Municipal Stability Board

REGULAR MEETING

Wednesday, October 17, 2018 at 10:30 a.m.
Austin Building
State Treasurer's Boardroom
430 W. Allegan Street
Lansing, MI 48922

I. Call to Order

- A. Roll Call
- B. Approval of September 12, 2018 Minutes

II. Public Comment

A. 2 minute limit

III. <u>Correspondence</u>

A. PA 202 Treasury Update

IV. Old Business

V. New Business

- A. Corrective Action Plan Extension Requests
 - i. City of Wyandotte Retiree Health Care Plan
- B. Receipt of Corrective Action Plans:
 - i. City of East Lansing
 - ii. Bay Metropolitan Transportation Authority 2 systems
 - iii. Wexford County Road Commission
 - iv. Suburban Mobility Authority for Regional Transportation
 - v. Village of Farwell
 - vi. Gratiot County Road Commission
 - vii. City of Fraser 2 systems
 - viii. Central Michigan Health Department
 - ix. City of Eastpointe

- x. City of Escanaba
- xi. City of St. Johns
- xii. Beecher Metropolitan District
- xiii. Marquette Board of Light and Power
- xiv. City of Southfield 2 systems
- xv. Saline Area Fire Dept.
- C. Approvals and Denials of Corrective Action Plans (Resolution 2018-14)
 - Kalamazoo Lake Sewer and Water Authority Municipal Employees'
 Retirement System of Michigan
 - ii. City of Ionia
 - iii. Bloomfield Township Public Library Other Postemployment Benefits Program
 - iv. City of Hart MERS RHFV
 - v. Ottawa County Road Commission
 - 1. Pension: The Retiree Health Plan
 - 2. Healthcare: Ottawa CRC

VI. Public Comment

- A. 2 minute limit
- VII. Board Comment
- VIII. Adjournment

Municipal Stability Board Minutes

Wednesday, September 12, 2018 at 10:30 a.m.
Austin Building
State Treasurer's Boardroom
430 W. Allegan Street
Lansing, MI 48922

Call to Order

Chairman Eric Scorsone called the meeting to order at 10:40 a.m.

Roll Call

Members Present – 3
Eric Scorsone
Daryl Delabbio
Barry Howard

Let the record show that 3 Board members eligible to vote were present. A quorum was present.

Approval of Minutes

Motion was made to approve the minutes regarding August 15, 2018 board meeting.

Motion moved by B. Howard supported by D. Delabbio, the Board unanimously approved the August 15, 2018 meeting minutes. 3 ayes, 0 nays.

Public Comment

No public comment.

Correspondence

PA 202 Treasury Update – Kevin Kubacki reviewed the new resolution technique
that the Board will utilize to vote on corrective action plans (CAPs). The team has
drafted a color coded appendix to show if each CAP meets Approval Criteria
established by the Board. In the appendix, if a cell is green, the CAP met that
CAP approval criteria. If it is yellow, the CAP partially met the CAP approval
criteria. If it is red, the CAP did not meet the CAP approval criteria. Mr. Kubacki
addressed questions from the board. Each CAP will now be summarized in the

color-coded appendix, which will include a hyperlink to the CAP in its entirety.

- Responding to the Board's Questions Kevin Kubacki reported to the Board that last month Treasury was asked to provide references to PA 202 of 2017 regarding the definition of general fund operating revenues and the authority the Treasurer has to grant waivers. There was a question at last month's board meeting about the use of enterprise funds as revenue in the determination of underfunded status. Section 3(g) of Public Act 202 of 2017provides the definition of general fund operating revenues. Mr. Howard noted that the use of enterprise fund revenue in the determination of underfunded status is unclear to many local units, such as Escanaba, that have employee benefits that are charged to enterprise funds. Mr. Howard asked if enterprise funds are used to supplement the local unit's health care fund payments, would those funds be allowable to be included in the calculations of fiscal viability. The Act states that the Treasurer is to determine the waiver results, but it is the Board's decision to evaluate the corrective action plan. Mr. Howard asked the Attorney General's (AG) representatives if they had an advisory opinion about how the Board should consider this revenue. At this time, the AG's office does not have an opinion but offered to look into if the Board would like. Mr. Howard noted it is up to the Treasurer to decide.
- Extension Request Kevin Kubacki gave an update to the Board regarding
 instructions and example language local governments can use when applying for
 a 45 day extension of a CAP. Klein Allison from the Attorney General's office
 clarified for the board there is no mechanism within statute that allows Treasury
 or the board to request an extension of reviewing CAPs once received.
- Corrective Action Plan Letters (Disapprove, Split, Approve) Kevin Kubacki gave a detailed update on the CAP result letters Treasury will issue to local governments on the Board's behalf once CAP results have been determined. If the Board disapproves a CAP they have 15 days to provide the detailed reasons to the local units.

Old Business

<u>Feedback on the Best Practices and Corrective Action Plan Criteria (Resolution 2018-12)</u>

Kevin Kubacki reviewed the comments and changes made to the document with the Board. This document was put back up for public comment and there was no public comment received. Treasury made some technical clean up in the document. Treasury asks the Board to review the document.

Motion was made to approve the Feedback on the Best Practices and Corrective Action Plan Criteria (Resolution 2018-12). Kristin called the roll to vote. 3 ayes, 0 nays.

New Business

Receipt of Corrective Action Plan

Kevin Kubacki provided the Board with the Bloomfield Township Public Library, City of Hart, Kalamazoo Lake Sewer and Water Authority, Ottawa County Road Commission (2 systems) and City of Ionia Corrective Action Plans. The Board has 45 days from receipt to approve or deny the Corrective Action Plans. The decision is scheduled to be made at the next scheduled board meeting on October 17, 2018. Mr. Kubacki answered questions from the board.

Motion was made to receive the Bloomfield Township Public Library, City of Hart, Kalamazoo Lake Sewer and Water Authority, Ottawa County Road Commission (2 systems) and City of Ionia Corrective Action Plans.

Motion moved by B. Howard, supported by D. Delabbio, the Board unanimously approved the designation. 3 ayes. 0 nays.

Approvals and Denials of Corrective Action Plans

Resolution 2018-13: Approval of Corrective Action Plans

• Crawford County Road Commission Municipal Employees Retirement (MERS) of Michigan and Crawford County Road Commission MERS Health Care Savings Program— Kevin Kubacki was asked to review the Crawford County Road Commission Municipal Employees Retirement (MERS) of Michigan and Crawford County Road Commission MERS Health Care Savings Program corrective action plans with the board. Using the Board adopted Corrective Action Plan Development: Best Practices and Strategies as the criteria to provide its recommendation, Treasury recommended approval of the Crawford County Road Commission Municipal Employees Retirement (MERS) of Michigan corrective action plan and Treasury recommended denial of the Crawford County Road Commission MERS Health Care Savings Program corrective action plan. The board deliberated on the resolution language and asked the public in attendance for comment on pay-go funding policies.

Karl Kramer from Genesee County Drain Commission made a comment regarding PayGo as a way to fund a retirement plan.

Lauri Siskind from the City of Southfield made a comment regarding PayGo as a way to fund a retirement plan.

Motion to approve Appendix A, which included approving the Crawford County Road Commission Municipal Employees Retirement (MERS) of Michigan corrective action plan and disapproving the Crawford County Road Commission MERS Health Care Savings Program corrective action plan.

Motion moved by B. Howard, supported by D. Delabbio, the Board unanimously approved Appendix A, which included approving the Crawford County Road Commission Municipal Employees Retirement (MERS) of Michigan and disapproving the Crawford County Road Commission MERS Health Care Savings Program.

Public Comment

No public comment.

Board Comment

No board comment.

Next Meeting

Next regular meeting will be on October 17, 2018 at 10:30am

<u>Adjournment</u>

Motion made to adjourn. Motion moved by D. Delabbio, supported by B. Howard, the Board unanimously approved the motion to adjourn.

There being no further business, the meeting adjourned at 11:19 a.m.

P.A. 202 of 2017 Status Update from Treasury

As of 10/12/2018

| PA 202: Retirement Review Analysis (Form 5572) FY 2017 | | | |
|--|------------------|----------------------|--------------------|
| Status Option | Primary Units | Non-Primary Units | Total ¹ |
| Preliminary Underfunded | 111 (20%) | 136 (40%) | 247 (28%) |
| Approve | 427 (79%) | 199 (58%) | 626(71%) |
| Deny | 3 (1%) | 6 (2%) | 9 (1%) |
| Total-Reviewed | 541 (61%) | 342 (39%) | 883 |
| Pending Treasury Review | 0 | 2 | 2 |
| Total-Submissions | 541 (61%) | 344 (39%) | 885 |

| | PA 202: Waiver Analysis FY 2017 | | | | | | |
|-------------|--------------------------------------|-------------------|--------------------|---|-------------------------------------|-----------------------|----------------------------------|
| | Waiver Applications | | | Did Not File | | | |
| LOCAL UNIT | Recommend Approve (CAP not required) | Recommend Deny | Split ² | Total Reviewed Waiver Applications | Retirement Report – Form 5572 | Waiver Application | Corrective Action Plans Required |
| NON-PRIMARY | 43 (46%) | 44 (47%) | 6 (6%) | 93 | 21 | 26 | 97 |
| PRIMARY | 13 (15%) | 68 (77%) | 7 (8%) | 88 | 7 | 16 | 98 |
| TOTAL | 56 (31%) | 112 (62%) | 13 (7%) | 181 | 28 | 42 | 195 |

² Split units have at least one underfunded system requiring a corrective action plan and at least one system that was approved for a waiver.

| PA 202: Corrective Action Plan Analysis FY 2017 | | | | | | | |
|---|-------------|-------------|----------|---------------------|---------|----------|--|
| | CAP Submiss | sion Status | | CAP Approval Status | | | |
| LOCAL UNIT TYPE | Required | Submitted | Approved | Disapproved | Split | Pending | |
| NON-PRIMARY | 97 | 10 (8%) | 2 (20%) | 0 (0%) | 1 (10%) | 7 (70%) | |
| PRIMARY | 98 | 9 (8%) | 1 (11%) | 0 (0%) | 0 (0%) | 8 (89%) | |
| TOTAL | 195 | 19 (10%) | 3 (16%) | 0 (0%) | 1 (5%) | 15 (79%) | |



STATE OF MICHIGAN
DEPARTMENT OF TREASURY
LANSING

RICK SNYDER GOVERNOR NICK A. KHOURI STATE TREASURER

DATE: October 17, 2018

TO: The Municipal Stability Board (the Board)

FROM: Community Engagement and Finance Division, Department of Treasury

SUBJECT: Corrective Action Plan Extension Requests

Suggested Action: The Board motions to approve the following corrective action plan extension requests, extending the 180-day deadline by up to an additional 45 days.

I. City of Wyandotte

a. OPEB: Retiree Health Care Plan

Per Section 10(1) of Public Act 202 of 2017: The board may extend the 180-day deadline by up to an additional 45 days if the local unit of government submits a reasonable draft of a corrective action plan and requests an extension.

From: Todd A. Drysdale

To: LocalRetirementReporting

Subject: MSB - CAP Extension Request

Date: Thursday, October 11, 2018 3:43:47 PM

Attachments: SKMBT C65418101113070.pdf

The City of Wyandotte is requesting a 45-day extension for our corrective action plan from the Municipal Stability Board (MSB). Attached to this email is our reasonable draft of our corrective action plan and governing body approval for our extension request.

Todd A. Drysdale, CPA City Administrator City of Wyandotte 3200 Biddle Avenue, Suite 300 Wyandotte, MI 48192 734.324.4566

Protecting Local Government Retirement and Benefits Act Corrective Action Plan:

Retirement Health Benefit Systems

Issued under authority of Public Act 202 of 2017.

| I. MUNICIPALITY INFORMATION | | |
|---|-----------------------------|--|
| Local Unit Name: City of Wyandotte | Six-Digit Muni Code: 822330 | |
| Retirement Health Benefit System Name: City of Wyand | | |
| Contact Name (Administrative Officer): Todd A. Drysd | ale | |
| Title if not Administrative Officer: City Administrator | | |
| Email: tdrysdale@wyandottemi.gov | Telephone: (734) 324-4566 | |

2. GENERAL INFORMATION

Corrective Action Plan: An underfunded local unit of government shall develop and submit for approval a corrective action plan for the local unit of government. The local unit of government shall determine the components of the corrective action plan. This Corrective Action Plan shall be submitted by any local unit of government with at least one retirement health benefit system that has been determined to have an underfunded status. Underfunded status for a retirement health system is defined as being less than 40% funded according to the most recent audited financial statements, and, if the local unit of government is a city, village, township, or county, the annual required contribution (ARC) for all of the retirement health systems of the local unit of government is greater than 12% of the local unit of government's annual governmental fund revenues, based on the most recent fiscal year.

Due Date: The local unit of government has 180 days from the date of notification to submit a corrective action plan to the Municipal Stability Board. The Board may extend the 180-day deadline by up to an additional 45 days if the local unit of government submits a reasonable draft of a corrective action plan and requests an extension.

Filing: Per Sec. 10(1) of the Act, this Corrective Action Plan must be approved by the local government's administrative officer and its governing body. You must provide proof of your governing body approving this Corrective Action Plan and attach the documentation as a separate PDF document. Per Sec. 10(4) of the Act, failure to provide documentation that demonstrates approval from your governing body will result in a determination of noncompliance by the Board.

The submitted plan must demonstrate through distinct supporting documentation how and when the local unit will reach the 40% funded ratio. Or, if the local unit is a city, village, township, or county, the submitted plan may demonstrate how and when the ARC for all of the retirement healthcare systems will be less than 12% of annual governmental fund revenues, as defined by the Act. Supporting documentation for the funding ratio and/or ARC must include an actuarial projection, an actuarial valuation, or an internally developed analysis. The local unit must project governmental fund revenues using a reasonable forecast based on historical trends and projected rates of inflation.

The completed plan must be submitted via email to Treasury at LocalRetirementReporting@michigan.gov for review by the Board. If you have multiple underfunded retirement systems, you are required to complete separate plans and send a separate email for each underfunded system. Please attach each plan as a separate PDF document in addition to all applicable supporting documentation.

The subject line of the email(s) should be in the following format: Corrective Action Plan-2017, Local Unit Name, Retirement System Name (e.g. Corrective Action Plan-2017, City of Lansing, Employees' Retirement System OPEB

Plan). Treasury will send an automatic reply acknowledging receipt of the email. Your individual email settings must allow for receipt of Treasury's automatic reply. This will be the only notification confirming receipt of the application(s).

Municipal Stability Board: The Municipal Stability Board (the Board) shall review and vote on the approval of a corrective action plan submitted by a local unit of government. If a corrective action plan is approved, the Board will monitor the corrective action plan for the following two years, and the Board will report on the local unit of government's compliance with the Act not less than every two years.

Review Process: Following receipt of the email by Treasury, the Board will accept the corrective action plan submission at the next scheduled meeting of the Board. The Board shall then approve or reject the corrective action plan within 45 days from the date of the meeting.

Considerations for Approval: A successful corrective action plan will demonstrate the actions for correcting underfunded status as set forth in Sec. 10(7) of the Act (listed below), as well as any additional solutions to address the underfunded status. Please also include steps already taken to address your underfunded status, as well as the date prospective actions will be taken. A local unit of government may also include in its corrective action plan a review of the local unit of government's budget and finances to determine any alternative methods available to address its underfunded status. A corrective action plan under this section may include the development and implementation of corrective options for the local unit of government to address its underfunded status. The corrective options as described in Sec. 10(7) may include, but are not limited to, any of the following:

- (i) Requiring cost sharing of premiums and sufficient copays.
- (ii) Capping employer costs.

Implementation: The local unit of government has up to 180 days after the approval of a corrective action plan to begin to implement the corrective action plan to address its underfunded status. The Board shall monitor each underfunded local unit of government's compliance with this act and any corrective action plan. The Board shall adopt a schedule, not less than every 2 years, to certify that the underfunded local unit of government is in substantial compliance with the Act. If the Board determines that an underfunded local unit of government is not in substantial compliance under this subsection, the Board shall within 15 days provide notification and report to the local unit of government detailing the reasons for the determination of noncompliance with the corrective action plan. The local unit of government has 60 days from the date of the notification to address the determination of noncompliance.

3. DESCRIPTION OF PRIOR ACTIONS

Prior actions are separated into three categories below: System Design Changes, Additional Funding, and Other Considerations. Please provide a brief description of the prior actions implemented by the local government to address the retirement system's underfunded status within the appropriate category section. Within each category are sample statements that you may choose to use to indicate the changes to your system that will positively affect your funded status. For retirement systems that have multiple divisions, departments, or plans within the same retirement system, please indicate how these changes impact the retirement system as a whole.

Please Note: If applicable, prior actions listed within your waiver application(s) may also be included in your corrective action plan.

Please indicate where in the attached supporting documentation these changes are described and the impact of those changes (i.e. what has the local unit of government done to improve its underfunded status, and where can we find the proof of these changes in the supporting documentation?).

