| 1. \$118,402.68 ✓ | 2016-2017 ✓ | Fiscal Year |
| 2. \$113,235.28 ✓ | 2015-2016 ✓ | Fiscal Year |

4. Total Pre-tax Pension Contributions withheld from wages for all years of service: \$
5. Total Post-tax Pension Contributions withheld from wages for all years of service: \$136,782.22 141,951.75 ✓


6. Compensation received for last 12 months preceding retirement date: \$ N/A
7. Compensation received for last 24 months preceding retirement date: \$ 222,451.17 ✓  
(Not to include any paid time from which pension contributions were not deducted such as sick time)



**CITY OF MILFORD, CONNECTICUT**

Final

To: Philip Ciolino

Employee #: 

From: Julia Green  
Pension and Benefits Consultant

Department: City (PW)  
Pension Code: 5  
Total Pension Contributions: \$69,319.50

Date: 8/26/2021

Subject: **RETIREMENT UNDER PENSION PLAN**

**Type of Pension:** Normal with Contingent  
Annuitant

**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. \$85,317.09 2020-2021  
b. \$83,061.41 2019-2020  
\$168,378.50

Date of Hire: 9/20/1993  
Last Day Worked: 8/4/2021  
Retirement Date: 8/5/2021

**Total Service:** 27 Years 10 Months 16 Days

**PREVIOUS 24 MONTHS:** \$172,391.43

**Using Previous 24 Months**



\$172,391.43 divided by 2 = \$86,195.72 **AVERAGE ANNUAL SALARY**

**Calculation of Normal Pension with Contingent Annuitant**

\$86,195.72	* 2.25% =			
	\$1,939.40	divide by 12 =	\$161.62	divide by 30 = \$5.39
	A/per year		B/per mo	C/per day
	<b>YEARS</b>			
	\$1,939.40	27	\$52,363.90	
	<b>MONTHS</b>			
	\$161.62	10	\$1,616.17	
	<b>DAYS</b>			
	\$5.39	16	\$86.20	
			<u>\$54,066.26</u>	

<u>Contingent Annuitant Options:</u>			<b>Retiree Gets (Monthly)</b>	<b>Survivor Gets (Monthly)</b>
Reduced for 75% Contingent Annuitant Option:	87.799%	47,469.64	\$3,955.80	\$2,966.85

Your annual pension is: \$47,469.64  
Paid to you monthly commencing on: 8/5/2021  
Your monthly installments are: \$3,955.80

Date of Birth:   
Spouse Birthdate: 

Current Age in Years  
59  
57

*John*  
8.26.21



# City of Milford, Connecticut

Founded 1639

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

**TO:** Payroll Department

**FROM:** Julia Green  
Pension and Benefit Consultant

**DATE:** August 25, 2021

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

☒ Retirement    ☐ Vested    ☐ Withdrawal/Refund

**EMPLOYEE NAME:** Philip Ciolino ✓

**EMPLOYEE #:** [REDACTED]  
**DEPT.:** City PW ✓  
**UNION:** 1566 **CODE:** 5 ✓

**Hire Date:** 9/20/1993 ✓    **Termination Date:** 8/4/2021 ✓    **Retirement Date:** 8/5/2021 ✓  
**Paid Through Date:** 8/13/2021 ✓

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

1. Hourly Rate: \$25.56 ✓  
2. Annual Rate: \$53,164.80 ✓

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

1. \$83,061.41    2019-2020 Fiscal Year ✓  
2. \$85,317.09    2020-2021 Fiscal Year ✓

4. Total Pre-tax Pension Contributions withheld from wages for all years of service: \$ N/A  
5. Total Post-tax Pension Contributions withheld from wages for all years of service: \$69,318.80 69,319.50  
6. Compensation received for last 24 months preceding retirement date: \$ 172,391.43  
(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

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: BRETT WILLIAM CORRIS Telephone: \_\_\_\_\_

