

STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
GOVERNMENT RECORDS ACCESS UNIT  
50 West State Street  
PO Box 215  
Trenton, NJ 08625

October 1, 2014

John Paff  
1605 Amwell Road  
Somerset, NJ 08873  
[paff@pobox.com](mailto:paff@pobox.com)

Reference: W90381

Date Received: September 22, 2014

Dear Mr. Paff:

The Department of the Treasury, Division of Pensions and Benefits, has completed their review of your Open Public Records Act (OPRA) Request W90381. You requested “*Documents that show whether Theodore Costa is presently or ever was enrolled in the pension system.*”

On behalf of the Custodian of Records for the Division of Pensions, I am providing the Adobe file attached to this email. It contains the requested documents regarding Theodore Costa, please note the following:

- Date of Enrollment is listed next to “DOE” on the Account History Screen (page 1).
- Total Years of Pension Service as of 2<sup>nd</sup> Quarter posting - June 30, 2014 (page 2).
- Pension Enrollment Applications (pages 3 - 6).

Confidential information has been redacted pursuant to N.J.S.A. 47:1A-10.

As these documents satisfy your request for records, OPRA Request W89795 has been closed.

Should you have any questions, please contact the Treasury Government Records Access Unit at (609) 633-1300 or by email at [AccessUnit.TreasuryGovernmentRecords@treas.nj.gov](mailto:AccessUnit.TreasuryGovernmentRecords@treas.nj.gov).

Sincerely,

Cynthia Jablonski  
Manager, Government Records Access Unit

DATE: 10/01/2014 NJ DIVISION OF PENSIONS AND BENEFITS AHF: 06/30/2014  
TIME: 09:20:55.4 ACCOUNT HISTORY SYSTEM PMMR AS OF: 06/30/2014  
TERM: @2ST MEMBER INFORMATION MTF UPDATE: 09/24/2014  
SCREEN: M7402C1 NAME: COSTA, THEODORE M

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SSN.. ██████████ EMPL: WRIGHTSTOWN MUN UTIL AUTH
ID... ██████████ RET NUMBER: N/A WRD NUMBER:
SYS.. PERS SEX. MALE SERVICE SPECIAL DATA CURRENT ACCT STATUS
LOC.. 55880 DOB. ██████████/1956 MOS 308 C247.... N/A ASF. 38421.82
BUR.. 01 *DOE. 02/01/1991 PDS 0 C113.... N/A NASF 2044.35 NO PYMT
CLASS 1 GRP. GR2 NC. 18 ANNOTATION N ARR. .00 0 0.00
AGE.. 34 VET. NO A.. 0 CHAP N/A BD.. 42.12 0 90.00
10-12 12 NERS N/A PS. 0 C89 N/A LOAN .00 0 0.00
CH86 NO VEST NO PUR 45 O/S. NO BW..
MULT. PRIOR POA. NO RT. 6.78 SUSP DT. 08/27/2014 SUSP ST YR10
MISC. NO INS. BOTH NOD DT. N/A
SCH.. MONTH TRAN NO WRD DT. N/A
SACT. NO DOD. N/A TERM NO. N/A
DCOMP NO ERI. NO TERM CAUSE:

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MEMBER HAS MORE THAN ONE ACCOUNT: ACTIVE/WRD/DUAL PRESS PF11/23 TO LIST

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== ENTER==>AHF ===== PF-KEY MENU ===== MORE ==
1/13 ADDL-KEYS 2/14 PRINT 3/15 RETURN 4/16 MENU 5/17 SERV/PUR 6/18 ASF
7/19 CERTS 8/20 9/21 10/22 LOCATS 11/23 AWRD 12/24