Note: Please provide the name of the system impacted, the date you made the change, the relevant page number(s) within the supporting documentation, and the resulting change to the system's funded ratio.

| | itegory of Prior Actions: |
|-------------------------|---|
| X | System Design Changes - System design changes may include the following: Changes to coverage levels (including retiree co-payments, deductibles, and Medicare eligibility), changes to premium cost-sharing, eligibility changes, switch to defined contribution retiree health care plan, changes to retiree health care coverage for new hires, etc. |
| Cla Of hea | mple Statement: Benefit levels of the retired membership mirrors the current collective bargaining agreement for each as of employee. On January 1, 2017, the local unit entered into new collective bargaining agreements with the Command ficers Association and Internal Association of Firefighters that increased employee co-payments and deductibles for although the coverage changes resulted in an improvement to the retirement system's funded ratio. Please see page 12 of attached actuarial analysis that indicates the system is 40% funded as of June 30, 2017. |
| en re: | stween 2008 and 2013, the City collectively bargained the elimination of retiree healthcare benefits for newly hired aployees. No new hires are eligible for retiree health care. Additionally, terms of coverage have been changed sulting in lower premium costs, new programs have been mandated resulting in lower costs, and retiree co-pays we been increased. |
| X | Additional Funding – Additional funding may include the following: paying the annual required contribution in addition to retiree premiums, voluntary contributions above the annual required contribution, bonding, millage increases, restricted funds, etc. |
| hed Go ann fun | mple Statement: The local unit created a qualified trust to receive, invest, and accumulate assets for retirement lithcare on June 23, 2016. The local unit of government has adopted a policy to change its funding methodology from Payto full funding of the Annual Required Contribution (ARC). Additionally, the local unit has committed to contributing \$500,000 and unit unit has committed to contributing \$500,000 and unit has committed to contribution system's ded ratio to 40% by 2022. Please see page 10 of the attached resolution from our governing body demonstrating the amitment to contribute the ARC and additional \$500,000 for the next five years. |
| Be be 20 | ginning in 2006, the City has been contributing to the Retiree Health Care Trust. To date, over \$28 million has en transferred from the City's General Fund. The resulting balance is \$2.375 million, up from a deficit of \$247k in 03. |
| 5 | Other Considerations – Other considerations may include the following: outdated Form 5572 information, actuarial assumption changes, amortization policy changes, etc. |
| | mple Statement: The information provided on the Form 5572 from the audit used actuarial data from 2015. Attached is |

4. DESCRIPTION OF PROSPECTIVE ACTIONS

The corrective action plan allows you to submit a plan of prospective actions which are separated into three categories below: System Design Changes, Additional Funding, and Other Considerations. Please provide a brief description of the prospective actions implemented by the local government to address the retirement system's underfunded status within the appropriate category section. Within each category are sample statements that you may choose to use to indicate the changes to your system that will positively affect your funded status. For retirement systems that have multiple divisions, departments, or plans within the same retirement system, please indicate how these changes impact the retirement system as a whole.

| Please indicate where in the attached supporting documentation these changes are described and the impact of those changes (i.e. what will the local unit of government do to improve its underfunded status, and where can we find the proof of these changes in the supporting documentation?). |
|--|
| Category of Prospective Actions: |
| System Design Changes - System design changes may include the following: Changes to coverage levels (including retiree co-payments, deductibles, and Medicare eligibility), changes to premium cost-sharing, eligibility changes, switch to defined contribution retiree health care plan, changes to retiree health care coverage for new hires, etc. |
| Sample Statement: The local unit will seek to align benefit levels for the retired membership with each class of active employees. Beginning with summer 2018 contract negotiations, the local unit will seek revised collective bargaining agreements with the Command Officers Association and Internal Association of Firefighters to increase employee co-payments and deductibles for healthcare. These coverage changes would result in an improvement to the retirement system's funded ratio Please see page 12 of the attached actuarial analysis that indicates the system would be 40% funded by fiscal year 2020 if these changes were adopted and implemented by fiscal year 2019. |
| The City will be negotiating with three (3) labor unions that have their collective bargaining agreements expire on 12/31/18. |
| Additional Funding – Additional funding may include the following: meeting the annual required contribution in addition to retiree premiums, voluntary contributions above the annual required contribution, bonding, millage increases, restricted funds, etc. |
| Sample Statement: The local unit will create a qualified trust to receive, invest, and accumulate assets for retirement healthcare by December 31, 2018. The local unit of government will adopt a policy to change its funding methodology from Pay-Go to full funding of the Annual Required Contribution (ARC) by December 31, 2018. Additionally, beginning in fiscal year 2019, the local unit will contribute \$500,000 annually in addition to the ARC for the next five fiscal years. The additional contributions will increase the retirement system's funded ratio to 40% by 2022. Please see page 10 of the attached resolution from our governing body demonstrating the commitment to contribute the ARC and additional \$500,000 for the next five years. |
| |
| Other Considerations – Other considerations may include the following: outdated Form 5572 information, actuarial assumption changes, amortization policy changes, etc. |
| Sample Statement: Beginning in fiscal year 2019, the local unit will begin amortizing the unfunded portion of the healthcare liability using a level-dollar amortization method over a closed period of 10 years. This will allow the health system to reach a funded status of 42% by 2022 as shown in the attached actuarial analysis on page 13. |
| The City is currently preparing an actuarial study to determine when the funded status will be 40% while still satisfying the current annual obligations using the "pay-as-you-go" method and considering stable contributions of approximately \$2.375 million to the Retiree Health Care Trust Fund as well as no new eligible retirees. The study should be completed by the end of the calendar year. |
| |

| 5. CONFIRMATION OF FUNDING | |
|--|--|
| Please check the applicable answer: | |
| Do the corrective actions listed in this plan allo | ow for (insert local unit name) |
| to make, at a minimum, the retiree premium p | ayment, as well as the normal cost payments for all new hires (if ystem according to your long-term budget forecast? |
| ⊠ Yes | |
| □ No | |
| If No, Explain | |
| | |
| 6. DOCUMENTATION ATTACHED TO | O THIS CORRECTIVE ACTION PLAN |
| | this corrective action plan. The documentation should detail the |
| corrective action plan that would be implement | ted to adequately address the local unit of government's underfunded |
| | uded as part of this plan and attach in successive order as provided |
| below: | |
| than one document in a specific category that n | ents please use the naming convention shown below. If there is more needs to be submitted, include a, b, or c for each document. For all valuations, you would name the first document "Attachment 2a" and |
| Naming Convention | Type of Document |
| ★ Attachment – I | This Corrective Action Plan (Required) |
| ★ Attachment – Ia | Documentation from the governing body approving this Corrective Action Plan (Required) |
| ☐ Attachment − 2a | An actuarial projection, an actuarial valuation, or an |
| | internally developed analysis, which illustrates how and |
| | when the local unit will reach the 40% funded ratio. Or, |
| | if the local unit is a city, village, township, or county, ARC will be less than 12% of governmental fund |
| | revenues, as defined by the Act. (Required) |
| _ | |
| Attachment – 3a | Documentation of additional payments in past years that is not |
| | reflected in your audited financial statements (e.g. enacted budget, system provided information). |
| ☐ Attachment – 4a | Documentation of commitment to additional payments in future |
| | years (e.g. resolution, ordinance) |
| ☐ Attachment – 5a | A separate corrective action plan that the local unit has |
| Actaciment - 5a | approved to address its underfunded status, which includes |
| | documentation of prior actions, prospective actions, and the |
| | positive impact on the system's funded ratio |
| Attachment – 6a | Other documentation, not categorized above |

| of how and when the retirement system will reach the 40% funded ratio? Or, if your local unit is a city, village, township county, how and when the ARC of all retirement healthcare systems will be less than 12 percent of governmental fund revenues? Do the corrective actions address the underfunded status in reasonable timeframe (see CAP criteria issued by the Board) Legal and Feasible Does the corrective action plan follow all applicable laws? A all required administrative certifications and governing body approvals included? Are the actions listed feasible? Affordability Do the corrective action(s) listed allow the local unit to make | 7. CORRECTIVE ACTION PLAN CRIT | TERIA |
|--|---|--|
| Substitution Is there a description and adequate supporting documentation of how and when the retirement system will reach the 40% funded ratio? Or, if your local unit is a city, village, township county, how and when the ARC of all retirement healthcare systems will be less than 12 percent of governmental fund revenues? Reasonable Timeframe | this document. Specific detail on corrective ac | tion plan criteria can be found in the Corrective Action Plan |
| of how and when the retirement system will reach the 40% funded ratio? Or, if your local unit is a city, village, township county, how and when the ARC of all retirement healthcare systems will be less than 12 percent of governmental fund revenues? Do the corrective actions address the underfunded status in reasonable timeframe (see CAP criteria issued by the Board all required administrative certifications and governing body approvals included? Are the actions listed feasible? Affordability Do the corrective action plan follow all applicable laws? A all required administrative certifications and governing body approvals included? Are the actions listed feasible? Affordability Do the corrective action(s) listed allow the local unit to mall the retiree healthcare premium payment, as well as normal of payment for new hires now and into the future without additional changes to this corrective action plan? 8. LOCAL UNIT OF GOVERNMENT'S ADMINISTRATIVE OFFICER APPROVAL OF CORRECTI ACTION PLAN I, Todd A. Drysdale City Administration (Ex: City/Township Manager, Executive director, and Chief Executive Officer, etc.) approve this Corrective Action Plan and will implement the prospective actions contained in this Corrective Action Plan. I confirm to the best of my knowledge that because of the changes listed above, one of the following statements with occur: The City of Wyandotte Retiree Health Care Plan achieve a funded status of at least 40% by Fiscal Year as demonstrated by required supporting documentation listed in section 6. OR, if the local unit is a city, village, township, or county: The ARC for all of the retirement healthcare systems of (Insert local unit name) will be less than 12% of the local unit of government's annual governmental fund revenue | Corrective Action Plan Criteria | Description |
| reasonable timeframe (see CAP criteria issued by the Board Legal and Feasible | ☑ Underfunded Status | |
| all required administrative certifications and governing body approvals included? Are the actions listed feasible? Do the corrective action(s) listed allow the local unit to mal the retiree healthcare premium payment, as well as normal or payment for new hires now and into the future without additional changes to this corrective action plan? 8. LOCAL UNIT OF GOVERNMENT'S ADMINISTRATIVE OFFICER APPROVAL OF CORRECTI ACTION PLAN I, Todd A. Drysdale, as the government's administrative officer (insert title) City Administrator (Ex: City/Township Manager, Executive director, and Chief Executive Officer, etc.) approve this Corrective Action Plan and will implement the prospective actions contained in this Corrective Action Plan. I confirm to the best of my knowledge that because of the changes listed above, one of the following statements wi occur: The _City of Wyandotte Retiree Health Care Plan (Insert Retirement Healthcare System Name) of a chieve a funded status of at least 40% by Fiscal Year as demonstrated by required supporting documentation listed in section 6. OR, if the local unit is a city, village, township, or county: The ARC for all of the retirement healthcare systems of (Insert local unit name) will be less than 12% of the local unit of government's annual governmental fund revenue | ☐ Reasonable Timeframe | Do the corrective actions address the underfunded status in a reasonable timeframe (see CAP criteria issued by the Board)? |
| the retiree healthcare premium payment, as well as normal of payment for new hires now and into the future without additional changes to this corrective action plan? 8. LOCAL UNIT OF GOVERNMENT'S ADMINISTRATIVE OFFICER APPROVAL OF CORRECTI ACTION PLAN I, Todd A. Drysdale, as the government's administrative officer (insert title) City Administrator (Ex: City/Township Manager, Executive director, and Chief Executive Officer, etc.) approve this Corrective Action Plan and will implement the prospective actions contained in this Corrective Action Plan. I confirm to the best of my knowledge that because of the changes listed above, one of the following statements wi occur: The City of Wyandotte Retiree Health Care Plan (Insert Retirement Healthcare System Name) of the following statements will be less than 12% of the local unit of government's annual governmental fund revenue. | ■ Legal and Feasible | Does the corrective action plan follow all applicable laws? Are all required administrative certifications and governing body approvals included? Are the actions listed feasible? |
| I, Todd A. Drysdale, as the government's administrative officer (insert title) City Administrator (Ex: City/Township Manager, Executive director, and Chief Executive Officer, etc.) approve this Corrective Action Plan and will implement the prospective actions contained in this Corrective Action Plan. I confirm to the best of my knowledge that because of the changes listed above, one of the following statements wi occur: The City of Wyandotte Retiree Health Care Plan (Insert Retirement Healthcare System Name) achieve a funded status of at least 40% by Fiscal Year as demonstrated by required supporting documentation listed in section 6. OR, if the local unit is a city, village, township, or county: The ARC for all of the retirement healthcare systems of (Insert local unit name) will be less than 12% of the local unit of government's annual governmental fund revenue | □ Affordability | |
| City Administrator (Ex: City/Township Manager, Executive director, and Chief Executive Officer, etc.) approve this Corrective Action Plan and will implement the prospective actions contained in this Corrective Action Plan. I confirm to the best of my knowledge that because of the changes listed above, one of the following statements wi occur: The City of Wyandotte Retiree Health Care Plan (Insert Retirement Healthcare System Name) achieve a funded status of at least 40% by Fiscal Year as demonstrated by required supporting documentation listed in section 6. OR, if the local unit is a city, village, township, or county: The ARC for all of the retirement healthcare systems of (Insert local unit name) will be less than 12% of the local unit of government's annual governmental fund revenue | | ADMINISTRATIVE OFFICER APPROVAL OF CORRECTIVE |
| Officer, etc.) approve this Corrective Action Plan and will implement the prospective actions contained in this Corrective Action Plan. I confirm to the best of my knowledge that because of the changes listed above, one of the following statements wi occur: The City of Wyandotte Retiree Health Care Plan (Insert Retirement Healthcare System Name) achieve a funded status of at least 40% by Fiscal Year as demonstrated by required supporting documentation listed in section 6. OR, if the local unit is a city, village, township, or county: The ARC for all of the retirement healthcare systems of (Insert local unit name) will be less than 12% of the local unit of government's annual governmental fund revenue | | |
| Corrective Action Plan. I confirm to the best of my knowledge that because of the changes listed above, one of the following statements wi occur: The City of Wyandotte Retiree Health Care Plan (Insert Retirement Healthcare System Name) achieve a funded status of at least 40% by Fiscal Year as demonstrated by required supporting documentation listed in section 6. OR, if the local unit is a city, village, township, or county: The ARC for all of the retirement healthcare systems of (Insert local unit name) will be less than 12% of the local unit of government's annual governmental fund revenue | | |
| □ The City of Wyandotte Retiree Health Care Plan (Insert Retirement Healthcare System Name) was achieve a funded status of at least 40% by Fiscal Year as demonstrated by required supporting documentation listed in section 6. OR, if the local unit is a city, village, township, or county: □ The ARC for all of the retirement healthcare systems of (Insert local unit name) will be less than 12% of the local unit of government's annual governmental fund revenue. | | lan and will implement the prospective actions contained in this |
| achieve a funded status of at least 40% by Fiscal Year as demonstrated by required supporting documentation listed in section 6. OR, if the local unit is a city, village, township, or county: The ARC for all of the retirement healthcare systems of (Insert local unit name) will be less than 12% of the local unit of government's annual governmental fund revenue | | cause of the changes listed above, one of the following statements will |
| The ARC for all of the retirement healthcare systems of | achieve a funded status of at least 40% | Care Plan (Insert Retirement Healthcare System Name) will by Fiscal Year as demonstrated by required supporting |
| local unit name) will be less than 12% of the local unit of government's annual governmental fund revenue | OR, if the local unit is a city, village, towr | iship, or county: |
| | local unit name) will be less than 129 | % of the local unit of government's annual governmental fund revenues by |
| Signature 3 0 Q. Date 10/08/2018 | Signature 3,00 a. Ruydal | Date 10/08/2018 |

CITY OF WYANDOTTE, MICHIGAN CERTIFIED RESOLUTION 2018-430

REGULAR MEETING OF THE MAYOR AND COUNCIL OF THE CITY OF WYANDOTTE, WAYNE COUNTY, MICHIGAN, HELD IN THE COUNCIL CHAMBERS, OF THE MUNICIPAL BUILDING.

UNDER THE DATE OF: October 8, 2018

MOVED BY: Councilperson Sabuda SUPPORTED BY: Councilperson Alderman

RESOLVED by the City Council that the Correction Action Plan or Waiver (Form 5597) submitted by the City Administrator is received and placed and file; AND

Further, notes that the Application demonstrates actions that have been undertaken to mitigate this underfunded status which include eliminating defined benefit retiree health care coverage for employees hired after 2008, 2009, 2011, and 2013 (depending on employee group) and transferring funds from the City's General Fund to the Retiree Health Care Trust Fund; AND

Further, notes that the City has contributed additional funds to the retiree health care trust in excess of the annual cost of retiree healthcare in each of the past five (5) years and has increased the value of the retiree health care trust fund from a deficit of \$247,000 in 2003 to \$2.357 million in 2017; AND Thus, BE IT RESOLVED that the City Council approves the Corrective Action Plan as prepared and recommended by the City Administrator.

Motion unanimously carried.

I, LAWRENCE S. STEC, duly authorized City Clerk of Wyandotte, do hereby certify that the foregoing is a true and complete copy of the resolution adopted by the City Council on October 8, 2018 said meeting was conducted and public notice of said meeting was given pursuant to and in full compliance with the Open Meeting Act, being Act 267, Public Acts of Michigan, 1976.

Lawrence 8. Stec

City Clerk



STATE OF MICHIGAN DEPARTMENT OF TREASURY LANSING

RICK SNYDER GOVERNOR NICK A. KHOURI STATE TREASURER

DATE: October 17, 2018

TO: The Municipal Stability Board (the Board)

FROM: Community Engagement and Finance Division, Department of Treasury

SUBJECT: Receipt of Corrective Action Plans

Suggested Action: The Board motions to receive the following corrective action plans, which will be considered at their next scheduled meeting:

- I. The City of East Lansing
 - a. Pension: MERS
- 2. Bay Metropolitan Transportation Authority
 - a. Pension: MERS
 - b. OPEB: Retiree Health Funding Vehicle with MERS
- 3. Wexford County Road Commission
 - a. OPEB: Wexford CRC
- 4. Suburban Mobility Authority for Regional Transportation
 - a. OPEB: SMART Retiree Health Funding Vehicle
- 5. Village of Farwell
 - a. Pension: MERS of Michigan
- 6. Gratiot County Road Commission
 - a. Pension: Municipal Employees' Retirement System
- 7. City of Fraser
 - a. Pension: Municipal Employees' Retirement System of Michigan
 - b. OPEB: Self Funded OPEB
- 8. Central Michigan Health Department
 - a. Pension: Municipal Employees' Retirement System
- 9. City of Eastpointe
 - a. Pension: MERS Eastpointe
- 10. City of Escanaba
 - a. Pension: Municipal Employees' Retirement System of Michigan (MERS)
- 11. City of St. Johns
 - a. Pension: MERS of Michigan
- 12. Beecher Metropolitan District
 - a. OPEB: Beecher Metropolitan District OPEB Plan

- 13. Marquette Board of Light and Power
 - a. Pension: MERS Retiree Health Funding Vehicle
- 14. City of Southfield
 - a. OPEB: Retiree Healthcare Benefits Plan and Trust Fire & Police Retirees (F&P)
 - b. OPEB: Retiree Healthcare Benefits Plan and Trust SERS Retirees
- 15. Saline Area Fire Dept.
 - a. OPEB: Corrective Action Plan 2017

Corrective Action Plan Review: Following receipt of these corrective action plans, the Board shall approve or reject each corrective action plan within 45 days. The Board will vote on these corrective action plans at their next scheduled meeting.

Protecting Local Government Retirement and Benefits Act Corrective Action Plan:

Defined Benefit Pension Retirement Systems

Issued under authority of Public Act 202 of 2017.

| I. MUNICIPALITY INFORMATION | |
|--|----------------------|
| Local Unit Name: | Six-Digit Muni Code: |
| Defined Benefit Pension System Name: | |
| Contact Name (Administrative Officer): | |
| Title if not Administrative Officer: | |
| Email: | Telephone: |

2. GENERAL INFORMATION

Corrective Action Plan: An underfunded local unit of government shall develop and submit for approval a corrective action plan for the local unit of government. The local unit of government shall determine the components of the corrective action plan. This Corrective Action Plan shall be submitted by any local unit of government with at least one defined benefit pension retirement system that has been determined to have an underfunded status. Underfunded status for a defined benefit pension system is defined as being less than 60% funded according to the most recent audited financial statements, and, if the local unit of government is a city, village, township, or county, the annually required contribution (ARC) for all of the defined benefit pension retirement systems of the local unit of government is greater than 10% of the local unit of government's annual governmental fund revenues, based on the most recent fiscal year.

Due Date: The local unit of government has **180 days from the date of notification** to submit a corrective action plan to the Municipal Stability Board (the Board). The Board may extend the 180-day deadline by up to an additional 45 days if the local unit of government submits a reasonable draft of a corrective action plan and requests an extension.

Filing: Per Sec. 10(1) of PA 202 of 2017 (the Act), this Corrective Action Plan must be approved by the local government's administrative officer and its governing body. **You must provide proof of your governing body approving this Corrective Action Plan and attach the documentation as a separate PDF document. Per Sec. 10(4) of the Act, failure to provide documentation that demonstrates approval from your governing body will result in a determination of noncompliance by the Board.**

The submitted plan must demonstrate through distinct supporting documentation how and when the local unit will reach the 60% funded ratio. Or, if the local unit is a city, village, township, or county, the submitted plan may demonstrate how and when the ARC for all of the defined benefit pension systems will be less than 10% of annual governmental fund revenues, as defined by the Act. Supporting documentation for the funding ratio and/or ARC must include an actuarial projection, an actuarial valuation, or an internally developed analysis. The local unit must project governmental fund revenues using a reasonable forecast based on historical trends and projected rates of inflation.