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

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

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

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

Date of Hire: 2-22-99 Adjusted Pension Date(if any): \_\_\_\_\_

Department: FIRE Present Title: FIREFIGHTER

\*Retirement Date: 8-27-2021 Last day worked: 8-26-2021  
\*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: Brett Willis Date: 8-13-2021  
Signature in Ink

I acknowledge receipt of request for this retirement: Jad 8.24.21  
Department Head Date

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

Name: BRETT W. CORREIS Telephone No: [REDACTED]  
Address: [REDACTED]  
Date of Birth: [REDACTED] Place of Birth: [REDACTED]  
Department: MILFORD P.D. Title: FIREFIGHTER  
Date of Entering City Service: No Ever been employed in any capacity by  
2.23.99 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.

Brett W. Correis  
Written Signature in Ink

2.1.99  
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

Brett W. Correis  
Written Signature of Employee(Ink)

Dated at Milford, Connecticut, this 1<sup>st</sup> day of FEBRUARY, 19 99

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: FIRE



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: Jeannette Davidson Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

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

Date of Hire: 5/21/03 Adjusted Pension Date(if any): \_\_\_\_\_

Department: Health Dept. Present Title: Public Health

\*Retirement Date: 9/9/21 Last day worked: 9/8/21  
School Nurse

\*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

Health Insurance Option at Aged 65: ☒ High ☐ Low (there may be a cost involved for the high option depending on your contract)

Applicant: Jeannette Davidson Date: 8/6/21  
Signature in Ink

I acknowledge receipt of request for this retirement:

D. J. [Signature] 8/6/21  
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 Jeannette Davidson Telephone [REDACTED]  
Home Address [REDACTED]  
Date of Birth [REDACTED] Place of Birth [REDACTED]  
Department Health Department Title Public Health Nurse  
Date of Entering Service of City May 21, 2003 Ever been employed in any capacity  
by the City of Milford before?  
No.          Dept.           
Social Security # [REDACTED] Date         

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.

\* Jeannette Davidson  
Written signature in ink

May 5, 2003  
Date

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

[REDACTED]  
Primary Beneficiary - Relationship

[REDACTED]  
Contingent Beneficiary- Relationship

\* Jeannette Davidson  
Signature of employee in ink

Dated at Milford, Connecticut, this 5th day of May 2003

Witnessed by Charlotte A Essey Witnessed by         

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

Employee # [REDACTED]

Pension Code 023

Union Reg. Prof. Nurses Assoc.



PENSION AND RETIREMENT BOARD  
CITY OF MILFORD, CONNECTICUT

RECEIVED

AUG 13 2021

CITY OF MILFORD  
HUMAN RESOURCES

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: Beth C. Fernandez Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip

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

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

Date of Hire: 6/9/1997 Adjusted Pension Date(if any): \_\_\_\_\_

Department: Food Service Present Title: Kitchen Manager

\*Retirement Date: 8/14/2021 Last day worked: 8/13/2021

\*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: Beth C. Fernandez Date: 8/12/2021  
Signature in Ink

I acknowledge receipt of request for this retirement:

G. J. [Signature] 8/13/21  
Department Head Date



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

Name: Beth C. Fernandes Telephone No: [REDACTED]  
Address: [REDACTED]  
Date of Birth: [REDACTED] Place of Birth: [REDACTED]  
Department: Food Service Title: Kitchen Manager  
Date of Entering City Service: June 9, 1997 Ever been employed in any capacity by  
the City of Milford before?  
June 9, 1997 Date: 3/21/97 Dept: Food Service  
Social Security Number: [REDACTED] General Worker

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.