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Page 1

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DATE: 10/01/2014      NJ DIVISION OF PE +-----+ 30/2014
TIME: 09:21:37.9      ACCOUNT HI  |----- PURCHASED SERVICE-----| 30/2014
TERM: @2ST             MEMBER I   |TYPE--- MOS--- PDS-- YEAR:Q      | 24/2014
SCR +-----+ E: COSTA,TH  |=====|
=== *TOTAL- SERVICE--- |=====| PRIR      45      1997:4      =====
SS  |-----| IGHSTOWN M  |-----|
ID  |----TYPE--- YR:MO--| ER: N/A  |TOTAL     45
SY  |=====| SERVICE  |-----|
LO  MONTHS..... 25:08  6 MOS  308
BU  PERIODS.... 00:00  1 PDS   0
CL  TOTAL..... 25:08  NC.    18
AG  MONTHS A...  A..    0
10  PRIOR SER..  PS.    0
CH  PURCHASE... 03:09  PUR    45
MU  ARRS INT FLG..  RT.   6.7
MI  C259/366 PDS
SC  C259/366 MOS
SA  C89 MOS.....
DC  |=====|
ME  FYI PURPOSES ONLY!  CCOUNT:ACTI
=== +-----+ === PF-KEY +-----+ MORE ==
1/13 ADDL-KEYS 2/14 PRINT 3/15 RETURN 4/16 MENU 5/17 SERV/PUR 6/18 ASF
7/19 CERTS 8/20 9/21 10/22 LOCATS 11/23 AWRD 12/24
  
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F-10-140-489

**PUBLIC EMPLOYEES RETIREMENT SYSTEM-NEW JERSEY DIVISION OF PENSIONS**  
**ENROLLMENT APPLICATION**

*cutt*

(Read the accompanying instructions carefully before completing this application.)

For Division Use Only: LOCATION NO. [REDACTED] DEPARTMENT OF TREASURY  
MEMBERSHIP NO. #9 [REDACTED]

**PART I: (Please Print or Type)**

1. NAME: COSTA Theodore Matthew ( 2000 MAY 17 P 2: 43 )  
Last Middle Maiden Surname

2. ADDRESS: [REDACTED]  
City State Zip Code

3. SOCIAL SECURITY NUMBER [REDACTED]

5. DATE OF BIRTH: [REDACTED] 56  
Mo. Date Yr.

6. VETERAN STATUS: (Attach Copy of Discharge or Form DD214)

a. Date of Induction: [REDACTED] b. Date of Discharge: [REDACTED] N/A  
Mo. Date Yr. Mo. Date Yr.

7a. FORMER MEMBER OF SYSTEM:  Yes  No  
b. ENTER ANY OTHER NAME(S) USED DURING PREVIOUS MEMBERSHIP(S)

8a. ENTER THE NAME OF ANY PUBLIC RETIREMENT SYSTEM IN WHICH YOU ARE OR HAVE BEEN A MEMBER IN THIS OR ANY OTHER STATE

b. ARE YOU RECEIVING BENEFITS FROM ANY RETIREMENT SYSTEM AT THIS TIME:  Yes  No

**PART II: DATE OF ENROLLMENT**—If you are permanent in your position, you must enroll as of your regular or permanent appointment date. If you wish to purchase all temporary service immediately preceding your appointment, on a retroactive basis requiring additional deductions, you may do so by checking the correct box below.  
If you are temporary (provisional) in your position and have been employed in that position for 12 consecutive months, you must enroll the first day of the month following the end of the 12-month period. You may purchase your prior temporary service on a retroactive basis requiring additional deductions by checking the correct box below.  
Arrangements to purchase any prior service immediately preceding your date of enrollment must be made within one year following the date pension deductions begin.  
Complete Part II of this application by checking the appropriate box.

**IMPORTANT: LIFE INSURANCE IS ONLY AVAILABLE TO MEMBERS OF THE RETIREMENT SYSTEM WHO ARE ELIGIBLE FOR COVERAGE. IF ELIGIBLE, INSURANCE COVERAGE IS NOT EFFECTIVE UNTIL DATE OF ENROLLMENT.**

**A. PERMANENT OR UNCLASSIFIED EMPLOYEES:**

- I wish to enroll as of my regular or permanent appointment date and request a cost quotation to purchase all temporary service immediately preceding my appointment. I understand that this is on a retroactive basis and requires additional deductions.
- I wish to enroll as of my regular or permanent appointment date and do not wish to purchase temporary service.