The completed plan must be submitted via email to Treasury at LocalRetirementReporting@michigan.gov for review by the Board. If you have multiple underfunded retirement systems, you are required to complete separate plans and send a separate email for each underfunded system. Please attach each plan as a separate PDF document in addition to all applicable supporting documentation.

The subject line of the email(s) should be in the following format: **Corrective Action Plan-2017, Local Unit Name, Retirement System Name** (e.g. Corrective Action Plan-2017, City of Lansing, Employees' Retirement System

Pension Plan). Treasury will send an automatic reply acknowledging receipt of the email. Your individual email settings must allow for receipt of Treasury's automatic reply. This will be the only notification confirming receipt of the application(s).

Municipal Stability Board: The Municipal Stability Board (the Board) shall review and vote on the approval of a corrective action plan submitted by a local unit of government. If a corrective action plan is approved, the Board will monitor the corrective action plan for the following two years, and the Board will report on the local unit of government's compliance with the Act not less than every two years.

Review Process: Following receipt of the email by Treasury, the Board will accept the corrective action plan submission at the next scheduled meeting of the Board. The Board shall then approve or reject the corrective action plan within 45 days from the date of the meeting.

Considerations for Approval: A successful corrective action plan will demonstrate the actions for correcting underfunded status as set forth in Sec. 10(7) of the Act (listed below), as well as any additional solutions to address the underfunded status. Please also include steps already taken to address your underfunded status as well as the date prospective actions will be taken. A local unit of government may also include in its corrective action plan, a review of the local unit of government's budget and finances to determine any alternative methods available to address its underfunded status. A corrective action plan under this section may include the development and implementation of corrective options for the local unit of government to address its underfunded status. The corrective options as described in Sec. 10(7) may include, but are not limited to, any of the following:

- (i) Closing the current defined benefit plan.
- (ii) Implementing a multiplier limit.
- (iii) Reducing or eliminating new accrued benefits.
- (iv) Implementing final average compensation standards.

Implementation: The local unit of government has up to 180 days after the approval of a corrective action plan to begin to implement the corrective action plan to address its underfunded status. The Board shall monitor each underfunded local unit of government's compliance with this act and any corrective action plan. The Board shall adopt a schedule, not less than every 2 years, to certify that the underfunded local unit of government is in substantial compliance with the Act. If the Board determines that an underfunded local unit of government is not in substantial compliance under this subsection, the Board shall within 15 days provide notification and report to the local unit of government detailing the reasons for the determination of noncompliance with the corrective action plan. The local unit of government has 60 days from the date of the notification to address the determination of noncompliance.

3. DESCRIPTIONS OF PRIOR ACTIONS

Prior actions are separated into three categories below: System Design Changes, Additional Funding, and Other Considerations. Please provide a brief description of the prior actions implemented by the local government to address the retirement system's underfunded status within the appropriate category section. Within each category are sample statements that you may choose to use to indicate the changes to your system that will positively affect your funded status. For retirement systems that have multiple divisions, departments, or plans within the same retirement system, please indicate how these changes impact the retirement **system** as a whole.

Please Note: If applicable, prior actions listed within your waiver application(s) may also be included in your corrective action plan.

Please indicate where in the attached supporting documentation these changes are described and the impact of those changes (i.e. what has the local unit of government done to improve its underfunded status, and where can we find the proof of these changes in the supporting documentation?). **Note:** Please provide the name of the system impacted, the date you made the change, the relevant page number(s) within the supporting documentation, and the resulting change to the system's funded ratio. **Category of Prior Actions:** ☐ System Design Changes - System design changes may include the following: Lower tier of benefits for new hires, final average compensation limitations, freeze future benefit accruals for active employees in the defined benefit system, defined contribution system for new hires, hybrid system for new hires, bridged multiplier for active employees, etc. **Sample Statement**: The system's multiplier for current employees was lowered from 2.5X to 2X for the **General** Employees' Retirement System on January 1, 2017. On page 8 of the attached actuarial supplemental valuation, it shows our funded ratio will be 60% by fiscal year 2020. ☐ Additional Funding – Additional funding may include the following: Voluntary contributions above the actuarially determined contribution, bonding, millage increases, restricted funds, etc. Sample Statement: The local unit provided a lump sum payment of \$1 million to the General Employees' Retirement **System** on **January 1, 2017**. This lump sum payment was in addition to the actuarially determined contribution (ADC) of the system. The additional contribution will increase the retirement system's funded ratio to 61% by 2025. Please see page 10 of the attached enacted budget, which highlights this contribution of \$1 million. □ Other Considerations – Other considerations may include the following: outdated Form 5572 information, actuarial assumption changes, amortization policy changes, etc. **Sample Statement:** The information provided on the Form 5572 from the audit used actuarial data from **2015**. Attached is an updated actuarial valuation for 2017 that shows our funded ratio has improved to 62% as indicated on page 13.

4. DESCRIPTION OF PROSPECTIVE ACTIONS

The corrective action plan allows you to submit a plan of prospective actions which are separated into three categories below: System Design Changes, Additional Funding, and Other Considerations. Please provide a brief description of the additional actions the local government is planning to implement to address the retirement system's underfunded status within the appropriate category section. Within each category are sample statements that you may choose to use to indicate the changes to your system that will positively affect your funded status. For retirement systems that have multiple divisions, departments, or plans within the same retirement system, please indicate how these changes impact the retirement system as a whole.

| Category of Prospective Actions: □ System Design Changes - System design changes may include the following: Lower tier of benefits for new hires, final average compensation limitations, freeze future benefit accruals for active employees in the defined benefit system, defined contribution system for new hires, hybrid system for new hires, bridged multiplier for active employees, etc. | |
|--|-----|
| hires, final average compensation limitations, freeze future benefit accruals for active employees in the defined benefit system, defined contribution system for new hires, hybrid system for new hires, bridged multiplier for | |
| | |
| Sample Statement : Beginning with summer 2018 contract negotiations, the local unit will seek to lower the system's multiplier for current employees from 2.5X to 2X for the General Employees' Retirement System . On page 8 of the attached actuarial supplemental valuation, it shows our funded ratio would be 60% funded by fiscal year 2020 if these changes were adopted and implemented by fiscal year 2019 . | |
| □ Additional Funding – Additional funding may include the following: voluntary contributions above the actuariall determined contribution, bonding, millage increases, restricted funds, etc. | ly |
| Sample Statement: Beginning in fiscal year 2019, the local unit will provide a lump sum payment of \$1 million to the General Employees' Retirement System . This lump sum payment will be in addition to the actuarially determined contribution (ADC) of the system. The additional contribution will increase the retirement system's funded ratio to 61% by 202 Please see page 10 of the attached enacted budget, which highlights this contribution of \$1 million. Please see page 12 of the attached supplemental actuarial valuation showing the projected change to the system's funded ratio with this additional contribution. | 25. |
| Other Considerations – Other considerations may include the following: outdated Form 5572 information, actuarial assumption changes, amortization policy changes, etc. | |
| Sample Statement: Beginning in fiscal year 2019 , the local unit will begin amortizing the unfunded portion of the pension liability using a level-dollar amortization method over a closed period of 10 years . This will allow the retirement system to reach a funded status of 62% by 2022 as shown in the attached actuarial analysis on page 13 . | n |
| | |

| | CONFIRMATION OF FUNDING | |
|---|---|--|
| | ase check the applicable answer: | |
| to r | the corrective actions listed in this plan allow for make, at a minimum, the annual required contributer long-term budget forecast? | (insert local unit name) cion payment for the defined benefit pension system according to |
| | Yes No If No, Explain | |
| | | |
| Doestat stat belo Na thai exa | rective action plan that would be implemented to cus. Please check all documents that are included as ow: ming convention: when attaching documents plan one document in a specific category that needs to | orrective Action Plan. The documentation should detail the adequately address the local unit of government's underfunded is part of this plan and attach in successive order as provided ease use the naming convention shown below. If there is more to be submitted, include a, b, or c for each document. For ations, you would name the first document "Attachment 2a" and |
| Na | ming Convention | Type of Document |
| | Attachment – I | This Corrective Action Plan Form (Required) |
| | Attachment – Ia | Documentation from the governing body approving this Corrective Action Plan (Required) |
| | Attachment – 2a | An actuarial projection, an actuarial valuation, or an internally developed analysis, which illustrates how and when the local unit will reach the 60% funded ratio. Or, if the local unit is a city, village, township, or county, ARC will be less than 10% of governmental fund revenues, as defined by the Act. (Required) |
| | Attachment – 3a | Documentation of additional payments in past years that is not reflected in your audited financial statements (e.g. enacted budget, system provided information). |
| | Attachment – 4a | Documentation of commitment to additional payments in future years (e.g. resolution, ordinance) |
| | Attachment – 5a | A separate corrective action plan that the local unit has approved to address its underfunded status, which includes documentation of prior actions, prospective actions, and the positive impact on the system's funded ratio |
| | Attachment –6a | Other documentation not categorized above |

| | ~ ~ ~ | |
|---|-------|-----------------|
| _ | | |
| | | I PLAN CRITERIA |

Please confirm that each of the four corrective action plan criteria listed below have been satisfied when submitting this document. Specific detail on corrective action plan criteria can be found in the Corrective Action Plan
Development: Best Practices and Strategies document.

| Corrective Action Plan Criteria | | Description |
|---|---------------------------------|---|
| | Underfunded Status | Is there a description and adequate supporting documentation of how and when the retirement system will reach the 60% funded ratio? Or, if your local unit is a city, village, township, or county, how and when the ARC of all pension systems will be less than 10 percent of governmental fund revenues? |
| | Reasonable Timeframe | Do the corrective actions address the underfunded status in a reasonable timeframe (see CAP criteria issued by the Board)? |
| | Legal and Feasible | Does the corrective action plan follow all applicable laws? Are all required administrative certifications and governing body approvals included? Are the actions listed feasible? |
| | Affordability | Do the corrective action(s) listed allow the local unit to make the annual required contribution payment for the pension system now and into the future without additional changes to this corrective action plan? |
| | LOCAL UNIT OF GOVERNMENT'S ADMI | NISTRATIVE OFFICER APPROVAL OF CORRECTIVE |
| , as the government's administrative officer (enter title) (Ex: City/Township Manager, Executive director, and Chief Executive Officer, etc.) approve this Corrective Action Plan and will implement the prospective actions contained in this Corrective Action Plan. | | |
| I confirm to the best of my knowledge that because of the changes listed above, one of the following statements will occur: | | |
| | The | (Insert Retirement Pension System Name) will achieve a as demonstrated by required supporting documentation |
| OR, if the local unit is a city, village, township, or county: | | |
| The ARC for all of the defined benefit pension retirement systems of | | |
| Sign | ature | Date |

Protecting Local Government Retirement and Benefits Act Corrective Action Plan:

Defined Benefit Pension Retirement Systems

Issued under authority of Public Act 202 of 2017.

| I. MUNICIPALITY INFORMATION | | |
|--|------------------------------------|--|
| Local Unit Name: Bay Metropolitan Transportation Authority | Six-Digit Muni Code: <u>097516</u> | |
| Defined Benefit Pension System Name: MERS | | |
| Contact Name (Administrative Officer): Eric Sprague | | |
| Title if not Administrative Officer: General Manager | | |
| Email:_esprague@baymetro.com | Telephone: (989) 922-3717 | |

2. GENERAL INFORMATION

Corrective Action Plan: An underfunded local unit of government shall develop and submit for approval a corrective action plan for the local unit of government. The local unit of government shall determine the components of the corrective action plan. This Corrective Action Plan shall be submitted by any local unit of government with at least one defined benefit pension retirement system that has been determined to have an underfunded status. Underfunded status for a defined benefit pension system is defined as being less than 60% funded according to the most recent audited financial statements, and, if the local unit of government is a city, village, township, or county, the annually required contribution (ARC) for all of the defined benefit pension retirement systems of the local unit of government is greater than 10% of the local unit of government's annual governmental fund revenues, based on the most recent fiscal year.

Due Date: The local unit of government has **180 days from the date of notification** to submit a corrective action plan to the Municipal Stability Board (the Board). The Board may extend the 180-day deadline by up to an additional 45 days if the local unit of government submits a reasonable draft of a corrective action plan and requests an extension.

Filing: Per Sec. 10(1) of PA 202 of 2017 (the Act), this Corrective Action Plan must be approved by the local government's administrative officer and its governing body. You must provide proof of your governing body approving this Corrective Action Plan and attach the documentation as a separate PDF document. Per Sec. 10(4) of the Act, failure to provide documentation that demonstrates approval from your governing body will result in a determination of noncompliance by the Board.

The submitted plan must demonstrate through distinct supporting documentation how and when the local unit will reach the 60% funded ratio. Or, if the local unit is a city, village, township, or county, the submitted plan may demonstrate how and when the ARC for all of the defined benefit pension systems will be less than 10% of annual governmental fund revenues, as defined by the Act. Supporting documentation for the funding ratio and/or ARC must include an actuarial projection, an actuarial valuation, or an internally developed analysis. The local unit must project governmental fund revenues using a reasonable forecast based on historical trends and projected rates of inflation.

The completed plan must be submitted via email to Treasury at LocalRetirementReporting@michigan.gov for review by the Board. If you have multiple underfunded retirement systems, you are required to complete separate plans and send a separate email for each underfunded system. Please attach each plan as a separate PDF document in addition to all applicable supporting documentation.

The subject line of the email(s) should be in the following format: Corrective Action Plan-2017, Local Unit Name, Retirement System Name (e.g. Corrective Action Plan-2017, City of Lansing, Employees' Retirement System

Pension Plan). Treasury will send an automatic reply acknowledging receipt of the email. Your individual email settings must allow for receipt of Treasury's automatic reply. This will be the only notification confirming receipt of the application(s).

Municipal Stability Board: The Municipal Stability Board (the Board) shall review and vote on the approval of a corrective action plan submitted by a local unit of government. If a corrective action plan is approved, the Board will monitor the corrective action plan for the following two years, and the Board will report on the local unit of government's compliance with the Act not less than every two years.

Review Process: Following receipt of the email by Treasury, the Board will accept the corrective action plan submission at the next scheduled meeting of the Board. The Board shall then approve or reject the corrective action plan within 45 days from the date of the meeting.

Considerations for Approval: A successful corrective action plan will demonstrate the actions for correcting underfunded status as set forth in Sec. 10(7) of the Act (listed below), as well as any additional solutions to address the underfunded status. Please also include steps already taken to address your underfunded status as well as the date prospective actions will be taken. A local unit of government may also include in its corrective action plan, a review of the local unit of government's budget and finances to determine any alternative methods available to address its underfunded status. A corrective action plan under this section may include the development and implementation of corrective options for the local unit of government to address its underfunded status. The corrective options as described in Sec. 10(7) may include, but are not limited to, any of the following:

- (i) Closing the current defined benefit plan.
- (ii) Implementing a multiplier limit.
- (iii) Reducing or eliminating new accrued benefits.
- (iv) Implementing final average compensation standards.

Implementation: The local unit of government has up to 180 days after the approval of a corrective action plan to begin to implement the corrective action plan to address its underfunded status. The Board shall monitor each underfunded local unit of government's compliance with this act and any corrective action plan. The Board shall adopt a schedule, not less than every 2 years, to certify that the underfunded local unit of government is in substantial compliance with the Act. If the Board determines that an underfunded local unit of government is not in substantial compliance under this subsection, the Board shall within 15 days provide notification and report to the local unit of government detailing the reasons for the determination of noncompliance with the corrective action plan. The local unit of government has 60 days from the date of the notification to address the determination of noncompliance.

3. DESCRIPTIONS OF PRIOR ACTIONS

Prior actions are separated into three categories below: System Design Changes, Additional Funding, and Other Considerations. Please provide a brief description of the prior actions implemented by the local government to address the retirement system's underfunded status within the appropriate category section. Within each category are sample statements that you may choose to use to indicate the changes to your system that will positively affect your funded status. For retirement systems that have multiple divisions, departments, or plans within the same retirement system, please indicate how these changes impact the retirement system as a whole.

Please Note: If applicable, prior actions listed within your waiver application(s) may also be included in your corrective action plan.

Please indicate where in the attached supporting documentation these changes are described and the impact of those changes (i.e. what has the local unit of government done to improve its underfunded status, and where can we find the proof of these changes in the supporting documentation?).

Note: Please provide the name of the system impacted, the date you made the change, the relevant page number(s) within the supporting documentation, and the resulting change to the system's funded ratio.

Category of Prior Actions:

System Design Changes - System design changes may include the following: Lower tier of benefits for new hires, final average compensation limitations, freeze future benefit accruals for active employees in the defined benefit system, defined contribution system for new hires, hybrid system for new hires, bridged multiplier for active employees, etc.

Sample Statement: The system's multiplier for current employees was lowered from 2.5X to 2X for the **General Employees' Retirement System** on **January 1, 2017**. On page 8 of the attached actuarial supplemental valuation, it shows our funded ratio will be 60% by fiscal year 2020.

Starting on 8/1/17, the three existing divisions (01-USWA, 10- Teamsters, 11-Management (Mgmt)) have been closed to new hires. Management division consists of management and the General Manager. New hire divisions were created with having a lower multiplier, longer vesting period and extended retirement age. The FAC for the new divisions is 5 years. The definition of compensation for new hire divisions is calculated on base wages only. See 6c.

Additional Funding – Additional funding may include the following: Voluntary contributions above the actuarially determined contribution, bonding, millage increases, restricted funds, etc.

Sample Statement: The local unit provided a lump sum payment of \$1 million to the General Employees' Retirement System on January 1, 2017. This lump sum payment was in addition to the actuarially determined contribution (ADC) of the system. The additional contribution will increase the retirement system's funded ratio to 61% by 2025. Please see page 10 of the attached enacted budget, which highlights this contribution of \$1 million.

As of 8/1/17, all employees in the plan are contributing 1.5% - 2.0%. As of 10/1/2018 all employees in the plan will be contributing 2.0%. These contributions are paid in addition to the actuarially determined contribution.

See attachment 4a - 4f.

☑ Other Considerations — Other considerations may include the following: outdated Form 5572 information, actuarial assumption changes, amortization policy changes, etc.

Sample Statement: The information provided on the Form 5572 from the audit used actuarial data from **2015**. Attached is an updated actuarial valuation for **2017** that shows our funded ratio has improved to **62**% as indicated on page **13**.

The information provided on the Form 5572 was based on 12/31/2016 actuarial data. Attached is the updated actuarial as of 12/31/2017. It shows us being 59% funded compared to 2016 when we were 58% funded. Also, it shows us being 60% funded with fiscal year beginning 10/1/2020 (FY-2021) on page 12 of 34 in the actuarial. See attachment 2a.