Beth C. Fernandes  
Written Signature in Ink

8/28/97  
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

Beth C. Fernandes  
Written Signature of Employee(Ink)

Dated at Milford, Connecticut, this 8 day of 28, 19 97

Witnessed by: Eileen A. Faustich  
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: \_\_\_\_\_

RECEIVED  
SEP 02 1997

CITY OF MILFORD  
PENSION BOARD

Rev: 4-95

Try Ltc sent 9/18/97

**CITY OF MILFORD, CONNECTICUT**

Final

To:	Beth Fernandes	Employee #:	[REDACTED]
			BOE (Food Service)
From:	Julia Green	Department:	
	Pension and Benefits Consultant	Pension Code:	8
		Total Pension Contributions:	\$20,020.22
Date:	9/10/2021		
Subject:	<b><u>RETIREMENT UNDER PENSION PLAN</u></b>		
	<b><u>Type of Pension:</u></b> Normal Pension	<b>Union:</b>	<b><u>217</u></b>

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.	\$28,459.39	2019-2020
b.	\$27,261.44	2016-2017
	<u>\$55,720.83</u>	

Date of Hire:	6/9/1997
Last Day Worked:	8/13/2021
Retirement Date:	8/14/2021

**Total Service:**    24 Years       2 Months       5 Days

**PREVIOUS 24 MONTHS:**                      \$56,745.06

**Using Previous 24 Months**

\$56,745.06    divided by 2 =       \$28,372.53       **AVERAGE ANNUAL SALARY**

**Calculation of Normal Pension**

\$28,372.53	* 2.25% =				
	<b>\$638.38</b>	divide by 12 =	<b>\$53.20</b>	divide by 30 =	<b>\$1.77</b>
	A/per year		B/per mo		C/per day
	<b>YEARS</b>				
	\$638.38	24	\$15,321.17		
	<b>MONTHS</b>				
	\$53.20	2	\$106.40		
	<b>DAYS</b>				
	\$1.77	5	<u>\$8.87</u>		
			<b>\$15,436.43</b>		

Your annual pension is:	\$15,436.43
Paid to you monthly commencing on:	8/14/2021
Your monthly installments are:	\$1,286.37

Date of Birth:	[REDACTED]	Current Age in Years
		62

*[Signature]* 9.10.21



# City of Milford, Connecticut

Founded 1639

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

**TO:** Payroll Department

**FROM:** Julia Green  
Pension & Benefit Consultant

**DATE:** September 10, 2021

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

☒ Retirement      ☐ Vested      ☐ Withdrawal/Refund

**EMPLOYEE NAME:** Beth Fernandes

**EMPLOYEE #:**                       
**DEPT.:** BOE (Food Services)  
**UNION:** 217 **CODE:** 8

**Hire Date:** 6/9/1997

**Termination Date:** 8/13/2021

**Retirement Date:** 08/24/2021

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

1. Hourly Rate: \$ 21.31

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

- |                       |                              |
|-----------------------|------------------------------|
| 1. <u>\$28,459.39</u> | <u>2019-2020</u> Fiscal Year |
| 2. <u>\$27,261.44</u> | <u>2016-2017</u> Fiscal Year |

3. Total Pre-tax Pension Contributions withheld from wages for all years of service: \$                     

4. Total Post-tax Pension Contributions withheld from wages for all years of service: \$20,020.22

5. Compensation received for last 24 months preceding retirement date: \$56,745.06  
(Not to include any paid time from which pension contributions were not deducted such as sick time)



**CITY OF MILFORD, CONNECTICUT**

Final

To: Donna Zupsansky

Employee #:

BOE

From: Julia Green  
Pension and Benefits Consultant

Department:

(Secretary)

Pension Code:

5

Total Pension Contributions:

\$46,487.25

Date: 9/7/2021

Subject: RETIREMENT UNDER PENSION PLAN

Type of Pension: Normal Pension

Union: CILU

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. \$77,972.73 2020-2021  
b. \$80,452.74 2018-2019  
\$158,425.47

Date of Hire: 9/30/2002  
Last Day Worked: 8/20/2021  
Retirement Date: 8/21/2021