**B. TEMPORARY (PROVISIONAL) EMPLOYEES HAVING TWELVE CONSECUTIVE MONTHS OF SERVICE:**

- I wish to enroll upon completion of 12 consecutive months and request a cost quotation to purchase my temporary time immediately preceding my enrollment on a retroactive basis requiring additional deductions.
- I wish to enroll upon completion of 12 consecutive months and do not wish to purchase my preceding temporary service.

**PART III: RECORD OF PUBLIC EMPLOYMENT** - Indicate any public employment in this or any other state. Certain types of previous public employment are eligible to be purchased for additional credit in the retirement system. For further information regarding purchase, please refer to the instructions for completing Part III.  
**NOTE:** Any temporary service immediately preceding your permanent appointment date must be purchased within one year following the date pension deductions begin.

Name of Employing Agency	Payroll Title	Dates		Mo./Annual Salary		Length of Service Yrs. Mos. Days
		From Mo. Day Yr.	To Mo. Day Yr.	Base Salary*	Maintenance	

\* Base Salary Only (Do not include bonus, overtime, etc.)

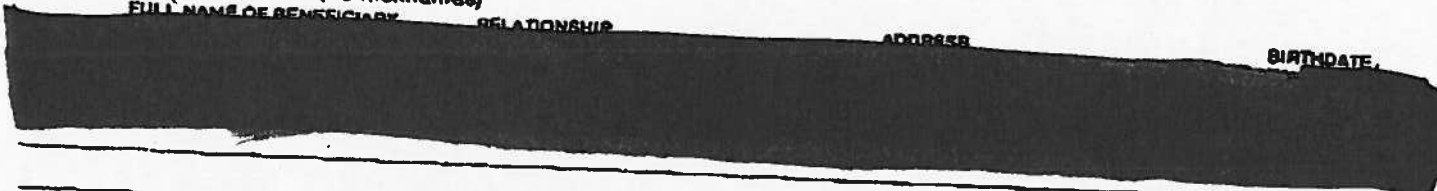
**PART IV: DESIGNATION OF BENEFICIARY** - It is important to name BOTH primary and contingent beneficiaries for benefits payable if death occurs prior to retirement while a member of the retirement system. Such benefits may include: (1) group life insurance; and (2) the accumulated deductions credited to your account in the retirement system. Read the accompanying instructions carefully before completing your designation of beneficiary. It is important to note that your group life insurance coverage is not effective until your date of enrollment in the system.

**GROUP LIFE INSURANCE AND RETURN OF ACCUMULATED DEDUCTIONS**

List your primary and contingent beneficiaries in the space provided. Use full given names and list all females by their given names. See additional instructions.

**PRIMARY BENEFICIARY (no nicknames)**

FULL NAME OF BENEFICIARY      RELATIONSHIP      ADDRESS      BIRTH DATE



**CONTINGENT BENEFICIARY (no nicknames)**

FULL NAME OF BENEFICIARY      RELATIONSHIP      ADDRESS      BIRTH DATE



**NOTE:** If you wish to name multiple beneficiaries to share equally, their names must appear in the same category. This form provides for "Lump Sum" settlement. If a different method of payment is desired for the Life Insurance, please notify the Division of Pensions and the proper forms will be mailed.

**SIGNATURE OF APPLICANT**

*[Handwritten Signature]*

(Signature must appear same as in Part I)

**DATE**

5/2/2000

**PART V: CERTIFICATION OF EMPLOYING AGENCY (To be completed by your employer.)**

1a. Name Of Employer: Norwinstep Twp

1b. County: Burlington

2. A. Location No. 51280-1 B. Bureau No. \_\_\_\_\_

C. Payroll No. \_\_\_\_\_ (State employees only)

3. Payroll Title Of Applicant: Solicitor

4. Is Applicant Employed By More Than One Public Employer:  Yes  No

5. Is this individual still considered a temporary (provisional) employee:  Yes  No

6a. Date Employment Began 1-1-2000

NO.      DATE      YR

b. Regular Or Permanent Appointment Date: 1-1-2000

MO.      DATE      YR

7a. Current Base Annual Salary Only \$ 36,000

(No Hourly or Part-time Rates)

b.  Ten  Twelve Month Employee

8. I have reviewed this application and it is correct.

*[Handwritten Signature]*

Signature of Certifying Officer (no stamped signatures)