4. DESCRIPTION OF PROSPECTIVE ACTIONS

The corrective action plan allows you to submit a plan of prospective actions which are separated into three categories below: System Design Changes, Additional Funding, and Other Considerations. Please provide a brief description of the additional actions the local government is planning to implement to address the retirement system's underfunded status within the appropriate category section. Within each category are sample statements that you may choose to use to indicate the changes to your system that will positively affect your funded status. For retirement systems that have multiple divisions, departments, or plans within the same retirement system, please indicate how these changes impact the retirement system as a whole.

| Please indicate where in the attached supporting documentation these changes are described and the impact of those changes (i.e. what will the local unit of government do to improve its underfunded status, and where can we find the proof of these changes in the supporting documentation?). |
|---|
| Category of Prospective Actions: |
| System Design Changes - System design changes may include the following: Lower tier of benefits for new hires, final average compensation limitations, freeze future benefit accruals for active employees in the defined benefit system, defined contribution system for new hires, hybrid system for new hires, bridged multiplier for active employees, etc. |
| Sample Statement : Beginning with summer 2018 contract negotiations, the local unit will seek to lower the system's multiplier for current employees from 2.5X to 2X for the General Employees' Retirement System . On poge 8 of the attached actuarial supplemental valuation, it shows our funded ratio would be 60% funded by fiscal year 2020 if these changes were adopted and implemented by fiscal year 2019 . |
| |
| Additional Funding - Additional funding may include the following: voluntary contributions above the actuarially determined contribution, bonding, millage increases, restricted funds, etc. |
| Sample Statement: Beginning in fiscal year 2019, the local unit will provide a lump sum payment of \$1 millian to the General Employees' Retirement System. This lump sum payment will be in addition to the actuarially determined contribution (ADC) of the system. The additional contribution will increase the retirement system's funded ratio to 61% by 2025. Please see page 10 of the attached enacted budget, which highlights this contribution of \$1 million. Please see page 12 of the attached supplemental octuarial valuation showing the projected change to the system's funded ratio with this additional contribution. |
| The employee contributions made are above the actuarially determined contribution. The current fiscal year employer required contribution is \$833,832. The actuarial shows the computed annual employer contribution increasing to \$933,564 in 2019 and then decreasing in 2020 to \$848,088. The actuarial reflects 60% funding level for fiscal year 2021. We anticipate meeting that level of funding and increasing it by making additional contributions. See 2a. |
| Other Considerations – Other considerations may include the following: outdated Form 5572 information, actuarial assumption changes, amortization policy changes, etc. |
| Sample Statement: Beginning in fiscal year 2019 , the local unit will begin amortizing the unfunded portion of the pension liability using a level-dallar amortization method over a closed period of 10 years . This will allow the retirement system to reach a funded status of 62% by 2022 as shown in the attached actuarial analysis on page 13 . |
| Form 5572 was based on 12/31/2016 actuarial data and is prior to any changes made that were effective on 8/1/2017. |
| |

| 5. CONFIRMATION OF FUNDING | | | |
|---|--|--|--|
| Please check the applicable answer: | | | |
| Do the corrective actions listed in this plan allow for (insert local unit name) Bay Metropolitan Transportation on make, at a minimum, the annual required contribution payment for the defined benefit pension system according to your long-term budget forecast? | | | |
| YesNoIf No, Explain | | | |
| | | | |
| 6. DOCUMENTATION ATTACHED | TO THIS CORRECTIVE ACTION PLAN | | |
| corrective action plan that would be impleme | to this Corrective Action Plan. The documentation should detail the ented to adequately address the local unit of government's underfunded cluded as part of this plan and attach in successive order as provided | | |
| than one document in a specific category that | ments please use the naming convention shown below. If there is more t needs to be submitted, include a, b, or c for each document. For ntal valuations, you would name the first document "Attachment 2a" and | | |
| Naming Convention | Type of Document | | |
| ★ Attachment – I | This Corrective Action Plan Form (Required) | | |
| ★ Attachment – Ia | Documentation from the governing body approving this Corrective Action Plan (Required) | | |
| Attachment − 2a | An actuarial projection, an actuarial valuation, or an internally developed analysis, which illustrates how and when the local unit will reach the 60% funded ratio. Or, if the local unit is a city, village, township, or county, ARC will be less than 10% of governmental fund revenues, as defined by the Act. (Required) | | |
| ☐ Attachment — 3a | Documentation of additional payments in past years that is not reflected in your audited financial statements (e.g. enacted budget, system provided information). | | |
| X Attachment − 4a | Documentation of commitment to additional payments in future years (e.g. resolution, ordinance) | | |
| X Attachment − 5a | A separate corrective action plan that the local unit has approved to address its underfunded status, which includes documentation of prior actions, prospective actions, and the positive impact on the system's funded ratio | | |
| ★ Attachment –6a | Other documentation not categorized above | | |

| | rective action plan criteria listed below have been satisfied when submitting ive action plan criteria can be found in the <u>Corrective Action Plan</u> gies document. |
|--|---|
| Corrective Action Plan Criteria | Description |
| ∪ Underfunded Status | Is there a description and adequate supporting documentation of how and when the retirement system will reach the 60% funded ratio? Or, if your local unit is a city, village, township, or county, how and when the ARC of all pension systems will be less than 10 percent of governmental fund revenues? |
| | Do the corrective actions address the underfunded status in a reasonable timeframe (see CAP criteria issued by the Board)? |
| ∠ Legal and Feasible | Does the corrective action plan follow all applicable laws? Are all required administrative certifications and governing body approvals included? Are the actions listed feasible? |
| ★ Affordability | Do the corrective action(s) listed allow the local unit to make the annual required contribution payment for the pension system now and into the future without additional changes to this corrective action plan? |
| 8. LOCAL UNIT OF GOVERNME ACTION PLAN | NT'S ADMINISTRATIVE OFFICER APPROVAL OF CORRECTIVE |
| i <u>Eric Sprague</u> , General Manager | as the government's administrative officer (enter title) (Ex: City/Township Manager, Executive director, and Chief Executive Officer, and will implement the prospective actions contained in this Corrective |
| I confirm to the best of my knowledge th occur: | nat because of the changes listed above, one of the following statements will |
| The MERS DB Pension Plan funded status of at least 60% by Fisca listed in section 6. | (Insert Retirement Pension System Name) will achieve a all Year 2021 as demonstrated by required supporting documentation |
| OR, if the local unit is a city, village, | township, or county: |
| unit name) will be less than 10% of | t pension retirement systems of (Insert local the local unit of government's annual governmental fund revenues by Fiscal by required supporting documentation listed in section 6. |
| Signature Signature | Date 9/24/18 |

7. CORRECTIVE ACTION PLAN CRITERIA

Protecting Local Government Retirement and Benefits Act Corrective Action Plan:

Retirement Health Benefit Systems

Issued under authority of Public Act 202 of 2017.

| I. MUNICIPALITY INFORMATION | | |
|--|--|--|
| Local Unit Name: Bay Metropolitan Transportation Authority Six-Digit Muni Code: 097516 | | |
| Retirement Health Benefit System Name: Retiree Health Funding Vehicle with MERS | | |
| Contact Name (Administrative Officer): Eric Sprague | | |
| Title if not Administrative Officer: General Manager | | |
| Email: esprague@baymetro.com Telephone: (989) 922-3717 | | |

2. GENERAL INFORMATION

Corrective Action Plan: An underfunded local unit of government shall develop and submit for approval a corrective action plan for the local unit of government. The local unit of government shall determine the components of the corrective action plan. This Corrective Action Plan shall be submitted by any local unit of government with at least one retirement health benefit system that has been determined to have an underfunded status. Underfunded status for a retirement health system is defined as being less than 40% funded according to the most recent audited financial statements, and, if the local unit of government is a city, village, township, or county, the annual required contribution (ARC) for all of the retirement health systems of the local unit of government is greater than 12% of the local unit of government's annual governmental fund revenues, based on the most recent fiscal year.

Due Date: The local unit of government has **180 days from the date of notification** to submit a corrective action plan to the Municipal Stability Board. The Board may extend the 180-day deadline by up to an additional 45 days if the local unit of government submits a reasonable draft of a corrective action plan and requests an extension.

Filing: Per Sec. 10(1) of the Act, this Corrective Action Plan must be approved by the local government's administrative officer and its governing body. You must provide proof of your governing body approving this Corrective Action Plan and attach the documentation as a separate PDF document. Per Sec. 10(4) of the Act, failure to provide documentation that demonstrates approval from your governing body will result in a determination of noncompliance by the Board.

The submitted plan must demonstrate through distinct supporting documentation how and when the local unit will reach the 40% funded ratio. Or, if the local unit is a city, village, township, or county, the submitted plan may demonstrate how and when the ARC for all of the retirement healthcare systems will be less than 12% of annual governmental fund revenues, as defined by the Act. Supporting documentation for the funding ratio and/or ARC must include an actuarial projection, an actuarial valuation, or an internally developed analysis. The local unit must project governmental fund revenues using a reasonable forecast based on historical trends and projected rates of inflation.

The completed plan must be submitted via email to Treasury at LocalRetirementReporting@michigan.gov for review by the Board. If you have multiple underfunded retirement systems, you are required to complete separate plans and send a separate email for each underfunded system. Please attach each plan as a separate PDF document in addition to all applicable supporting documentation.

The subject line of the email(s) should be in the following format: Corrective Action Plan-2017, Local Unit Name, Retirement System Name (e.g. Corrective Action Plan-2017, City of Lansing, Employees' Retirement System OPEB

Plan). Treasury will send an automatic reply acknowledging receipt of the email. Your individual email settings must allow for receipt of Treasury's automatic reply. This will be the only notification confirming receipt of the application(s).

Municipal Stability Board: The Municipal Stability Board (the Board) shall review and vote on the approval of a corrective action plan submitted by a local unit of government. If a corrective action plan is approved, the Board will monitor the corrective action plan for the following two years, and the Board will report on the local unit of government's compliance with the Act not less than every two years.

Review Process: Following receipt of the email by Treasury, the Board will accept the corrective action plan submission at the next scheduled meeting of the Board. The Board shall then approve or reject the corrective action plan within 45 days from the date of the meeting.

Considerations for Approval: A successful corrective action plan will demonstrate the actions for correcting underfunded status as set forth in Sec. 10(7) of the Act (listed below), as well as any additional solutions to address the underfunded status. Please also include steps already taken to address your underfunded status, as well as the date prospective actions will be taken. A local unit of government may also include in its corrective action plan a review of the local unit of government's budget and finances to determine any alternative methods available to address its underfunded status. A corrective action plan under this section may include the development and implementation of corrective options for the local unit of government to address its underfunded status. The corrective options as described in Sec. 10(7) may include, but are not limited to, any of the following:

- (i) Requiring cost sharing of premiums and sufficient copays.
- (ii) Capping employer costs.

Implementation: The local unit of government has up to 180 days after the approval of a corrective action plan to begin to implement the corrective action plan to address its underfunded status. The Board shall monitor each underfunded local unit of government's compliance with this act and any corrective action plan. The Board shall adopt a schedule, not less than every 2 years, to certify that the underfunded local unit of government is in substantial compliance with the Act. If the Board determines that an underfunded local unit of government is not in substantial compliance under this subsection, the Board shall within 15 days provide notification and report to the local unit of government detailing the reasons for the determination of noncompliance with the corrective action plan. The local unit of government has 60 days from the date of the notification to address the determination of noncompliance.

3. DESCRIPTION OF PRIOR ACTIONS

Prior actions are separated into three categories below: System Design Changes, Additional Funding, and Other Considerations. Please provide a brief description of the prior actions implemented by the local government to address the retirement system's underfunded status within the appropriate category section. Within each category are sample statements that you may choose to use to indicate the changes to your system that will positively affect your funded status. For retirement systems that have multiple divisions, departments, or plans within the same retirement system, please indicate how these changes impact the retirement system as a whole.

Please Note: If applicable, prior actions listed within your waiver application(s) may also be included in your corrective action plan.

Please indicate where in the attached supporting documentation these changes are described and the impact of those changes (i.e. what has the local unit of government done to improve its underfunded status, and where can we find the proof of these changes in the supporting documentation?).

Note: Please provide the name of the system impacted, the date you made the change, the relevant page number(s) within the supporting documentation, and the resulting change to the system's funded ratio.

Category of Prior Actions:

System Design Changes - System design changes may include the following: Changes to coverage levels (including retiree co-payments, deductibles, and Medicare eligibility), changes to premium cost-sharing, eligibility changes, switch to defined contribution retiree health care plan, changes to retiree health care coverage for new hires, etc.

Sample Statement: Benefit levels of the retired membership mirrors the current collective bargaining agreement for each class of employee. On **January 1**, **2017**, the local unit entered into new collective bargaining agreements with the **Command Officers Association** and **Internal Association of Firefighters** that increased employee co-payments and deductibles for healthcare. These coverage changes resulted in an improvement to the retirement system's funded ratio. Please see page **12** of the attached actuarial analysis that indicates the system is **40**% funded as of **June 30**, **2017**.

On 8/1/2017, implementation of employee monthly contributions towards premiums, employee paid co-pays and deductibles. Change for employees hired on or after 8/1/2017 receiving retiree paid healthcare at age 62 and ends at age 65, with 10 years of service. Also, for employees hired on or after 8/1/2017, retiree healthcare for retiree only, no dependents.

Additional Funding – Additional funding may include the following: paying the annual required contribution in addition to retiree premiums, voluntary contributions above the annual required contribution, bonding, millage increases, restricted funds, etc.

Sample Statement: The local unit created a qualified trust to receive, invest, and accumulate assets for retirement healthcare on June 23, 2016. The local unit of government has adopted a policy to change its funding methodalogy from Pay-Go to full funding of the Annual Required Contribution (ARC). Additionally, the local unit has committed to contributing \$500,000 annually, in addition to the ARC for the next five fiscal years. The additional contributions will increase the retirement system's funded ratio to 40% by 2022. Please see page 10 of the attached resolution from our governing body demonstrating the commitment to contribute the ARC and additional \$500,000 for the next five years.

The Bay Metro Transit Board of Directors approved of opening Sec. 115 Trust through MERS Retiree Health Funding Vehicle on 4/19/2017. This trust is to help fund the retiree health care. See attachments: 3a - 3d.

☑ Other Considerations – Other considerations may include the following: outdated Form 5572 information, actuarial assumption changes, amortization policy changes, etc.

Sample Statement: The information provided on the Form 5572 from the audit used actuarial data from **2015**. Attached is an updated actuarial valuation for **2017** that shows our funded ratio has improved to **42%** as indicated on page **13**.

The information provided on Form 5572 from the audit used actuarial data from 2015. Attached is an updated actuarial valuation for 2017 that shows our funded ratio has improved to 20.10% as indicated on page 7 of attachment-2b.

4. DESCRIPTION OF PROSPECTIVE ACTIONS

The corrective action plan allows you to submit a plan of prospective actions which are separated into three categories below: System Design Changes, Additional Funding, and Other Considerations. Please provide a brief description of the prospective actions implemented by the local government to address the retirement system's underfunded status within the appropriate category section. Within each category are sample statements that you may choose to use to indicate the changes to your system that will positively affect your funded status. For retirement systems that have multiple divisions, departments, or plans within the same retirement system, please indicate how these changes impact the retirement system as a whole.

| Please indicate where in the attached supporting documentation these changes are described and the impact of those changes (i.e. what will the local unit of government do to improve its underfunded status, and where can we find the proof of these changes in the supporting documentation?). |
|---|
| Category of Prospective Actions: |
| System Design Changes - System design changes may include the following: Changes to coverage levels (including retiree co-payments, deductibles, and Medicare eligibility), changes to premium cost-sharing, eligibility changes, switch to defined contribution retiree health care plan, changes to retiree health care coverage for new hires, etc. |
| Sample Statement: The local unit will seek to align benefit levels for the retired membership with each class of active employees. Beginning with summer 2018 controct negotiations, the local unit will seek revised collective bargaining agreements with the Command Officers Association and Internal Association of Firefighters to increase employee co-payments and deductibles for healthcare. These coverage changes would result in an improvement to the retirement system's funded ratio. Please see page 12 of the attached actuarial analysis that indicates the system would be 40% funded by fiscal year 2020 if these changes were adopted and implemented by fiscal year 2019. |
| |
| Additional Funding – Additional funding may include the following: meeting the annual required contribution in addition to retiree premiums, voluntary contributions above the annual required contribution, bonding, millage increases, restricted funds, etc. |
| Sample Statement: The local unit will create a qualified trust to receive, invest, and accumulate assets for retirement healthcare by December 31, 2018 . The local unit of government will adopt a policy to change its funding methodology from Pay-Go to full funding of the Annual Required Contribution (ARC) by December 31, 2018 . Additionally, beginning in fiscal year 2019, the local unit will contribute \$500,000 annually in addition to the ARC for the next five fiscal years. The additional contributions will increase the retirement system's funded ratio to 40% by 2022. Please see page 10 of the attached resolution from our governing body demonstrating the commitment to contribute the ARC and additional \$500,000 for the next five years. |
| The local unit will fund the trust with the actuarial required contribution of \$171,962 by September 30, 2018 for FY-2018. Future savings recognized between actual and budgeted health insurance costs will be considered as additional funding to the trust. |
| Other Considerations – Other considerations may include the following: outdated Form 5572 information, actuarial assumption changes, amortization policy changes, etc. |
| Sample Statement: Beginning in fiscal year 2019, the local unit will begin amortizing the unfunded portion of the healthcare liability using a level-dollar amortization method over a closed period of 10 years. This will allow the health system to reach a funded status of 42% by 2022 as shown in the attached actuarial analysis on page 13. |
| The funding of the actuarial required contribution of \$171,962 into the trust should achieve 40% funding for FY-2018 as illustrated in attachment-2c. Bay Metro Transit is required to have an actuarial valuation completed every two years. For FY-2019 the funding level will be updated and a projection of future funding levels will be included in the valuation report with considering funding of the trust with the actuarial annual required contributions. |
| |

| - | CONFIRMATION OF FUNDING | |
|-------------|---|--|
| | ase check the applicable answer: | |
| Do to r | the corrective actions listed in this plan allow for | (insert local unit name) Bay Metropolitan Transportation It, as well as the normal cost payments for all new hires (if according to your long-term budget forecast? |
| | Yes No If No, Explain | |
| | | |
| Do: cor | rective action plan that would be implemented to us. Please check all documents that are included a | IS CORRECTIVE ACTION PLAN orrective action plan. The documentation should detail the adequately address the local unit of government's underfunded as part of this plan and attach in successive order as provided |
| thar exa | n one document in a specific category that needs t | lease use the naming convention shown below. If there is more to be submitted, include a, b, or c for each document. For ations, you would name the first document "Attachment 2a" and |
| Na | ming Convention | Type of Document |
| \boxtimes | Attachment – I | This Corrective Action Plan (Required) |
| 区 | Attachment – Ia | Documentation from the governing body approving this Corrective Action Plan (Required) |
| \boxtimes | Attachment – 2a | An actuarial projection, an actuarial valuation, or an internally developed analysis, which illustrates how and when the local unit will reach the 40% funded ratio. Or, if the local unit is a city, village, township, or county, ARC will be less than 12% of governmental fund revenues, as defined by the Act. (Required) |
| X | Attachment – 3a | Documentation of additional payments in past years that is not reflected in your audited financial statements (e.g. enacted budget, system provided information). |
| X | Attachment – 4 a | Documentation of commitment to additional payments in future years (e.g. resolution, ordinance) |
| \boxtimes | Attachment — 5a | A separate corrective action plan that the local unit has approved to address its underfunded status, which includes documentation of prior actions, prospective actions, and the positive impact on the system's funded ratio |
| \boxtimes | Attachment – 6a | Other documentation, not categorized above |

| Please confirm that each of the four corrective a this document. Specific detail on corrective action Development: Best Practices and Strategies documents. | ction plan criteria listed below have been satisfied when submitting on plan criteria can be found in the <u>Corrective Action Plan</u> Iment. |
|---|---|
| Corrective Action Plan Criteria | Description |
| ☑ Underfunded Status | Is there a description and adequate supporting documentation of how and when the retirement system will reach the 40% funded ratio? Or, if your local unit is a city, village, township, or county, how and when the ARC of all retirement healthcare systems will be less than 12 percent of governmental fund revenues? |
| Reasonable Timeframe | Do the corrective actions address the underfunded status in a reasonable timeframe (see CAP criteria issued by the Board)? |
| ∠ Legal and Feasible | Does the corrective action plan follow all applicable laws? Are all required administrative certifications and governing body approvals included? Are the actions listed feasible? |
| ★ Affordability | Do the corrective action(s) listed allow the local unit to make the retiree healthcare premium payment, as well as normal cost payment for new hires now and into the future without additional changes to this corrective action plan? |
| 8. LOCAL UNIT OF GOVERNMENT'S A ACTION PLAN | DMINISTRATIVE OFFICER APPROVAL OF CORRECTIVE |
| I, Eric Sprague , as the | e government's administrative officer (insert title) |
| Officer, etc.) approve this Corrective Action Plan Corrective Action Plan. | ity/Township Manager, Executive director, and Chief Executive and will implement the prospective actions contained in this use of the changes listed above, one of the following statements will |
| The Retiree Health Funding Vehicle achieve a funded status of at least 40% by documentation listed in section 6. | (Insert Retirement Healthcare System Name) will Fiscal Year 2018 as demonstrated by required supporting |
| OR, if the local unit is a city, village, townsh | nip, or county: |
| The ARC for all of the retirement healthcolocal unit name) will be less than 12% of Fiscal Year as demonstrated | are systems of(Insert of the local unit of government's annual governmental fund revenues by d by required supporting documentation listed in section 6. |
| Signature Euglie | Date 9/24/18 |

7. CORRECTIVE ACTION PLAN CRITERIA

Retirement Health Benefit Systems

Issued under authority of Public Act 202 of 2017.

| I. MUNICIPALITY INFORMATION | |
|--|--------------------------------------|
| Local Unit Name: Wexford County Road Commission | Six-Digit Muni Code: 830100 |
| Retirement Health Benefit System Name: Wexford CRC | |
| Contact Name (Administrative Officer): Andrea Herman | |
| Title if not Administrative Officer: Finance & Business Mana | ger |
| Email: finance@wexford crc.org | Telephone Number: 231-775-9731 x3026 |

2. GENERAL INFORMATION

Corrective Action Plan: An underfunded local unit of government shall develop and submit for approval a corrective action plan for the local unit of government. The local unit of government shall determine the components of the corrective action plan. This Corrective Action Plan shall be submitted by any local unit of government with at least one retirement health benefit system that has been determined to have an underfunded status. Underfunded status for a retirement health system is defined as being less than 40% funded according to the most recent audited financial statements, and, if the local unit of government is a city, village, township, or county, the annual required contribution for all of the retirement health systems of the local unit of government is greater than 12% of the local unit of government's annual governmental fund revenues, based on the most recent fiscal year.