Total Service: 18 Years 10 Months 22 Days

PREVIOUS 24 MONTHS: \$148,258.61

Using Fiscal Year Pay

\$158,425.47 divided by 2 = \$79,212.74 AVERAGE ANNUAL SALARY

Calculation of Normal Pension

\$79,212.74 \* 2.25% =  
\$1,782.29 divide by 12 = \$148.52 divide by 30 = \$4.95  
A/per year B/per mo C/per day  
YEARS  
\$1,782.29 18 \$32,081.16  
MONTHS  
\$148.52 10 \$1,485.24  
DAYS  
\$4.95 22 \$108.92  
\$33,675.31

Your annual pension is: \$33,675.31  
Paid to you monthly commencing on: 8/21/2021  
Your monthly installments are: \$2,806.28

Date of Birth: Current Age in Years  
60

*Handwritten signature and date:*  
9.7.21



# City of Milford, Connecticut

Founded 1639

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

TO: Payroll Department

FROM: Julia Green  
Benefits & Pension Consultant

DATE: September 7, 2021

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

☒ Retirement    ☐ Vested    ☐ Withdrawal/Refund

EMPLOYEE NAME: Donna Zupsansky

EMPLOYEE #: [REDACTED]  
DEPT.: BOE (SECRETARY)  
UNION: CILU CODE: 5

Hire Date: 09/30/2002    Termination Date: 08/20/2021    Retirement Date: 08/21/2021

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

1. Hourly Rate: \$ 33.56
2. Two Highest Fiscal Year's Compensation to Date:
  1. \$80,452.74    2018-2019 Fiscal Year
  2. \$50,274.85    2019-2020 Fiscal Year
3. Total Pre-tax Pension Contributions withheld from wages for all years of service: \$
4. Total Post-tax Pension Contributions withheld from wages for all years of service: \$46,487.25
5. Compensation received for last 24 months preceding retirement date: \$148,258.61  
(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

Application for Withdrawal and Refund

Date 6/28/21

Pension and Retirement Board  
c/o Personnel Department  
Milford, CT 06460

My employment in the Police Department of the City of Milford, CT ceased  
on 6/23/21. 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.

  
Written Signature in ink

Street

City, State and Zip Code

Phone Number

Social Security Number

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

I hereby certify that Jaime Fabian is no longer employed in the  
Police Department of the City of Milford.

  
Department Head

6-28-21  
Date

The Pension and Retirement Board of the City of Milford, Connecticut is hereby authorized to  
refund to \_\_\_\_\_ the sum of \$ \_\_\_\_\_.

\_\_\_\_\_  
Chairman of the Milford Pension &  
Retirement Board

Pension Code: \_\_\_\_\_



MILFORD, CONNECTICUT

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

Name Jaime M. Fabian Telephone [REDACTED]

Home Address [REDACTED]  
Street City State Zip

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

Social Security Number [REDACTED]

Department Milford P.D. Title Patrol officer

Date of Entering Full Time Service of City 4/12/21

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

No ☒ Yes ☐ If yes,

Department N/A From N/A To N/A

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

04/09/2021  
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 9 day of April 2021

Witnessed by [Signature]

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

# CITY OF MILFORD, CONNECTICUT

## Final Calculation for Withdrawal/Refund

**UNION: POLICE**

Refund for: **Jamie Fabian**  
Date of Entering Service: **4/12/2021**  
Date of Terminating Service: **6/23/2021**  
Employee Number: [REDACTED]

Interest Rates as follows:  
11/2% 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
0	\$1,372.81		
			<b>\$1,372.81</b>

Total PreTax Contributions	\$0.00
Total PostTax Contributions:	\$1,372.81
Total Interest:	\$0.00
	<hr/> \$1,372.81

*JF*  
9.10.21



# City of Milford, Connecticut

Founded 1639

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

TO: Payroll Department

FROM: Julia Green  
Benefits & Pension Consultant

DATE: September 3, 2021

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

☐ Retirement ☐ Vested ☒ Withdrawal/Refund

EMPLOYEE NAME: Jamie Fabian ✓

EMPLOYEE # [REDACTED]  
DEPT.: Police  
UNION: Police CODE: 3P ✓

Hire Date: 04/12/2021 ✓ Termination Date: 06/23/2021 ✓ Retirement Date:

