

105 Stockington Road
Woodstown, NJ 08098
June 21, 2000

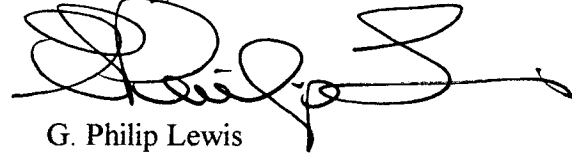
Joanne H. Bell, Chief Financial Officer
Salem County Treasurer's Office
92 Market Street
Salem, New Jersey 08079

Dear Mrs. Bell;

Enclosed are the two forms I have received from the Division of Pensions and Benefits which must be filled out by the employing agency and submitted to Trenton. I have already submitted my part of the two applications and would appreciate your office's prompt attention with regard to your part.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "G. Philip Lewis", with a long horizontal flourish extending to the right.

G. Philip Lewis

encs: Employment Verification Form
Certification of Service and Final Salary - Retirement

~~* PENDING RETIREMENT *~~

State of New Jersey — Department of the Treasury
Division of Pensions and Benefits, PO Box 295, Trenton, NJ 08625-0295 - (609)292-7524 / TDD# (609)292-7718

EMPLOYMENT VERIFICATION FORM

THIS SECTION TO BE COMPLETED BY MEMBER: Check the Pension System to which you now belong:

- Public Employees' Retirement System (PERS)
- Teachers' Pension and Annuity Fund (TPAF)
- Police and Firemen's Retirement System (PFRS)

Name (First, MI, Last) G PHILIP LEWIS Maiden Name (If applicable) _____

Date of Birth (Month, Day, Year) [REDACTED] Social Security # [REDACTED] Membership # [REDACTED]

THIS SECTION TO BE COMPLETED BY FORMER EMPLOYER:

The person named on this form is an active member of a retirement system administered by the New Jersey Division of Pensions and Benefits and wishes to purchase additional service credit. To assist this member in establishing additional service credit, please provide the required information below.

1. Name of Employer: _____

2. Payroll Title	3. Date of Hire	4. Date of Permanent Appointment	5. Employment Dates (month/day/year) (Certify each year separately) (Boards of Education use school years)		6. Base Salary		7. Substitute Service (# of days)
			From	To	Monthly <input type="checkbox"/>	Annual <input type="checkbox"/>	

8. (BOARD OF EDUCATION CERTIFYING OFFICERS ONLY): Please indicate the number of months in each regular school year: _____

9. Dates for Leaves of Absence	10. Reason for Leaves of Absence (maternity and child care are two separate types of leaves of absence)
From _____ To _____	
From _____ To _____	
From _____ To _____	

11. Were the positions listed in Item 2 covered by social security? YES NO

12. Was this employee a member of a pension fund while in the position listed in Item 2? YES NO

If yes, please give the name and address of the fund's central office.

13. Is the employer a public or private entity? PUBLIC PRIVATE

I hereby certify that the answers and information given are based upon available authentic public records and that they are true and correct to the best of my knowledge and belief.

Certifying Officer
Signature _____

Title _____

Date _____

Phone # _____

**PUBLIC EMPLOYEES' RETIREMENT SYSTEM
TEACHERS' PENSION AND ANNUITY FUND
CERTIFICATION OF SERVICE AND FINAL SALARY — RETIREMENT**

THIS FORM MUST BE COMPLETED BY EMPLOYING AGENCY — SEE INSTRUCTIONS ON RE

PENSION FUND PERS TPAF

G. PAULIP LEWIS

- 1. Name of Member _____
- 2. Membership No. _____ 3. Social Security No. _____
- 4a. Employing Agency _____ 4b. Employer Location No. _____
- 5. Date service terminated ____/____/____ *Applicant will not render any service to, or earn salary from this agency after date service terminated.*
- 6. Was member dismissed, or under suspension or formal indictment? Yes No ***IF YES, ATTACH EXPLANATION.***
- 7. List unpaid leaves of one month (pay period for state locations) or more, without pay, within the last 12 working months.

REASON FOR ABSENCE	DATES OF ABSENCE (FROM - TO)	REASON FOR ABSENCE	DATES OF ABSENCE (FROM — TO)
	TO		TO
	TO		TO
	TO		TO

8. Base salary subject to pension fund contributions paid for the last full year of service ending on the date of termination (line 5 above); please list number of months at the particular salary range, and show a total of 12 months for a 12-month employee or 10 months for a 10-month employee.

TOTAL

_____ months @ \$ _____ from _____ to _____ \$ _____

_____ months @ \$ _____ from _____ to _____ \$ _____

_____ months @ \$ _____ from _____ to _____ \$ _____

_____ months @ \$ _____ from _____ to _____ \$ _____

TOTAL BASE SALARY PAID FOR LAST YEAR OF SERVICE \$ _____

- 9. Has member received an annual salary increase of 15% or more in the last 3 years? Yes No ***If yes, please provide a detailed explanation with documentation.***
- 10. Has there been any retroactive salary paid to the employee within the past three years? If so, please describe below:

AMOUNT OF PAYMENT	DATE OF PAYMENT	COVERING THE DATES (FROM — TO)
\$		TO
\$		TO
\$		TO

11. The following deductions have been made or will be made from the member's base salary during the final two quarterly periods including the quarter in which service terminated (see QUARTERLY REPORT OF CONTRIBUTIONS).

State biweekly reporting agencies should attach a screen print of TREADHOC biweekly certification with salaries projected until termination date in lieu of Item 11.

QUARTER ENDING	BASE SALARY SUBJECT TO CONTRIBUTIONS THIS QUARTER	PENSION CONTRIBUTION	LOAN REPAYMENT	BACK DEDUCTIONS		ARREARS AND/OR PURCHASES	TOTAL PENSION DEDUCTIONS
				NO. PAYMENTS	AMOUNT		

Completed by: _____ Phone Number _____

Signature of Certifying Officer

Date