Due Date: The local unit of government has 180 days from the date of notification to submit a corrective action plan to the Municipal Stability Board. The Board may extend the 180-day deadline by up to an additional 45 days if the local unit of government submits a reasonable draft of a corrective action plan and requests an extension.

Filing: Per Sec. 10(1) of PA 202 of 2017 (the Act), this Corrective Action Plan must be approved by the local government's administrative officer and its governing body. You must provide proof of your governing body approving this Corrective Action Plan and attach the documentation as a separate PDF document. Per Sec. 10(4) of the Act, failure to provide documentation that demonstrates approval from your governing body will result in a determination of noncompliance by the Board.

The completed plan must be submitted via email to Treasury at LocalRetirementReporting@michigan.gov for review by the Board. If you have multiple underfunded retirement systems, you are required to complete separate plans and send a separate email for each underfunded system. Please attach each plan as a separate PDF document in addition to all applicable supporting documentation.

The subject line of the email(s) should be in the following format: Corrective Action Plan-2017, Local Unit Name, Retirement System Name (e.g. Corrective Action Plan-2017, City of Lansing, Employees' Retirement System OPEB Plan). Treasury will send an automatic reply acknowledging receipt of the email. Your individual email settings must allow for receipt of Treasury's automatic reply. This will be the only notification confirming receipt of the application(s).

Municipal Stability Board: The Municipal Stability Board (the Board) shall review and vote on the approval of a corrective action plan submitted by a local unit of government. If corrective action is approved, the Board will monitor the corrective action for the following two years, and the Board will report on the local unit of government's compliance with the Act not less than every two years.

Review Process: Following receipt of the email by Treasury, the Board will accept the corrective action plan submission at the next scheduled meeting of the Board. The Board shall then approve or reject the corrective action plan within 45 days from the date of the meeting.

Considerations for Approval: A successful corrective action plan will demonstrate the actions for correcting underfunded status as set forth in Sec. 10(7) of the Act (listed below), as well as any additional solutions to address the underfunded status. Please also include steps already taken to address your underfunded status, as well as the date prospective actions will be taken. A local unit of government may also include in its corrective action plan a review of the local unit of government's budget and finances to determine any alternative methods available to address its underfunded status. A corrective action plan under this section may include the development and implementation of corrective options for the local unit of government to address its underfunded status. The corrective options as described in Sec. 10(7) may include, but are not limited to, any of the following:

- (i) Requiring cost sharing of premiums and sufficient copays.
- (ii) Capping employer costs.

Implementation: The local unit of government has up to 180 days after the approval of a corrective action plan to begin to implement the corrective action plan to address its underfunded status. The Board shall monitor each underfunded local unit of government's compliance with this act and any corrective action plan. The Board shall adopt a schedule, not less than every 2 years, to certify that the underfunded local unit of government is in substantial compliance with the Act. If the Board determines that an underfunded local unit of government is not in substantial compliance under this subsection, the Board shall within 15 days provide notification and report to the local unit of government detailing the reasons for the determination of noncompliance with the corrective action plan. The local unit of government has 60 days from the date of the notification to address the determination of noncompliance.

3. DESCRIPTION OF PRIOR ACTIONS

Prior actions are separated into three categories below: System Design Changes, Additional Funding, and Other Considerations. Please provide a brief description of the prior actions implemented by the local government to address the retirement system's underfunded status within the appropriate category section. Within each category are sample statements that you may choose to use to indicate the changes to your system that will positively affect your funded status. For retirement systems that have multiple divisions, departments, or plans within the same retirement system, please indicate how these changes impact the retirement system as a whole.

Please Note: If applicable, prior actions listed within your waiver application(s) may also be included in your corrective action plan.

Please indicate where in the attached supporting documentation these changes are described and the impact of those changes (i.e. what has the local unit of government done to improve its underfunded status, and where can we find the proof of these changes in the supporting documentation?).

Note: Please provide the name of the system impacted, the date you made the change, the relevant page number(s) within the supporting documentation, and the resulting change to the system's funded ratio.

Category of Prior Actions:

System Design Changes - System design changes may include the following: Changes to coverage levels (including retiree co-payments, deductibles, and Medicare eligibility), changes to premium cost-sharing, eligibility changes, switch to defined contribution retiree health care plan, changes to retiree health care coverage for new hires, etc.

Sample Statement: Benefit levels of the retired membership mirrors the current collective bargaining agreement for each class of employee. On **January 1**, 2017, the local unit entered into new collective bargaining agreements with the **Command**

| Officers Association and Internal Association of Firefighters that increased employee co-payments and deductibles for |
|--|
| healthcare. These coverage changes resulted in an improvement to the retirement system's funded ratio. Please see page 12 of |
| the attached actuarial analysis that indicates the system is 40% funded as of June 30, 2017. |

Please see attachment 7a.1.

Additional Funding – Additional funding may include the following: paying the annual required contribution in addition to retiree premiums, voluntary contributions above the annual required contribution, bonding, millage increases, restricted funds, etc.

Sample Statement: The local unit created a qualified trust to receive, invest, and accumulate assets for retirement healthcare on June 23, 2016. The local unit of government has adopted a policy to change its funding methodology from Pay-Go to full funding of the Annual Required Contribution (ARC). Additionally, the local unit has committed to contributing \$500,000 annually, in addition to the ARC for the next five fiscal years. The additional contributions will increase the retirement system's funded ratio to 40% by 2022. Please see page 10 of the attached resolution from our governing body demonstrating the commitment to contribute the ARC and additional \$500,000 for the next five years.

On August 29, 2018 the WCRC Board passed a resolution for implementing the MERS Retiree Health Funding Vehicle (RHFV) trust and to change its funding methodology from Pay-Go to full funding of the ARC each year. Please see attachment 1a & 5a, page 2. The ARC is currently \$26,380 per year (see attachment 2a.2, page IV). Along with these actions we will continue to pay the retirees premium payment. Please see attachment 4a to reflect the initial payment. This funding will increase the OPEB funded ratio to over 40% by 2025 (see attachment 3a).

▼ Other Considerations – Other considerations may include the following: outdated Form 5572 information, actuarial assumption changes, amortization policy changes, etc.

Sample Statement: The information provided on the Form 5572 from the audit used actuarial data from 2015. Attached is an updated actuarial valuation for 2017 that shows our funded ratio has improved to 42% as indicated on page 13.

Our plan is closed. We have 16 retirees, at an average age of 75, that receive our insurance. By funding our RHFV with the ARC each year we anticipate the funding level to be 58.83% in 8 years (see attachment 3a).

4. DESCRIPTION OF PROSPECTIVE ACTIONS

The corrective action plan allows you to submit a plan of prospective actions which are separated into three categories below: System Design Changes, Additional Funding, and Other Considerations. Please provide a brief description of the prospective actions implemented by the local government to address the retirement system's underfunded status within the appropriate category section. Within each category are sample statements that you may choose to use to indicate the changes to your system that will positively affect your funded status. For retirement systems that have multiple divisions, departments, or plans within the same retirement system, please indicate how these changes impact the retirement system as a whole.

Please indicate where in the attached supporting documentation these changes are described and the impact of those changes (i.e. what will the local unit of government do to improve its underfunded status, and where can we find the proof of these changes in the supporting documentation?).

Category of Prospective Actions:

System Design Changes - System design changes may include the following: Changes to coverage levels (including retiree co-payments, deductibles, and Medicare eligibility), changes to premium cost-sharing, eligibility changes, switch to defined contribution retiree health care plan, changes to retiree health care coverage for new hires, etc.

| Sample Statement: The local unit will seek to align benefit levels for the retired membership with each class of active employees. Beginning with summer 2018 contract negotiations, the local unit will seek revised collective bargaining agreements with the Command Officers Association and Internal Association of Firefighters to increase employee co-payments and deductibles for healthcare. These coverage changes would result in an improvement to the retirement system's funded ratio. Please see page 12 of the attached actuarial analysis that indicates the system would be 40% funded by fiscal year 2020 if these changes were adopted and implemented by fiscal year 2019. |
|--|
| The WCRC is currently working with MERS, Mercer 365, and our labor attorney to negotiate a monthly stipend, for current retirees. The stipend will be deposited into their health care savings program (HCSP), to purchase their insurance through the marketplace with Mercer 365. We anticipate implementing this change in 2019. |
| Additional Funding – Additional funding may include the following: meeting the annual required contribution in addition to retiree premiums, voluntary contributions above the annual required contribution, bonding, millage increases, restricted funds, etc. |
| Sample Statement: The local unit will create a qualified trust to receive, invest, and accumulate assets for retirement healthcare by December 31, 2018. The local unit of government will adopt a policy to change its funding methodology from Pay-Go to full funding of the Annual Required Contribution (ARC) by December 31, 2018. Additionally, beginning in fiscal year 2019, the local unit will contribute \$500,000 annually in addition to the ARC for the next five fiscal years. The additional contributions will increase the retirement system's funded ratio to 40% by 2022. Please see page 10 of the attached resolution from our governing body demonstrating the commitment to contribute the ARC and additional \$500,000 for the next five years. |
| |
| ☑ Other Considerations – Other considerations may include the following: outdated Form 5572 information, actuarial assumption changes, amortization policy changes, etc. |
| Sample Statement: Beginning in fiscal year 2019, the local unit will begin amortizing the unfunded portion of the healthcare liability using a level-dollar amortization method over a closed period of 10 years. This will allow the health system to reach a funded status of 42% by 2022 as shown in the attached actuarial analysis on page 13. |
| The Pay-Go method, which was utilized in 2017, resulted in \$62,776 cost for retiree healthcare (see attachment 7a.4, page 30). This amount is more than affordable for our organization. With our population of retirees growing older, the changes we've already made, and changes we are proposing, our UAAL will be zero by 2034 (see attachment 2a.3, page 5). Our Annual Actuarial Valuation will be updated as of December 31, 2018. |
| |
| 5. CONFIRMATION OF FUNDING Please check the applicable answer: |
| •• |
| Do the corrective actions listed in this plan allow for (insert local unit name) Wexford County Road Commission to make, at a minimum, the retiree premium payment, as well as the normal cost payments for all new hires (if applicable), for the retirement health benefit system according to your long-term budget forecast? |
| X Yes☐ NoIf No, Explain: |
| |

| 6. DO | CUMENTATION ATTACHED TO THI | S CORRECTIVE ACTION PLAN |
|----------|---|--|
| correct | ive action plan that would be implemented to | prrective action plan. The documentation should detail the adequately address the local unit of government's underfunded s part of this plan and attach in successive order as provided |
| than one | e document in a specific category that needs to | ease use the naming convention shown below. If there is more o be submitted, include a, b, or c for each document. For ations, you would name the first document "Attachment 2a" and |
| Namin | g Convention | Type of Document |
| ⊠ Att | tachment – I | This Corrective Action Plan (Required) |
| X Att | cachment – Ia | Documentation from the governing body approving this Corrective Action Plan (Required) |
| ⊠ Att | achment – 2a | Actuarial Analysis (annual valuation, supplemental valuation, projection) |
| ⊠ Att | rachment – 3a | Internally Developed Projection Study |
| ☐ Att | achment – 4 a | Documentation of additional payments in past years that is not reflected in your audited financial statements (e.g. enacted |
| ⊠ Att | achment – 5a | budget, system provided information). Documentation of commitment to additional payments in future years (e.g. resolution, ordinance) |
| ☐ Att | achment – 6a | A separate corrective action plan that the local unit has approved to address its underfunded status, which includes documentation of prior actions, prospective actions, and the positive impact on the system's funded ratio |
| ⊠ Att | achment – 7a | Other documentation, not categorized above |
| 7. LO | CAL UNIT OF GOVERNMENT'S ADMI | NISTRATIVE OFFICER APPROVAL OF CORRECTIVE |

LOCAL UNIT OF GOVERNMENT'S ADMINISTRATIVE OFFICER APPROVAL OF CORRECTIVE ACTION PLAN

| Aian Cooper | , as the government's administrative officer (enter title) |
|-------------------------------|---|
| Manager | (City/Township Manager, Executive director, and Chief Executive Officer, |
| etc.) approve this Corrective | Action Plan and will implement the prospective actions contained in this Corrective |
| Action Plan. | |
| Signature Claud | Ooppe Date 8-29-18 |
| Signature | |

Retirement Health Benefit Systems

Issued under authority of Public Act 202 of 2017.

| I. MUNICIPALITY INFORMATION |
|---|
| Local Unit Name: Suburban Mobility Authority for Regional Six-Digit Muni Code: 827550 |
| Retirement Health Benefit System Name: SMART Retiree Health Funding Vehicle |
| Contact Name (Administrative Officer): David L. Sabuda |
| Title if not Administrative Officer: Director of Finance |
| Email: dsabuda@smartbus.org Telephone Number: (313) 223-2149 |

2. GENERAL INFORMATION

Corrective Action Plan: An underfunded local unit of government shall develop and submit for approval a corrective action plan for the local unit of government. The local unit of government shall determine the components of the corrective action plan. This Corrective Action Plan shall be submitted by any local unit of government with at least one retirement health benefit system that has been determined to have an underfunded status. Underfunded status for a retirement health system is defined as being less than 40% funded according to the most recent audited financial statements, and, if the local unit of government is a city, village, township, or county, the annual required contribution for all of the retirement health systems of the local unit of government is greater than 12% of the local unit of government's annual governmental fund revenues, based on the most recent fiscal year.

Due Date: The local unit of government has 180 days from the date of notification to submit a corrective action plan to the Municipal Stability Board. The Board may extend the 180-day deadline by up to an additional 45 days if the local unit of government submits a reasonable draft of a corrective action plan and requests an extension.

Filing: Per Sec. 10(1) of PA 202 of 2017 (the Act), this Corrective Action Plan must be approved by the local government's administrative officer and its governing body. You must provide proof of your governing body approving this Corrective Action Plan and attach the documentation as a separate PDF document. Per Sec. 10(4) of the Act, failure to provide documentation that demonstrates approval from your governing body will result in a determination of noncompliance by the Board.

The completed plan must be submitted via email to Treasury at LocalRetirementReporting@michigan.gov for review by the Board. If you have multiple underfunded retirement systems, you are required to complete separate plans and send a separate email for each underfunded system. Please attach each plan as a separate PDF document in addition to all applicable supporting documentation.

The subject line of the email(s) should be in the following format: Corrective Action Plan-2017, Local Unit Name, Retirement System Name (e.g. Corrective Action Plan-2017, City of Lansing, Employees' Retirement System OPEB Plan). Treasury will send an automatic reply acknowledging receipt of the email. Your individual email settings must allow for receipt of Treasury's automatic reply. This will be the only notification confirming receipt of the application(s).

Municipal Stability Board: The Municipal Stability Board (the Board) shall review and vote on the approval of a corrective action plan submitted by a local unit of government. If corrective action is approved, the Board will monitor the corrective action for the following two years, and the Board will report on the local unit of government's compliance with the Act not less than every two years.

Review Process: Following receipt of the email by Treasury, the Board will accept the corrective action plan submission at the next scheduled meeting of the Board. The Board shall then approve or reject the corrective action plan within 45 days from the date of the meeting.

Considerations for Approval: A successful corrective action plan will demonstrate the actions for correcting underfunded status as set forth in Sec. 10(7) of the Act (listed below), as well as any additional solutions to address the underfunded status. Please also include steps already taken to address your underfunded status, as well as the date prospective actions will be taken. A local unit of government may also include in its corrective action plan a review of the local unit of government's budget and finances to determine any alternative methods available to address its underfunded status. A corrective action plan under this section may include the development and implementation of corrective options for the local unit of government to address its underfunded status. The corrective options as described in Sec. 10(7) may include, but are not limited to, any of the following:

- (i) Requiring cost sharing of premiums and sufficient copays.
- (ii) Capping employer costs.

Implementation: The local unit of government has up to 180 days after the approval of a corrective action plan to begin to implement the corrective action plan to address its underfunded status. The Board shall monitor each underfunded local unit of government's compliance with this act and any corrective action plan. The Board shall adopt a schedule, not less than every 2 years, to certify that the underfunded local unit of government is in substantial compliance with the Act. If the Board determines that an underfunded local unit of government is not in substantial compliance under this subsection, the Board shall within 15 days provide notification and report to the local unit of government detailing the reasons for the determination of noncompliance with the corrective action plan. The local unit of government has 60 days from the date of the notification to address the determination of noncompliance.

3. DESCRIPTION OF PRIOR ACTIONS

Prior actions are separated into three categories below: System Design Changes, Additional Funding, and Other Considerations. Please provide a brief description of the prior actions implemented by the local government to address the retirement system's underfunded status within the appropriate category section. Within each category are sample statements that you may choose to use to indicate the changes to your system that will positively affect your funded status. For retirement systems that have multiple divisions, departments, or plans within the same retirement system, please indicate how these changes impact the retirement system as a whole.

Please Note: If applicable, prior actions listed within your waiver application(s) may also be included in your corrective action plan.

Please indicate where in the attached supporting documentation these changes are described and the impact of those changes (i.e. what has the local unit of government done to improve its underfunded status, and where can we find the proof of these changes in the supporting documentation?).