Paid Through Date: 07/02/2021 ✓

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

1. Hourly Rate: \$30.6150 ✓
2. Annual Rate: \$63,679.20 ✓

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

1. \$N/A Fiscal Year
2. \$N/A Fiscal Year

4. Total Pre-tax Pension Contributions withheld from wages for all years of service: \$ \_\_\_\_\_
5. Total Post-tax Pension Contributions withheld from wages for all years of service: \$1,256.47 \$1,372.81 ✓

6. Compensation received for last 12 months preceding retirement date: \$ \_\_\_\_\_
7. 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 Kathleen M. Dawy Telephone [REDACTED]  
Home Address [REDACTED]  
Street City State Zip  
Date of Birth [REDACTED] Place of Birth [REDACTED]  
Social Security Number [REDACTED]  
Department Nursing Title RN, MSN Public Health Nurse  
Date of Entering Full Time Service of City 8/26/21

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

If yes, NO

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.

Kathleen M. Dawy " " 8/12/21 " "  
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

Kathleen M. Dawy  
Written Signature of Employee (Ink)

Dated at Milford, Connecticut, this 8/26 day of August, 2021

Witnessed by Mary Ellen Dawy [Signature]

For Pension & Retirement Board purposes only:

Employee # [REDACTED]  
Pension Code 5  
Union Nurses

MILFORD, CONNECTICUT

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

Name Kendra Luth Telephone [REDACTED]

Home Address [REDACTED]  
Street City State Zip

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

Social Security Number [REDACTED]

Department Health Title PHN

Date of Entering Full Time Service of City 9/01/2021 JB

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.

Kendra Luth 9/1/2021  
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

Kendra Luth  
Written Signature of Employee (Ink)

Dated at Milford, Connecticut, this 1<sup>st</sup> day of July, 2021

Witnessed by [Signature]

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

MILFORD, CONNECTICUT

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

Name Deborah A Tynnel

Telephone \_\_\_\_\_

Home Address \_\_\_\_\_

Street

City

State

Zip

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

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

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

Department Public Health Nurse

Title Public Health Nurse

Date of Entering Full Time Service of City 8/26/21

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.

Deborah A Tynnel  
Written Signature in Ink

8/13/2021  
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 \_\_\_\_\_

Deborah A Tynnel  
Written Signature of Employee (Ink)

Dated at Milford, Connecticut, this 13<sup>th</sup> day of August, 2021

Witnessed by John Banno

For Pension & Retirement Board purposes only:

Employee # \_\_\_\_\_

Pension Code 5

Union Nurses







Wells Fargo Bank, N.A.

Fee Invoice: 13443130  
Account Number: 25830600  
For Period: 07/01/2021 - 07/31/2021  
Invoice Date: 08/05/2021

000223 XNTFDV39



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

\$1,686.90

PAYMENT DUE UPON RECEIPT

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

Fold Here

Summary of Current Period Fees	Charged	Billed	Total
Disburse & Misc Trans		\$1,624.40	\$1,624.40
Other Services		\$62.50	\$62.50
Total Current Period Fees		\$1,686.90	\$1,686.90

XNTFDV39 000223 239131810113 1N5NR NNNNN NNNNNN 000001 CWF-DVIA 000515

PLEASE RETURN THIS PAGE WITH PAYMENT





Wells Fargo Bank, N.A.