5-3-00  
Date

Division of Pensions  
New Jersey Division of Pensions  
C11 255  
Trenton, NJ 08625

(Read and accompany with Public Employee Local Retirement System Application)

# LOCAL MEMBERSHIP SURVEY

For Division Use Only: LOCATION NO.: [REDACTED] MEMBERSHIP NO.: [REDACTED]

**PART I: (Please Print or Type)**

1. NAME: *COSTA, Theodore Matthew*

N.J. DIV OF PENSIONS  
21 JUN 91 11 50Z

2. ADDRESS: [REDACTED]

7a. FORMER MEMBER OF SYSTEM:  Yes  No  
b. ENTER ANY OTHER NAME(S) USED DURING PREVIOUS MEMBERSHIP(S)

3. SOCIAL SECURITY NUMBER: [REDACTED] 4. SEX  M  F

8a. ENTER THE NAME OF ANY PUBLIC RETIREMENT SYSTEM IN WHICH YOU ARE OR HAVE BEEN A MEMBER IN THIS OR ANY OTHER STATE

5. DATE OF BIRTH: [REDACTED] *1-56*

*PERS*

6. VETERAN STATUS: (Attach Copy of Discharge or Form DD214)

8. ARE YOU RECEIVING BENEFITS FROM ANY RETIREMENT SYSTEM AT THIS TIME:  Yes  No

a. Date of Induction: \_\_\_ / \_\_\_ / \_\_\_ b. Date of Discharge: \_\_\_ / \_\_\_ / \_\_\_  
Mo. Date Yr. Mo. Date Yr.

**PART II: DATE OF ENROLLMENT**—If you are permanent in your position, you must enroll as of your regular or permanent appointment date. If you wish to purchase all temporary service immediately preceding your appointment, on a retroactive basis requiring additional deductions, you may do so by checking the correct box below.

If you are temporary (provisional) in your position and have been employed in that position for 12 consecutive months, you must enroll the first day of the month following the end of the 12-month period. You may purchase your prior temporary service on a retroactive basis requiring additional deductions by checking the correct box below.

Arrangements to purchase any prior service immediately preceding your date of enrollment must be made within one year following the date pension deductions begin.

Complete Part II of this application by checking the appropriate box.

**IMPORTANT: LIFE INSURANCE IS ONLY AVAILABLE TO MEMBERS OF THE RETIREMENT SYSTEM WHO ARE ELIGIBLE FOR COVERAGE. IF ELIGIBLE, INSURANCE COVERAGE IS NOT EFFECTIVE UNTIL DATE OF ENROLLMENT.**

**A. PERMANENT OR UNCLASSIFIED EMPLOYEES:**

- I wish to enroll as of my regular or permanent appointment date and request a cost quotation to purchase all temporary service immediately preceding my appointment. I understand that this is on a retroactive basis and requires additional deductions.
- I wish to enroll as of my regular, or permanent appointment date and do not wish to purchase temporary service.

**B. TEMPORARY (PROVISIONAL) EMPLOYEES HAVING TWELVE CONSECUTIVE MONTHS OF SERVICE:**

- I wish to enroll upon completion of 12 consecutive months and request a cost quotation to purchase my temporary time immediately preceding my enrollment on a retroactive basis requiring additional deductions.
- I wish to enroll upon completion of 12 consecutive months and do not wish to purchase my preceding temporary service.

**PART III: RECORD OF PUBLIC EMPLOYMENT** - Indicate any public employment in this or any other state. Certain types of previous public employment are eligible to be purchased for additional credit in the retirement system. For further information regarding purchase, please refer to the instructions for completing Part III.

**NOTE:** Any temporary service immediately preceding your permanent appointment date must be purchased within one year following the date pension deductions begin.