Note: Please provide the name of the system impacted, the date you made the change, the relevant page number(s) within the supporting documentation, and the resulting change to the system's funded ratio.

Category of Prior Actions:

System Design Changes - System design changes may include the following: Changes to coverage levels (including retiree co-payments, deductibles, and Medicare eligibility), changes to premium cost-sharing, eligibility changes, switch to defined contribution retiree health care plan, changes to retiree health care coverage for new hires, etc.

Sample Statement: Benefit levels of the retired membership mirrors the current collective bargaining agreement for each class of employee. On **January 1, 2017**, the local unit entered into new collective bargaining agreements with the **Command**

| Officers Association and Internal Association of Firefighters that increased employee co-payments and deductibles for healthcare. These coverage changes resulted in an improvement to the retirement system's funded ratio. Please see page 12 of the attached actuarial analysis that indicates the system is 40% funded as of June 30, 2017. |
|--|
| SMART implements various retiree monthly premium contributions towards the pensioners monthly health care benefit which contributes to funding the annual OPEB Annual Required Contribution. |
| SMART caps the retiree health care liability of the OPEB system by requiring certain union and non-union personnel and all new hires to enter into a defined contribution retiree health care program while employed with SMART. |
| Additional Funding – Additional funding may include the following: paying the annual required contribution in addition to retiree premiums, voluntary contributions above the annual required contribution, bonding, millage increases, restricted funds, etc. |
| Sample Statement: The local unit created a qualified trust to receive, invest, and accumulate assets for retirement healthcare on June 23, 2016. The local unit of government has adopted a policy to change its funding methodology from Pay-Go to full funding of the Annual Required Contribution (ARC). Additionally, the local unit has committed to contributing \$500,000 annually, in addition to the ARC for the next five fiscal years. The additional contributions will increase the retirement system's funded ratio to 40% by 2022. Please see page 10 of the attached resolution from our governing body demonstrating the commitment to contribute the ARC and additional \$500,000 for the next five years. |
| SMART has created a qualified trust to receive, invest and accumulate assets for retirement health care on 6/24/2007, and has a \$54.1 million dollar balance in the OPEB trust as of 6/30/18. |
| Additionally, the SMART Board has committed to fund an additional \$4.1 million above the pay-as-you-go cost until the OPEB system is funded 40%, which is estimated to be in FY2022 and estimated to be 100% by FY2032. |
| Other Considerations — Other considerations may include the following: outdated Form 5572 information, actuarial assumption changes, amortization policy changes, etc. Sample Statement: The information provided on the Form 5572 from the audit used actuarial data from 2015. Attached is an updated actuarial valuation for 2017 that shows our funded ratio has improved to 42% as indicated on page 13. |
| Attached, please find a supplemental actuarial report, with assumptions, that highlights the projected 40% funding ratio to be achieved in FY2022, and the projected 100% funding of the liability to be achieved in FY2032 if all funding assumptions are met. |
| 4. DESCRIPTION OF PROSPECTIVE ACTIONS |
| The corrective action plan allows you to submit a plan of prospective actions which are separated into three categories below: System Design Changes, Additional Funding, and Other Considerations. Please provide a brief description of the prospective actions implemented by the local government to address the retirement system's underfunded status within the appropriate category section. Within each category are sample statements that you may choose to use to indicate the changes to your system that will positively affect your funded status. For retirement systems that have multiple divisions, departments, or plans within the same retirement system, please indicate how these changes impact the retirement system as a whole. |
| Please indicate where in the attached supporting documentation these changes are described and the impact of those changes (i.e. what will the local unit of government do to improve its underfunded status, and where can we find the proof of these changes in the supporting documentation?). |
| Category of Prospective Actions: |
| System Design Changes - System design changes may include the following: Changes to coverage levels (including retiree co-payments, deductibles, and Medicare eligibility), changes to premium cost-sharing, eligibility changes, switch to defined contribution retiree health care plan, changes to retiree health care coverage for new |

hires, etc.

| County Control Till I am III |
|--|
| Sample Statement: The local unit will seek to align benefit levels for the retired membership with each class of active employees. Beginning with summer 2018 contract negotiations, the local unit will seek revised collective bargaining agreements with the Command Officers Association and Internal Association of Firefighters to increase employee co-payments and deductibles for healthcare. These coverage changes would result in an improvement to the retirement system's funded ratio. Please see page 12 of the attached actuarial analysis that indicates the system would be 40% funded by fiscal year 2020 if these changes were adopted and implemented by fiscal year 2019. |
| |
| Additional Funding — Additional funding may include the following: meeting the annual required contribution in addition to retiree premiums, voluntary contributions above the annual required contribution, bonding, millage increases, restricted funds, etc. |
| Sample Statement: The local unit will create a qualified trust to receive, invest, and accumulate assets for retirement healthcare by December 31, 2018. The local unit of government will adopt a policy to change its funding methodology from Pay-Go to full funding of the Annual Required Contribution (ARC) by December 31, 2018. Additionally, beginning in fiscal year 2019, the local unit will contribute \$500,000 annually in addition to the ARC for the next five fiscal years. The additional contributions will increase the retirement system's funded ratio to 40% by 2022. Please see page 10 of the attached resolution from our governing body demonstrating the commitment to contribute the ARC and additional \$500,000 for the next five years. |
| |
| Other Considerations – Other considerations may include the following: outdated Form 5572 information, actuarial assumption changes, amortization policy changes, etc. |
| Sample Statement: Beginning in fiscal year 2019, the local unit will begin amortizing the unfunded portion of the healthcare liability using a level-dollar amortization method over a closed period of 10 years. This will allow the health system to reach a funded status of 42% by 2022 as shown in the attached actuarial analysis on page 13. |
| |
| 5. CONFIRMATION OF FUNDING |
| Please check the applicable answer: |
| Do the corrective actions listed in this plan allow for (insert local unit name) SMART to make, at a minimum, the retiree premium payment, as well as the normal cost payments for all new hires (if applicable), for the retirement health benefit system according to your long-term budget forecast? |
| ∑ Yes ☐ No If No, Explain: ☐ If No, Explain: |
| |

| 6. DOCUMENTATION ATTACH | IED TO THIS CORRECTIVE ACTION PLAN |
|--|--|
| Documentation should be attached as a corrective action plan that would be imp | pdf to this corrective action plan. The documentation should detail the plemented to adequately address the local unit of government's underfunded are included as part of this plan and attach in successive order as provided |
| than one document in a specific category | documents please use the naming convention shown below. If there is more y that needs to be submitted, include a, b, or c for each document. For lemental valuations, you would name the first document "Attachment 2a" and |
| Naming Convention | Type of Document |
| | This Corrective Action Plan (Required) |
| | Documentation from the governing body approving this Corrective Action Plan (Required) |
| ☑ Attachment – 2a | Actuarial Analysis (annual valuation, supplemental valuation, projection) |
| Attachment – 3a | Internally Developed Projection Study |
| ☐ Attachment – 4a ☑ Attachment – 5a | Documentation of additional payments in past years that is not reflected in your audited financial statements (e.g. enacted budget, system provided information). Documentation of commitment to additional payments in future years (e.g. resolution, ordinance) |
| ☐ Attachment — 6a | A separate corrective action plan that the local unit has approved to address its underfunded status, which includes documentation of prior actions, prospective actions, and the positive impact on the system's funded ratio |
| Attachment – 7a | Other documentation, not categorized above |
| 7. LOCAL UNIT OF GOVERNMEN | NT'S ADMINISTRATIVE OFFICER APPROVAL OF CORRECTIVE |
| ACTION PLAN John C. Hertel | |
| General Manager | , as the government's administrative officer (enter title)(City/Township Manager, Executive director, and Chief Executive Officer, |
| | and will implement the prospective actions contained in this Corrective |
| Signatur C. Hertel | Date 08/23/2018 |

Defined Benefit Pension Retirement Systems

Issued under authority of Public Act 202 of 2017.

| I. MUNICIPALITY INFORMATION | TO A MALE THE RESERVE OF THE PARTY OF THE PA | |
|---|--|----|
| Local Unit Name: VILLAGE OF FARWELL | Six-Digit Muni Code: 183010 | |
| Defined Benefit Pension System Name: MERS OF MIC | HIGAN | -3 |
| Contact Name (Administrative Officer): KAYLA RAND | LE | |
| Title if not Administrative Officer: CLERK | | |
| Email: kayla@villageoffarwell.org | Telephone:_(989) 588-9926 | |

2. GENERAL INFORMATION

Corrective Action Plan: An underfunded local unit of government shall develop and submit for approval a corrective action plan for the local unit of government. The local unit of government shall determine the components of the corrective action plan. This Corrective Action Plan shall be submitted by any local unit of government with at least one defined benefit pension retirement system that has been determined to have an underfunded status. Underfunded status for a defined benefit pension system is defined as being less than 60% funded according to the most recent audited financial statements, and, if the local unit of government is a city, village, township, or county, the annually required contribution (ARC) for all of the defined benefit pension retirement systems of the local unit of government is greater than 10% of the local unit of government's annual governmental fund revenues, based on the most recent fiscal year.

Due Date: The local unit of government has 180 days from the date of notification to submit a corrective action plan to the Municipal Stability Board (the Board). The Board may extend the 180-day deadline by up to an additional 45 days if the local unit of government submits a reasonable draft of a corrective action plan and requests an extension.

Filing: Per Sec. 10(1) of PA 202 of 2017 (the Act), this Corrective Action Plan must be approved by the local government's administrative officer and its governing body. You must provide proof of your governing body approving this Corrective Action Plan and attach the documentation as a separate PDF document. Per Sec. 10(4) of the Act, failure to provide documentation that demonstrates approval from your governing body will result in a determination of noncompliance by the Board.

The submitted plan must demonstrate through distinct supporting documentation how and when the local unit will reach the 60% funded ratio. Or, if the local unit is a city, village, township, or county, the submitted plan may demonstrate how and when the ARC for all of the defined benefit pension systems will be less than 10% of annual governmental fund revenues, as defined by the Act. Supporting documentation for the funding ratio and/or ARC must include an actuarial projection, an actuarial valuation, or an internally developed analysis. The local unit must project governmental fund revenues using a reasonable forecast based on historical trends and projected rates of inflation.

The completed plan must be submitted via email to Treasury at LocalRetirementReporting@michigan.gov for review by the Board. If you have multiple underfunded retirement systems, you are required to complete separate plans and send a separate email for each underfunded system. Please attach each plan as a separate PDF document in addition to all applicable supporting documentation.

The subject line of the email(s) should be in the following format: Corrective Action Plan-2017, Local Unit Name, Retirement System Name (e.g. Corrective Action Plan-2017, City of Lansing, Employees' Retirement System

Pension Plan). Treasury will send an automatic reply acknowledging receipt of the email. Your individual email settings must allow for receipt of Treasury's automatic reply. This will be the only notification confirming receipt of the application(s).

Municipal Stability Board: The Municipal Stability Board (the Board) shall review and vote on the approval of a corrective action plan submitted by a local unit of government. If a corrective action plan is approved, the Board will monitor the corrective action plan for the following two years, and the Board will report on the local unit of government's compliance with the Act not less than every two years.

Review Process: Following receipt of the email by Treasury, the Board will accept the corrective action plan submission at the next scheduled meeting of the Board. The Board shall then approve or reject the corrective action plan within 45 days from the date of the meeting.

Considerations for Approval: A successful corrective action plan will demonstrate the actions for correcting underfunded status as set forth in Sec. 10(7) of the Act (listed below), as well as any additional solutions to address the underfunded status. Please also include steps already taken to address your underfunded status as well as the date prospective actions will be taken. A local unit of government may also include in its corrective action plan, a review of the local unit of government's budget and finances to determine any alternative methods available to address its underfunded status. A corrective action plan under this section may include the development and implementation of corrective options for the local unit of government to address its underfunded status. The corrective options as described in Sec. 10(7) may include, but are not limited to, any of the following:

- (i) Closing the current defined benefit plan.
- (ii) Implementing a multiplier limit.
- (iii) Reducing or eliminating new accrued benefits.
- (iv) Implementing final average compensation standards.

Implementation: The local unit of government has up to 180 days after the approval of a corrective action plan to begin to implement the corrective action plan to address its underfunded status. The Board shall monitor each underfunded local unit of government's compliance with this act and any corrective action plan. The Board shall adopt a schedule, not less than every 2 years, to certify that the underfunded local unit of government is in substantial compliance with the Act. If the Board determines that an underfunded local unit of government is not in substantial compliance under this subsection, the Board shall within 15 days provide notification and report to the local unit of government detailing the reasons for the determination of noncompliance with the corrective action plan. The local unit of government has 60 days from the date of the notification to address the determination of noncompliance.

3. DESCRIPTIONS OF PRIOR ACTIONS

Prior actions are separated into three categories below: System Design Changes, Additional Funding, and Other Considerations. Please provide a brief description of the prior actions implemented by the local government to address the retirement system's underfunded status within the appropriate category section. Within each category are sample statements that you may choose to use to indicate the changes to your system that will positively affect your funded status. For retirement systems that have multiple divisions, departments, or plans within the same retirement system, please indicate how these changes impact the retirement system as a whole.

Please Note: If applicable, prior actions listed within your waiver application(s) may also be included in your corrective action plan.

| Please indicate where in the attached supporting documentation these changes are described and the impact of those changes (i.e. what has the local unit of government done to improve its underfunded status, and where can we find the proof of these changes in the supporting documentation?). |
|--|
| Note: Please provide the name of the system impacted, the date you made the change, the relevant page number(s) within the supporting documentation, and the resulting change to the system's funded ratio. |
| Category of Prior Actions: |
| System Design Changes - System design changes may include the following: Lower tier of benefits for new hires, final average compensation limitations, freeze future benefit accruals for active employees in the defined benefit system, defined contribution system for new hires, hybrid system for new hires, bridged multiplier for active employees, etc. |
| Sample Statement: The system's multiplier for current employees was lowered from 2.5X to 2X for the General Employees' Retirement System on January 1, 2017. On page 8 of the attached actuarial supplemental valuation, it shows our funded ratio will be 60% by fiscal year 2020. |
| Additional Funding – Additional funding may include the following: Voluntary contributions above the actuarially determined contribution, bonding, millage increases, restricted funds, etc. Sample Statement: The local unit provided a lump sum payment of \$1 million to the General Employees' Retirement System on January 1, 2017. This lump sum payment was in addition to the actuarially determined contribution (ADC) of the system. The additional contribution will increase the retirement system's funded ratio to 61% by 2025. Please see page 10 of the attached enacted budget, which highlights this contribution of \$1 million. |
| Other Considerations – Other considerations may include the following: outdated Form 5572 information, actuarial assumption changes, amortization policy changes, etc. Sample Statement: The information provided on the Form 5572 from the audit used actuarial data from 2015. Attached is an updated actuarial valuation for 2017 that shows our funded ratio has improved to 62% as indicated on page 13. |
| The information provided on the Form 5572 from the 2017 audit used actuarial data from 2016. Attached is an updated actuarial valuation for 2016 that shows our funded ratio is at 70% as indicated on page 6. |
| 4. DESCRIPTION OF PROSPECTIVE ACTIONS |

The corrective action plan allows you to submit a plan of prospective actions which are separated into three categories below: System Design Changes, Additional Funding, and Other Considerations. Please provide a brief description of the additional actions the local government is planning to implement to address the retirement system's underfunded status within the appropriate category section. Within each category are sample statements that you may choose to use to indicate the changes to your system that will positively affect your funded status. For retirement systems that have multiple divisions, departments, or plans within the same retirement system, please indicate how these changes impact the retirement system as a whole.

| Please indicate where in the attached supporting documentation these changes are described and the impact of those changes (i.e. what will the local unit of government do to improve its underfunded status, and where can we find the proof of these changes in the supporting documentation?). |
|---|
| Category of Prospective Actions: |
| System Design Changes - System design changes may include the following: Lower tier of benefits for new hires, final average compensation limitations, freeze future benefit accruals for active employees in the defined benefit system, defined contribution system for new hires, hybrid system for new hires, bridged multiplier for active employees, etc. |
| Sample Statement: Beginning with summer 2018 contract negotiations, the local unit will seek to lower the system's multiplier for current employees from 2.5X to 2X for the General Employees' Retirement System. On page 8 of the attached actuarial supplemental valuation, it shows our funded ratio would be 60% funded by fiscal year 2020 if these changes were adopted and implemented by fiscal year 2019. |
| Additional Funding – Additional funding may include the following: voluntary contributions above the actuarially determined contribution, bonding, millage increases, restricted funds, etc. Sample Statement: Beginning in fiscal year 2019, the local unit will provide a lump sum payment of \$1 million to the General Employees' Retirement System. This lump sum payment will be in addition to the actuarially determined contribution (ADC) of the system. The additional contribution will increase the retirement system's funded ratio to 61% by 2025. Please see page 10 of the attached enacted budget, which highlights this contribution of \$1 million. Please see page 12 of the attached supplemental actuarial valuation showing the projected change to the system's funded ratio with this additional contribution. |
| |
| Other Considerations – Other considerations may include the following: outdated Form 5572 information, actuarial assumption changes, amortization policy changes, etc. |
| Sample Statement: Beginning in fiscal year 2019, the local unit will begin amortizing the unfunded portion of the pension liability using a level-dollar amortization method over a closed period of 10 years. This will allow the retirement system to reach a funded status of 62% by 2022 as shown in the attached actuarial analysis on page 13. |
| The Village of Farwell was unaware of the Form 5572 requirements, and therefore the initial filing was delinquent. The Village does not otherwise fall within the parameters of underfunded. In the future the Village Clerk will filed the annual reports timely. |

| 5. CONFIRMATION OF FUNDIN | 16 |
|---|--|
| Please check the applicable answer | |
| Do the corrective actions listed in this p to make, at a minimum, the annual requ your long-term budget forecast? | plan allow for (insert local unit name) VILLAGE OF FARWELL ired contribution payment for the defined benefit pension system according to |
| YesNoIf No, Explain | |
| 6. DOCUMENTATION ATTACH | IED TO THIS CORRECTIVE ACTION PLAN |
| Documentation should be attached as a corrective action plan that would be im- | .pdf to this Corrective Action Plan. The documentation should detail the plemented to adequately address the local unit of government's underfunded are included as part of this plan and attach in successive order as provided |
| than one document in a specific categor | documents please use the naming convention shown below. If there is more by that needs to be submitted, include a, b, or c for each document. For elemental valuations, you would name the first document "Attachment 2a" and |
| Naming Convention | Type of Document |
| | This Corrective Action Plan Form (Required) |
| | Documentation from the governing body approving this Corrective Action Plan (Required) |
| Attachment − 2a | An actuarial projection, an actuarial valuation, or an internally developed analysis, which illustrates how and when the local unit will reach the 60% funded ratio. Or, if the local unit is a city, village, township, or county, ARC will be less than 10% of governmental fund revenues, as defined by the Act. (Required) |
| ☐ Attachment – 3a | Documentation of additional payments in past years that is not reflected in your audited financial statements (e.g. enacted budget, system provided information). |
| ☐ Attachment – 4a | Documentation of commitment to additional payments in future years (e.g. resolution, ordinance) |
| ☐ Attachment – 5a | A separate corrective action plan that the local unit has approved to address its underfunded status, which includes documentation of prior actions, prospective actions, and the positive impact on the system's funded ratio |
| ☐ Attachment −6a | Other documentation not categorized above |

| 7. CORRECTIVE ACTION PLAN C | RITERIA |
|--|---|
| Please confirm that each of the four corrective document. Specific detail on corrective Development: Best Practices and Strategies | ective action plan criteria listed below have been satisfied when submitting re action plan criteria can be found in the <u>Corrective Action Plan</u> des document. |
| Corrective Action Plan Criteria | Description |
| □ Underfunded Status | Is there a description and adequate supporting documentation of how and when the retirement system will reach the 60% funded ratio? Or, if your local unit is a city, village, township, or county, how and when the ARC of all pension systems will be less than 10 percent of governmental fund revenues? |
| □ Reasonable Timeframe | Do the corrective actions address the underfunded status in a reasonable timeframe (see CAP criteria issued by the Board)? |
| □ Legal and Feasible | Does the corrective action plan follow all applicable laws? Are all required administrative certifications and governing body approvals included? Are the actions listed feasible? |
| □ Affordability | Do the corrective action(s) listed allow the local unit to make the annual required contribution payment for the pension system now and into the future without additional changes to this corrective action plan? |
| 8. LOCAL UNIT OF GOVERNMEN ACTION PLAN | IT'S ADMINISTRATIVE OFFICER APPROVAL OF CORRECTIVE |
| I KAYLA RANDLE , as | s the government's administrative officer (enter title) x: City/Township Manager, Executive director, and Chief Executive Officer, |
| etc.) approve this Corrective Action Plan Action Plan. | and will implement the prospective actions contained in this Corrective |
| occur: | |
| The VILLAGE OF FARWELL funded status of at least 60% by Fiscal listed in section 6. | Year 2019 as demonstrated by required supporting documentation |
| OR, if the local unit is a city, village, | township, or county: |
| The ARC for all of the defined benefit unit name) will be less than 10% of t Year as demonstrated by | pension retirement systems of |
| Signature Faylor as | Date 09/12/2018 |