Fee Invoice: 13443130  
Account Number: 25830600  
For Period: 07/01/2021 - 07/31/2021  
Invoice Date: 08/05/2021

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

Services	Value / Quantity	Rate	Frequency	Amount
<b>Disburse &amp; Misc Trans</b>				
Periodic Benefit Payments ACH with Advices	122.00 @	1.75		213.50
Periodic Benefit Payments ACH without Advices	880.00 @	1.50		1,320.00
Periodic Benefit Checks	6.00 @	1.75		10.50
Non-Periodic Payments	1.00 @	10.00		10.00
Postage	128.00 @	0.55		70.40
<b>Total Disburse &amp; Misc Trans</b>				<b>\$1,624.40</b>
<b>Other Services</b>				
Account Reporting	1.00 @	750.00	x 1/12	62.50
<b>Total Other Services</b>				<b>\$62.50</b>
<b>Total</b>				<b>\$1,686.90</b>

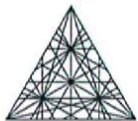
## Summary

Total Charged to Account	\$0.00
Total Billed	\$1,686.90
Payment Due	\$1,686.90

XNTHD/29 000223 239131810113 1NNNN NNNNN NNNNN 000002 CASH/DYTA 000516







GAMCO  
ASSET MANAGEMENT

One Corporate Center  
Rye, NY 10580-1422  
t 914.921.5000  
GABELLI.COM

January 21, 2021

Mr. James Ash  
Benefits & Pension Coordinator  
City of Milford  
70 W. River Street  
Milford, CT 06460

## INVOICE FOR INVESTMENT MANAGEMENT SERVICES

PERIOD UNDER MANAGEMENT: January 1 - March 31, 2021

### Portfolio Values

S9737 The City of Milford Employee Pension Fund	12/31/2020	\$13,124,696
---	------------	--------------

### Fee Basis

1.000% Flat Fee	\$32,811
-----------------	----------

Current Amount Due	\$32,811
Past Amount Due	\$114,552
Total Amount Due	\$147,363

---

S9737 The City of Milford Employee Pension Fund

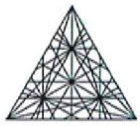
January 21, 2021  
20201231-154-7075-A

Current Amount Due	\$32,811
Past Amount Due	\$114,552
Total Amount Due	\$147,363

For Your Records Only. Fee is paid by your custodian.

358





GAMCO  
ASSET MANAGEMENT

One Corporate Center  
Rye, NY 10580-1422  
t 914.921.5000  
GABELLI.COM

April 16, 2021

Mr. James Ash  
Benefits & Pension Coordinator  
City of Milford  
70 W. River Street  
Milford, CT 06460

## INVOICE FOR INVESTMENT MANAGEMENT SERVICES

PERIOD UNDER MANAGEMENT: April 1 - June 30, 2021

### Portfolio Values

S9737 The City of Milford Employee Pension Fund	03/31/2021	\$11,406,818
---	------------	--------------

### Fee Basis

1.000% Flat Fee	\$28,517
-----------------	----------

Current Amount Due	\$28,517
Past Amount Due	\$32,811
Total Amount Due	\$61,328

---

S9737 The City of Milford Employee Pension Fund

April 16, 2021  
20210331-154-7075-A

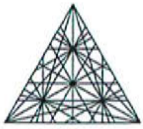
Current Amount Due	\$28,517
Past Amount Due	\$32,811
Total Amount Due	\$61,328

For Your Records Only. Fee is paid by your custodian.

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**GAMCO**  
ASSET MANAGEMENT

One Corporate Center  
Rye, NY 10580-1422  
t 914.921.5000  
GABELLI.COM

July 19, 2021

Mr. Richard DeFrancesco  
Beirne Wealth Consulting, LLC  
Chief Operating Officer  
3 Enterprise Drive Suite 410  
Shelton, CT 06484

## INVOICE FOR INVESTMENT MANAGEMENT SERVICES

PERIOD UNDER MANAGEMENT: July 1 - September 30, 2021

### Portfolio Values

S9737 The City of Milford Employee Pension Fund	06/30/2021	\$12,205,188
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### Fee Basis

1.000% Flat Fee	\$30,512
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Current Amount Due	\$30,512
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Past Amount Due	\$61,328
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Total Amount Due	\$91,840
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S9737 The City of Milford Employee Pension Fund

July 19, 2021

20210630-154-7075-A

Current Amount Due	\$30,512
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Past Amount Due	\$61,328
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Total Amount Due	\$91,840
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