Name of Employing Agency	Payroll Title	Dates		Mo./Annual Salary		Length of Service Yrs. Mos. Days
		From Mo. Day Yr.	To Mo. Day Yr.	Base Salary*	Maintenance	
Dept Law + Public Safety	Law Clerk	1979	1979			~3 mos
Bond Public Utilities	Law Clerk	1980	1981			~8 mos
Willingboro Township	Public Defender	1982	1985			~36 mos

\* Base Salary Only (Do not include bonus, overtime, etc.)

**PART IV: DESIGNATION OF BENEFICIARY** - It is important to name BOTH primary and contingent beneficiaries for benefits payable at death of the member prior to retirement while a member of the retirement system. Such benefits may include: (1) group life insurance; and (2) the accumulated deductions credited to your account in the retirement system. Read the accompanying instructions carefully before completing your designation of beneficiary. It is important to note that your group life insurance coverage is not effective until your date of enrollment in the system.

**GROUP LIFE INSURANCE AND RETURN OF ACCUMULATED DEDUCTIONS**

List your primary and contingent beneficiaries in the space provided. Use full given names and list all females by their given names. See additional instructions.

**PRIMARY BENEFICIARY (no nicknames)**

FULL NAME OF BENEFICIARY      RELATIONSHIP      ADDRESS      BIRTHDATE

**CONTINGENT BENEFICIARY (no nicknames)**

FULL NAME OF BENEFICIARY      RELATIONSHIP      ADDRESS      BIRTHDATE

**NOTE:** If you wish to name multiple beneficiaries to share equally, their names must appear in the same category. This form provides for "Lump Sum" settlement. If a different method of payment is desired for the Life Insurance, please notify the Division of Pensions and the proper forms will be mailed.

SIGNATURE OF APPLICANT

*Richard M. Coates*

DATE

*4/2/91*

(Signature must appear same as in Part I)

**PART V: CERTIFICATION OF EMPLOYING AGENCY (To be completed by your employer.)**

1a. Name Of Employer: *Wrightstown Municipal Utilities Authority*

b. Regular Or Permanent

1b. County: *Burlington*

Appointment Date: *FEB 1 1991*

2. A. Location No. \_\_\_\_\_  
C. Payroll No. \_\_\_\_\_

B. Bureau No. \_\_\_\_\_  
(State employees only)

7a. Current Base Annual Salary Only \$ *15000.00*  
(no hourly or per diem rates)

3. Payroll Title Of Applicant: *Solicitor*

b.  Ten  Twelve Month Employee

4. Is Applicant Employed By More Than One Public Employer:  
 Yes  No

8. I have reviewed this application and it is correct.

5. Is this individual still considered a temporary (provisional) employee:  Yes  No

6a. Date Employment Began *FEB 1 1991*

*David J. Greener*  
Signature of Certifying Officer (no stamped signatures), Date *5/14/91*

**PART VI: FOR DIVISION USE ONLY.**

- 1. Insurance Code \_\_\_\_\_ (42)
- 2. Class A(1) \_\_\_\_\_ B(2) \_\_\_\_\_ Other(3) \_\_\_\_\_ (4) \_\_\_\_\_ (43)
- 3. Rate \_\_\_\_\_ (49-51)
- 4. Accumulated Base Salary \$ \_\_\_\_\_ (52-56)
- 5. Months of Service B \_\_\_\_\_ (64-66) 6. Months of Service A \_\_\_\_\_ (67-69)
- 7. Forced \_\_\_\_\_ L.E.O. 6 \_\_\_\_\_ (70)
- 8. Contribution Age \_\_\_\_\_ (71-72)
- 9. Months of Prior Service \_\_\_\_\_ (73-75)
- 10. Enrollment Date \_\_\_\_\_
- 11. Interfund Transfer Date \_\_\_\_\_
- 12. Insurance Effective Date \_\_\_\_\_
- 13. Proof of age Rec'd \_\_\_\_\_ Required \_\_\_\_\_ (77)

Figured \_\_\_\_\_ Checked \_\_\_\_\_ Date \_\_\_\_\_

*Page 6*