Retirement Health Benefit Systems

Issued under authority of Public Act 202 of 2017.

| I. MUNICIPALITY INFORMATION | |
|---|-----------------------------|
| Local Unit Name: Gratiot County Road Commission | Six-Digit Muni Code: 290100 |
| Retirement Health Benefit System Name: Municipal Emp | oloyees' Retirement System |
| Contact Name (Administrative Officer): Alison Hamp | |
| Title if not Administrative Officer: Finance Director/Cle | rk |
| Email: alison@gratiotroads.org | Telephone: (989) 875-3811 |

2. GENERAL INFORMATION

Corrective Action Plan: An underfunded local unit of government shall develop and submit for approval a corrective action plan for the local unit of government. The local unit of government shall determine the components of the corrective action plan. This Corrective Action Plan shall be submitted by any local unit of government with at least one retirement health benefit system that has been determined to have an underfunded status. Underfunded status for a retirement health system is defined as being less than 40% funded according to the most recent audited financial statements, and, if the local unit of government is a city, village, township, or county, the annual required contribution (ARC) for all of the retirement health systems of the local unit of government is greater than 12% of the local unit of government's annual governmental fund revenues, based on the most recent fiscal year.

Due Date: The local unit of government has 180 days from the date of notification to submit a corrective action plan to the Municipal Stability Board. The Board may extend the 180-day deadline by up to an additional 45 days if the local unit of government submits a reasonable draft of a corrective action plan and requests an extension.

Filing: Per Sec. 10(1) of the Act, this Corrective Action Plan must be approved by the local government's administrative officer and its governing body. You must provide proof of your governing body approving this Corrective Action Plan and attach the documentation as a separate PDF document. Per Sec. 10(4) of the Act, failure to provide documentation that demonstrates approval from your governing body will result in a determination of noncompliance by the Board.

The submitted plan must demonstrate through distinct supporting documentation how and when the local unit will reach the 40% funded ratio. Or, if the local unit is a city, village, township, or county, the submitted plan may demonstrate how and when the ARC for all of the retirement healthcare systems will be less than 12% of annual governmental fund revenues, as defined by the Act. Supporting documentation for the funding ratio and/or ARC must include an actuarial projection, an actuarial valuation, or an internally developed analysis. The local unit must project governmental fund revenues using a reasonable forecast based on historical trends and projected rates of inflation.

The completed plan must be submitted via email to Treasury at LocalRetirementReporting@michigan.gov for review by the Board. If you have multiple underfunded retirement systems, you are required to complete separate plans and send a separate email for each underfunded system. Please attach each plan as a separate PDF document in addition to all applicable supporting documentation.

The subject line of the email(s) should be in the following format: Corrective Action Plan-2017, Local Unit Name, Retirement System Name (e.g. Corrective Action Plan-2017, City of Lansing, Employees' Retirement System OPEB

Plan). Treasury will send an automatic reply acknowledging receipt of the email. Your individual email settings must allow for receipt of Treasury's automatic reply. This will be the only notification confirming receipt of the application(s).

Municipal Stability Board: The Municipal Stability Board (the Board) shall review and vote on the approval of a corrective action plan submitted by a local unit of government. If a corrective action plan is approved, the Board will monitor the corrective action plan for the following two years, and the Board will report on the local unit of government's compliance with the Act not less than every two years.

Review Process: Following receipt of the email by Treasury, the Board will accept the corrective action plan submission at the next scheduled meeting of the Board. The Board shall then approve or reject the corrective action plan within 45 days from the date of the meeting.

Considerations for Approval: A successful corrective action plan will demonstrate the actions for correcting underfunded status as set forth in Sec. 10(7) of the Act (listed below), as well as any additional solutions to address the underfunded status. Please also include steps already taken to address your underfunded status, as well as the date prospective actions will be taken. A local unit of government may also include in its corrective action plan a review of the local unit of government's budget and finances to determine any alternative methods available to address its underfunded status. A corrective action plan under this section may include the development and implementation of corrective options for the local unit of government to address its underfunded status. The corrective options as described in Sec. 10(7) may include, but are not limited to, any of the following:

- (i) Requiring cost sharing of premiums and sufficient copays.
- (ii) Capping employer costs.

Implementation: The local unit of government has up to 180 days after the approval of a corrective action plan to begin to implement the corrective action plan to address its underfunded status. The Board shall monitor each underfunded local unit of government's compliance with this act and any corrective action plan. The Board shall adopt a schedule, not less than every 2 years, to certify that the underfunded local unit of government is in substantial compliance with the Act. If the Board determines that an underfunded local unit of government is not in substantial compliance under this subsection, the Board shall within 15 days provide notification and report to the local unit of government detailing the reasons for the determination of noncompliance with the corrective action plan. The local unit of government has 60 days from the date of the notification to address the determination of noncompliance.

3. DESCRIPTION OF PRIOR ACTIONS

Prior actions are separated into three categories below: System Design Changes, Additional Funding, and Other Considerations. Please provide a brief description of the prior actions implemented by the local government to address the retirement system's underfunded status within the appropriate category section. Within each category are sample statements that you may choose to use to indicate the changes to your system that will positively affect your funded status. For retirement systems that have multiple divisions, departments, or plans within the same retirement system, please indicate how these changes impact the retirement system as a whole.

Please Note: If applicable, prior actions listed within your waiver application(s) may also be included in your corrective action plan.

Please indicate where in the attached supporting documentation these changes are described and the impact of those changes (i.e. what has the local unit of government done to improve its underfunded status, and where can we find the proof of these changes in the supporting documentation?).

Note: Please provide the name of the system impacted, the date you made the change, the relevant page number(s) within the supporting documentation, and the resulting change to the system's funded ratio.

Category of Prior Actions:

System Design Changes - System design changes may include the following: Changes to coverage levels (including retiree co-payments, deductibles, and Medicare eligibility), changes to premium cost-sharing, eligibility changes, switch to defined contribution retiree health care plan, changes to retiree health care coverage for new hires, etc.

Sample Statement: Benefit levels of the retired membership mirrors the current collective bargaining agreement for each class of employee. On January 1, 2017, the local unit entered into new collective bargaining agreements with the Command Officers Association and Internal Association of Firefighters that increased employee co-payments and deductibles for healthcare. These coverage changes resulted in an improvement to the retirement system's funded ratio. Please see page 12 of the attached actuarial analysis that indicates the system is 40% funded as of June 30, 2017.

Per the current approved collective bargaining agreement, all current union employees and new hires have changed to a Defined Contribution Plan (Health Care Savings Plan), effective August 30, 2018. All current administrative employees and new hires have changed over to a Defined Contribution Plan (Health Care Savings Plan), effective May 10, 2018.

Additional Funding – Additional funding may include the following: paying the annual required contribution in addition to retiree premiums, voluntary contributions above the annual required contribution, bonding, millage increases, restricted funds, etc.

Sample Statement: The local unit created a qualified trust to receive, invest, and accumulate assets for retirement healthcare on **June 23**, **2016**. The local unit of government has adopted a policy to change its funding methodology from Pay-Go to full funding of the Annual Required Contribution (ARC). Additionally, the local unit has committed to contributing **\$500,000** annually, in addition to the ARC for the next five fiscal years. The additional contributions will increase the retirement system's funded ratio to **40%** by **2022**. Please see page **10** of the attached resolution from our governing body demonstrating the commitment to contribute the ARC and additional **\$500,000** for the next five years.

The Gratiot County Road Commission created a qualified trust to receive, invest, and accumulate assets for retirement healthcare on May 10, 2018. The Road Commission has made a one-time contribution to fully fund the trust in the amount of \$140,200.00. The Gratiot County Road Commission Retirement Health Benefit System is 100% funded as of September 21, 2018.

Other Considerations – Other considerations may include the following: outdated Form 5572 information, actuarial assumption changes, amortization policy changes, etc.

Sample Statement: The information provided on the Form 5572 from the audit used actuarial data from **2015**. Attached is an updated actuarial valuation for **2017** that shows our funded ratio has improved to **42%** as indicated on page **13**.

The information provided on the Form 5572 from the audit used actuarial data from 2017. Attached is an updated actuarial valuation for 2018 that shows our funded ratio has improved to 100%.

4. DESCRIPTION OF PROSPECTIVE ACTIONS

The corrective action plan allows you to submit a plan of prospective actions which are separated into three categories below: System Design Changes, Additional Funding, and Other Considerations. Please provide a brief description of the prospective actions implemented by the local government to address the retirement system's underfunded status within the appropriate category section. Within each category are sample statements that you may choose to use to indicate the changes to your system that will positively affect your funded status. For retirement systems that have multiple divisions, departments, or plans within the same retirement system, please indicate how these changes impact the retirement system as a whole.

| changes (i.e. what will the local unit of government do to improve its underfunded status, and where can we find the proof of these changes in the supporting documentation?). |
|---|
| Category of Prospective Actions: |
| System Design Changes - System design changes may include the following: Changes to coverage levels (including retiree co-payments, deductibles, and Medicare eligibility), changes to premium cost-sharing, eligibility changes, switch to defined contribution retiree health care plan, changes to retiree health care coverage for new hires, etc. |
| Sample Statement: The local unit will seek to align benefit levels for the retired membership with each class of active employees. Beginning with summer 2018 contract negotiations, the local unit will seek revised collective bargaining agreements with the Command Officers Association and Internal Association of Firefighters to increase employee co-payments and deductibles for healthcare. These coverage changes would result in an improvement to the retirement system's funded ratio. Please see page 12 of the attached actuarial analysis that indicates the system would be 40% funded by fiscal year 2020 if these changes were adopted and implemented by fiscal year 2019. |
| |
| Additional Funding – Additional funding may include the following: meeting the annual required contribution in addition to retiree premiums, voluntary contributions above the annual required contribution, bonding, millage increases, restricted funds, etc. |
| Sample Statement: The local unit will create a qualified trust to receive, invest, and accumulate assets for retirement healthcare by December 31, 2018 . The local unit of government will adopt a policy to change its funding methodology from Pay-Go to full funding of the Annual Required Contribution (ARC) by December 31, 2018 . Additionally, beginning in fiscal year 2019, the local unit will contribute \$500,000 annually in addition to the ARC for the next five fiscal years. The additional contributions will increase the retirement system's funded ratio to 40% by 2022. Please see page 10 of the attached resolution from our governing body demonstrating the commitment to contribute the ARC and additional \$500,000 for the next five years. |
| |
| Other Considerations – Other considerations may include the following: outdated Form 5572 information, actuarial assumption changes, amortization policy changes, etc. |
| Sample Statement: Beginning in fiscal year 2019 , the local unit will begin amortizing the unfunded portion of the healthcare liability using a level-dollar amortization method over a closed period of 10 years . This will allow the health system to reach a funded status of 42 % by 2022 as shown in the attached actuarial analysis on page 13 . |
| |
| |
| |

| E CONFIRMATION OF FUNDING | |
|--|--|
| 5. CONFIRMATION OF FUNDING Please check the applicable answer: | |
| Do the corrective actions listed in this plan allow for | (insert local unit name) Gratiot County Road Commission t, as well as the normal cost payments for all new hires (if according to your long-term budget forecast? |
| | |
| 6. DOCUMENTATION ATTACHED TO TH | IS CORRECTIVE ACTION PLAN |
| Documentation should be attached as a .pdf to this corrective action plan that would be implemented to | orrective action plan. The documentation should detail the adequately address the local unit of government's underfunded as part of this plan and attach in successive order as provided |
| than one document in a specific category that needs t | ease use the naming convention shown below. If there is more to be submitted, include a, b, or c for each document. For ations, you would name the first document "Attachment 2a" and |
| Naming Convention | Type of Document |
| ☑ Attachment – I | This Corrective Action Plan (Required) |
| ★ Attachment – Ia | Documentation from the governing body approving this Corrective Action Plan (Required) |
| ⊠ Attachment – 2a | An actuarial projection, an actuarial valuation, or an internally developed analysis, which illustrates how and when the local unit will reach the 40% funded ratio. Or, if the local unit is a city, village, township, or county, ARC will be less than 12% of governmental fund |
| | revenues, as defined by the Act. (Required) |
| ☐ Attachment – 3a | Documentation of additional payments in past years that is not reflected in your audited financial statements (e.g. enacted budget, system provided information). |
| ☐ Attachment – 4a | Documentation of commitment to additional payments in future years (e.g. resolution, ordinance) |
| ☑ Attachment – 5a | A separate corrective action plan that the local unit has approved to address its underfunded status, which includes documentation of prior actions, prospective actions, and the positive impact on the system's funded ratio |
| Attachment – 6a | Other documentation, not categorized above |

| Please confirm that each of the four corrective action this document. Specific detail on corrective action plan Development: Best Practices and Strategies document | |
|---|---|
| Corrective Action Plan Criteria | Description |
| □ Underfunded Status | Is there a description and adequate supporting documentation of how and when the retirement system will reach the 40% funded ratio? Or, if your local unit is a city, village, township, or county, how and when the ARC of all retirement healthcare systems will be less than 12 percent of governmental fund revenues? |
| ■ Reasonable Timeframe | Do the corrective actions address the underfunded status in a reasonable timeframe (see CAP criteria issued by the Board)? |
| ∠ Legal and Feasible | Does the corrective action plan follow all applicable laws? Are all required administrative certifications and governing body approvals included? Are the actions listed feasible? |
| ★ Affordability | Do the corrective action(s) listed allow the local unit to make the retiree healthcare premium payment, as well as normal cost payment for new hires now and into the future without additional changes to this corrective action plan? |
| LOCAL UNIT OF GOVERNMENT'S ADMI ACTION PLAN | NISTRATIVE OFFICER APPROVAL OF CORRECTIVE |
| Finance Director/Clerk (Ex: City/Te | ernment's administrative officer (insert title) ownship Manager, Executive director, and Chief Executive will implement the prospective actions contained in this |
| I confirm to the best of my knowledge that because of occur: | the changes listed above, one of the following statements will |
| ★ The Gratiot County Road Commission achieve a funded status of at least 40% by Fisca documentation listed in section 6. | (Insert Retirement Healthcare System Name) will al Year 2018 as demonstrated by required supporting |
| OR, if the local unit is a city, village, township, o | or county: |
| The ARC for all of the retirement healthcare s local unit name) will be less than 12% of the Fiscal Year as demonstrated by | ystems of (Insert elocal unit of government's annual governmental fund revenues by required supporting documentation listed in section 6. |
| Signature Aluson Hamp | Date 9-24-2018 |

7. CORRECTIVE ACTION PLAN CRITERIA

Defined Benefit Pension Retirement Systems

Issued under authority of Public Act 202 of 2017.

Local Unit Name: CITY OF FRASER Six-Digit Muni Code: 502030 Defined Benefit Pension System Name: MUNICIPAL EMPLOYEES RETIREMENT SYSTEM OF MICHIGAN Contact Name (Administrative Officer): D. WAYNE O'NEAL Title if not Administrative Officer: CITY MANAGER Email: WAYNEO@MICITYOFFRASER.COM Telephone: (586) 293-3100

2. GENERAL INFORMATION

Corrective Action Plan: An underfunded local unit of government shall develop and submit for approval a corrective action plan for the local unit of government. The local unit of government shall determine the components of the corrective action plan. This Corrective Action Plan shall be submitted by any local unit of government with at least one defined benefit pension retirement system that has been determined to have an underfunded status. Underfunded status for a defined benefit pension system is defined as being less than 60% funded according to the most recent audited financial statements, and, if the local unit of government is a city, village, township, or county, the annually required contribution (ARC) for all of the defined benefit pension retirement systems of the local unit of government is greater than 10% of the local unit of government's annual governmental fund revenues, based on the most recent fiscal year.

Due Date: The local unit of government has 180 days from the date of notification to submit a corrective action plan to the Municipal Stability Board (the Board). The Board may extend the 180-day deadline by up to an additional 45 days if the local unit of government submits a reasonable draft of a corrective action plan and requests an extension.

Filing: Per Sec. 10(1) of PA 202 of 2017 (the Act), this Corrective Action Plan must be approved by the local government's administrative officer and its governing body. You must provide proof of your governing body approving this Corrective Action Plan and attach the documentation as a separate PDF document. Per Sec. 10(4) of the Act, failure to provide documentation that demonstrates approval from your governing body will result in a determination of noncompliance by the Board.

The submitted plan must demonstrate through distinct supporting documentation how and when the local unit will reach the 60% funded ratio. Or, if the local unit is a city, village, township, or county, the submitted plan may demonstrate how and when the ARC for all of the defined benefit pension systems will be less than 10% of annual governmental fund revenues, as defined by the Act. Supporting documentation for the funding ratio and/or ARC must include an actuarial projection, an actuarial valuation, or an internally developed analysis. The local unit must project governmental fund revenues using a reasonable forecast based on historical trends and projected rates of inflation.

The completed plan must be submitted via email to Treasury at LocalRetirementReporting@michigan.gov for review by the Board. If you have multiple underfunded retirement systems, you are required to complete separate plans and send a separate email for each underfunded system. Please attach each plan as a separate PDF document in addition to all applicable supporting documentation.

The subject line of the email(s) should be in the following format: Corrective Action Plan-2017, Local Unit Name, Retirement System Name (e.g. Corrective Action Plan-2017, City of Lansing, Employees' Retirement System

Pension Plan). Treasury will send an automatic reply acknowledging receipt of the email. Your individual email settings must allow for receipt of Treasury's automatic reply. This will be the only notification confirming receipt of the application(s).

Municipal Stability Board: The Municipal Stability Board (the Board) shall review and vote on the approval of a corrective action plan submitted by a local unit of government. If a corrective action plan is approved, the Board will monitor the corrective action plan for the following two years, and the Board will report on the local unit of government's compliance with the Act not less than every two years.

Review Process: Following receipt of the email by Treasury, the Board will accept the corrective action plan submission at the next scheduled meeting of the Board. The Board shall then approve or reject the corrective action plan within 45 days from the date of the meeting.

Considerations for Approval: A successful corrective action plan will demonstrate the actions for correcting underfunded status as set forth in Sec. 10(7) of the Act (listed below), as well as any additional solutions to address the underfunded status. Please also include steps already taken to address your underfunded status as well as the date prospective actions will be taken. A local unit of government may also include in its corrective action plan, a review of the local unit of government's budget and finances to determine any alternative methods available to address its underfunded status. A corrective action plan under this section may include the development and implementation of corrective options for the local unit of government to address its underfunded status. The corrective options as described in Sec. 10(7) may include, but are not limited to, any of the following:

- (i) Closing the current defined benefit plan.
- (ii) Implementing a multiplier limit.
- (iii) Reducing or eliminating new accrued benefits.
- (iv) Implementing final average compensation standards.

Implementation: The local unit of government has up to 180 days after the approval of a corrective action plan to begin to implement the corrective action plan to address its underfunded status. The Board shall monitor each underfunded local unit of government's compliance with this act and any corrective action plan. The Board shall adopt a schedule, not less than every 2 years, to certify that the underfunded local unit of government is in substantial compliance with the Act. If the Board determines that an underfunded local unit of government is not in substantial compliance under this subsection, the Board shall within 15 days provide notification and report to the local unit of government detailing the reasons for the determination of noncompliance with the corrective action plan. The local unit of government has 60 days from the date of the notification to address the determination of noncompliance.

3. DESCRIPTIONS OF PRIOR ACTIONS

Prior actions are separated into three categories below: System Design Changes, Additional Funding, and Other Considerations. Please provide a brief description of the prior actions implemented by the local government to address the retirement system's underfunded status within the appropriate category section. Within each category are sample statements that you may choose to use to indicate the changes to your system that will positively affect your funded status. For retirement systems that have multiple divisions, departments, or plans within the same retirement system, please indicate how these changes impact the retirement system as a whole.

Please Note: If applicable, prior actions listed within your waiver application(s) may also be included in your corrective action plan.

| Please indicate where in the attached supporting documentation these changes are described and the impact of those changes (i.e. what has the local unit of government done to improve its underfunded status, and where can we find the proof of these changes in the supporting documentation?). |
|--|
| Note: Please provide the name of the system impacted, the date you made the change, the relevant page number(s) within the supporting documentation, and the resulting change to the system's funded ratio. |
| Category of Prior Actions: |
| System Design Changes - System design changes may include the following: Lower tier of benefits for new hires, final average compensation limitations, freeze future benefit accruals for active employees in the defined benefit system, defined contribution system for new hires, hybrid system for new hires, bridged multiplier for active employees, etc. |
| Sample Statement: The system's multiplier for current employees was lowered from 2.5X to 2X for the General Employees' Retirement System on January 1, 2017. On page 8 of the attached actuarial supplemental valuation, it shows our funded ratio will be 60% by fiscal year 2020. |
| The system's multiplier for new hire POAM employees after July 1, 2016 was lowered from a MERS B-4 2.5% Multiplier to a 1.5% multiplier for the first ten years of service and 2.0% for each remaining year of service. On pages 33 and 34 of the Police Officers Association of Michigan (POAM) Agreement effective July 1, 2015 through June 30, 2018. On page 14 of the attached valuation it shows our funded ratio will be 60% by fiscal year 2026. |
| Additional Funding - Additional funding may include the following: Voluntary contributions above the actuarially determined contribution, bonding, millage increases, restricted funds, etc. |
| Sample Statement: The local unit provided a lump sum payment of \$1 million to the General Employees' Retirement System on January 1, 2017. This lump sum payment was in addition to the actuarially determined contribution (ADC) of the system. The additional contribution will increase the retirement system's funded ratio to 61% by 2025. Please see page 10 of the attached enacted budget, which highlights this contribution of \$1 million. |
| |
| Other Considerations – Other considerations may include the following: outdated Form 5572 information, actuarial assumption changes, amortization policy changes, etc. |
| Sample Statement: The information provided on the Form 5572 from the audit used actuarial data from 2015. Attached is an updated actuarial valuation for 2017 that shows our funded ratio has improved to 62% as indicated on page 13. |
| 4. DESCRIPTION OF PROSPECTIVE ACTIONS |

The corrective action plan allows you to submit a plan of prospective actions which are separated into three categories below: System Design Changes, Additional Funding, and Other Considerations. Please provide a brief description of the additional actions the local government is planning to implement to address the retirement system's underfunded status within the appropriate category section. Within each category are sample statements that you may choose to use to indicate the changes to your system that will positively affect your funded status. For retirement systems that have multiple divisions, departments, or plans within the same retirement system, please indicate how these changes impact the retirement system as a whole.

| Please indicate where in the attached supporting documentation these changes are described and the impact of those changes (i.e. what will the local unit of government do to improve its underfunded status, and where can we find the proof of these changes in the supporting documentation?). |
|--|
| Category of Prospective Actions: |
| System Design Changes - System design changes may include the following: Lower tier of benefits for new hires, final average compensation limitations, freeze future benefit accruals for active employees in the defined benefit system, defined contribution system for new hires, hybrid system for new hires, bridged multiplier for active employees, etc. |
| Sample Statement: Beginning with summer 2018 contract negotiations, the local unit will seek to lower the system's multiplier for current employees from 2.5X to 2X for the General Employees' Retirement System. On page 8 of the attached actuarial supplemental valuation, it shows our funded ratio would be 60% funded by fiscal year 2020 if these changes were adopted and implemented by fiscal year 2019. |
| determined contribution, bonding, millage increases, restricted funds, etc. Sample Statement: Beginning in fiscal year 2019, the local unit will provide a lump sum payment of \$1 million to the General Employees' Retirement System. This lump sum payment will be in addition to the actuarially determined contribution (ADC) of the system. The additional contribution will increase the retirement system's funded ratio to 61% by 2025. Please see page 10 of the attached enacted budget, which highlights this contribution of \$1 million. Please see page 12 of the attached supplemental actuarial valuation showing the projected change to the system's funded ratio with this additional contribution. |
| Other Considerations — Other considerations may include the following: outdated Form 5572 information, actuarial assumption changes, amortization policy changes, etc. Sample Statement: Beginning in fiscal year 2019, the local unit will begin amortizing the unfunded portion of the pension liability using a level-dollar amortization method over a closed period of 10 years. This will allow the retirement system to reach a funded status of 62% by 2022 as shown in the attached actuarial analysis on page 13. |
| On July 1, 2018 the Dispatch Division 22 was closed in the current defined benefit plan. The dispatch division was contracted with the South East Regional Emergency Services Authority (SERESA). On page 14 of the attached valuation it shows our funded ratio will be 60% by fiscal year 2026. |

| 5. CONFIRMATION OF FUND | ING |
|---|--|
| Please check the applicable answ | |
| Do the corrective actions listed in thi to make, at a minimum, the annual reyour long-term budget forecast? | s plan allow for (insert local unit name) CITY OF FRASER quired contribution payment for the defined benefit pension system according to |
| YesNoIf No, Explain | |
| 6. DOCUMENTATION ATTAC | CHED TO THIS CORRECTIVE ACTION PLAN |
| corrective action plan that would be i | s a .pdf to this Corrective Action Plan. The documentation should detail the mplemented to adequately address the local unit of government's underfunded at are included as part of this plan and attach in successive order as provided |
| than one document in a specific categ | ng documents please use the naming convention shown below. If there is more ory that needs to be submitted, include a, b, or c for each document. For pplemental valuations, you would name the first document "Attachment 2a" and o". |
| Naming Convention | Type of Document |
| | This Corrective Action Plan Form (Required) |
| ★ Attachment – Ia | Documentation from the governing body approving this Corrective Action Plan (Required) |
| ☑ Attachment – 2a | An actuarial projection, an actuarial valuation, or an internally developed analysis, which illustrates how and when the local unit will reach the 60% funded ratio. Or, if the local unit is a city, village, township, or county, ARC will be less than 10% of governmental fund revenues, as defined by the Act. (Required) |
| ☐ Attachment – 3a | Documentation of additional payments in past years that is not reflected in your audited financial statements (e.g. enacted budget, system provided information). |
| ☐ Attachment – 4a | Documentation of commitment to additional payments in future years (e.g. resolution, ordinance) |
| Attachment – 5a | A separate corrective action plan that the local unit has approved to address its underfunded status, which includes documentation of prior actions, prospective actions, and the positive impact on the system's funded ratio |
| ★ Attachment –6a | Other documentation not categorized above |

| | corrective action plan criteria listed below have been satisfied when submitting ective action plan criteria can be found in the Corrective Action Plan tegies document. |
|---|---|
| Corrective Action Plan Criteria | Description |
| ☑ Underfunded Status | Is there a description and adequate supporting documentation of how and when the retirement system will reach the 60% funded ratio? Or, if your local unit is a city, village, township, or county, how and when the ARC of all pension systems will be less than 10 percent of governmental fund revenues? |
| | Do the corrective actions address the underfunded status in a reasonable timeframe (see CAP criteria issued by the Board)? |
| ∠ Legal and Feasible | Does the corrective action plan follow all applicable laws? Are all required administrative certifications and governing body approvals included? Are the actions listed feasible? |
| ■ Affordability | Do the corrective action(s) listed allow the local unit to make the annual required contribution payment for the pension system now and into the future without additional changes to this corrective action plan? |
| 8. LOCAL UNIT OF GOVERNI ACTION PLAN | MENT'S ADMINISTRATIVE OFFICER APPROVAL OF CORRECTIVE |
| I D. WAYNE O'NEAL | , as the government's administrative officer (enter title) |
| CITY MANAGER | (Ex: City/Township Manager, Executive director, and Chief Executive Officer, |
| etc.) approve this Corrective Action Action Plan. | Plan and will implement the prospective actions contained in this Corrective |
| I confirm to the best of my knowledg occur: | e that because of the changes listed above, one of the following statements will |
| The MERS OF MICHIGAN PENS funded status of at least 60% by F listed in section 6. | |
| OR, if the local unit is a city, villa | ge, township, or county: |
| unit name) will be less than 10% | nefit pension retirement systems of |
| Signature O. Clare | Date 09/13/2018 |

7. CORRECTIVE ACTION PLAN CRITERIA

Retirement Health Benefit Systems

Issued under authority of Public Act 202 of 2017.

| I. MUNICIPALITY INFORMATION | | |
|---|-----------------------------|--|
| Local Unit Name: CITY OF FRASER | Six-Digit Muni Code: 502030 | |
| Retirement Health Benefit System Name: SELF FUND | DED OPEB | |
| Contact Name (Administrative Officer): D. WAYNE C | D'NEAL | |
| Title if not Administrative Officer: CITY MANAGER | | |
| Email: WAYNEO@MICITYOFFRASER.COM | Telephone: (586) 293-3100 | |

2. GENERAL INFORMATION

Corrective Action Plan: An underfunded local unit of government shall develop and submit for approval a corrective action plan for the local unit of government. The local unit of government shall determine the components of the corrective action plan. This Corrective Action Plan shall be submitted by any local unit of government with at least one retirement health benefit system that has been determined to have an underfunded status. Underfunded status for a retirement health system is defined as being less than 40% funded according to the most recent audited financial statements, and, if the local unit of government is a city, village, township, or county, the annual required contribution (ARC) for all of the retirement health systems of the local unit of government is greater than 12% of the local unit of government's annual governmental fund revenues, based on the most recent fiscal year.

Due Date: The local unit of government has 180 days from the date of notification to submit a corrective action plan to the Municipal Stability Board. The Board may extend the 180-day deadline by up to an additional 45 days if the local unit of government submits a reasonable draft of a corrective action plan and requests an extension.

Filing: Per Sec. 10(1) of the Act, this Corrective Action Plan must be approved by the local government's administrative officer and its governing body. You must provide proof of your governing body approving this Corrective Action Plan and attach the documentation as a separate PDF document. Per Sec. 10(4) of the Act, failure to provide documentation that demonstrates approval from your governing body will result in a determination of noncompliance by the Board.

The submitted plan must demonstrate through distinct supporting documentation how and when the local unit will reach the 40% funded ratio. Or, if the local unit is a city, village, township, or county, the submitted plan may demonstrate how and when the ARC for all of the retirement healthcare systems will be less than 12% of annual governmental fund revenues, as defined by the Act. Supporting documentation for the funding ratio and/or ARC must include an actuarial projection, an actuarial valuation, or an internally developed analysis. The local unit must project governmental fund revenues using a reasonable forecast based on historical trends and projected rates of inflation.

The completed plan must be submitted via email to Treasury at LocalRetirementReporting@michigan.gov for review by the Board. If you have multiple underfunded retirement systems, you are required to complete separate plans and send a separate email for each underfunded system. Please attach each plan as a separate PDF document in addition to all applicable supporting documentation.

The subject line of the email(s) should be in the following format: Corrective Action Plan-2017, Local Unit Name, Retirement System Name (e.g. Corrective Action Plan-2017, City of Lansing, Employees' Retirement System OPEB

Plan). Treasury will send an automatic reply acknowledging receipt of the email. Your individual email settings must allow for receipt of Treasury's automatic reply. This will be the only notification confirming receipt of the application(s).

Municipal Stability Board: The Municipal Stability Board (the Board) shall review and vote on the approval of a corrective action plan submitted by a local unit of government. If a corrective action plan is approved, the Board will monitor the corrective action plan for the following two years, and the Board will report on the local unit of government's compliance with the Act not less than every two years.

Review Process: Following receipt of the email by Treasury, the Board will accept the corrective action plan submission at the next scheduled meeting of the Board. The Board shall then approve or reject the corrective action plan within 45 days from the date of the meeting.

Considerations for Approval: A successful corrective action plan will demonstrate the actions for correcting underfunded status as set forth in Sec. 10(7) of the Act (listed below), as well as any additional solutions to address the underfunded status. Please also include steps already taken to address your underfunded status, as well as the date prospective actions will be taken. A local unit of government may also include in its corrective action plan a review of the local unit of government's budget and finances to determine any alternative methods available to address its underfunded status. A corrective action plan under this section may include the development and implementation of corrective options for the local unit of government to address its underfunded status. The corrective options as described in Sec. 10(7) may include, but are not limited to, any of the following:

- (i) Requiring cost sharing of premiums and sufficient copays.
- (ii) Capping employer costs.

Implementation: The local unit of government has up to 180 days after the approval of a corrective action plan to begin to implement the corrective action plan to address its underfunded status. The Board shall monitor each underfunded local unit of government's compliance with this act and any corrective action plan. The Board shall adopt a schedule, not less than every 2 years, to certify that the underfunded local unit of government is in substantial compliance with the Act. If the Board determines that an underfunded local unit of government is not in substantial compliance under this subsection, the Board shall within 15 days provide notification and report to the local unit of government detailing the reasons for the determination of noncompliance with the corrective action plan. The local unit of government has 60 days from the date of the notification to address the determination of noncompliance.

3. DESCRIPTION OF PRIOR ACTIONS

Prior actions are separated into three categories below: System Design Changes, Additional Funding, and Other Considerations. Please provide a brief description of the prior actions implemented by the local government to address the retirement system's underfunded status within the appropriate category section. Within each category are sample statements that you may choose to use to indicate the changes to your system that will positively affect your funded status. For retirement systems that have multiple divisions, departments, or plans within the same retirement system, please indicate how these changes impact the retirement system as a whole.

Please Note: If applicable, prior actions listed within your waiver application(s) may also be included in your corrective action plan.

Please indicate where in the attached supporting documentation these changes are described and the impact of those changes (i.e. what has the local unit of government done to improve its underfunded status, and where can we find the proof of these changes in the supporting documentation?).

Note: Please provide the name of the system impacted, the date you made the change, the relevant page number(s) within the supporting documentation, and the resulting change to the system's funded ratio.

| Cat | tegory of Prior Actions: |
|-------------------------------------|---|
| | System Design Changes - System design changes may include the following: Changes to coverage levels (including retiree co-payments, deductibles, and Medicare eligibility), changes to premium cost-sharing, eligibility changes, switch to defined contribution retiree health care plan, changes to retiree health care coverage for new hires, etc. |
| class Off heal | nple Statement: Benefit levels of the retired membership mirrors the current collective bargaining agreement for each of employee. On January 1, 2017, the local unit entered into new collective bargaining agreements with the Command icers Association and Internal Association of Firefighters that increased employee co-payments and deductibles for theare. These coverage changes resulted in an improvement to the retirement system's funded ratio. Please see page 12 of attached actuarial analysis that indicates the system is 40% funded as of June 30, 2017. |
| | Additional Funding — Additional funding may include the following: paying the annual required contribution in addition to retiree premiums, voluntary contributions above the annual required contribution, bonding, millage increases, restricted funds, etc. |
| San heal Go t annu fund | nple Statement: The local unit created a qualified trust to receive, invest, and accumulate assets for retirement thcare on June 23, 2016. The local unit of government has adopted a policy to change its funding methodology from Payor of full funding of the Annual Required Contribution (ARC). Additionally, the local unit has committed to contributing \$500,000 ally, in addition to the ARC for the next five fiscal years. The additional contributions will increase the retirement system's led ratio to 40% by 2022. Please see page 10 of the attached resolution from our governing body demonstrating the mitment to contribute the ARC and additional \$500,000 for the next five years. |
| X | Other Considerations – Other considerations may include the following: outdated Form 5572 information, actuarial assumption changes, amortization policy changes, etc. |
| San on u | nple Statement: The information provided on the Form 5572 from the audit used actuarial data from 2015. Attached is plated actuarial valuation for 2017 that shows our funded ratio has improved to 42% as indicated on page 13. |
| The July hea | city capped employer costs by closing the self funded retiree health care plan. New hire POAM employees after 1, 2009, shall not be eligible for retire medical coverage. The employer will adopt the Vantage Care Retirement lith Savings Plan administered by the ICMA-RC. On page 19 of the Police Officers Association of Michigan AM) Agreement effective July 1, 2015 through June 30, 2018 the plan is closed to new hires. |

4. DESCRIPTION OF PROSPECTIVE ACTIONS

The corrective action plan allows you to submit a plan of prospective actions which are separated into three categories below: System Design Changes, Additional Funding, and Other Considerations. Please provide a brief description of the prospective actions implemented by the local government to address the retirement system's underfunded status within the appropriate category section. Within each category are sample statements that you may choose to use to indicate the changes to your system that will positively affect your funded status. For retirement systems that have multiple divisions, departments, or plans within the same retirement system, please indicate how these changes impact the retirement system as a whole.

| Please indicate where in the attached supporting documentation these changes are described and the impact of those changes (i.e. what will the local unit of government do to improve its underfunded status, and where can we find the proof of these changes in the supporting documentation?). |
|---|
| Category of Prospective Actions: |
| System Design Changes - System design changes may include the following: Changes to coverage levels (including retiree co-payments, deductibles, and Medicare eligibility), changes to premium cost-sharing, eligibility changes, switch to defined contribution retiree health care plan, changes to retiree health care coverage for new hires, etc. |
| Sample Statement: The local unit will seek to align benefit levels for the retired membership with each class of active employees. Beginning with summer 2018 contract negotiations, the local unit will seek revised collective bargaining agreement with the Command Officers Association and Internal Association of Firefighters to increase employee co-payments and deductibles for healthcare. These coverage changes would result in an improvement to the retirement system's funded rational Please see page 12 of the attached actuarial analysis that indicates the system would be 40% funded by fiscal year 2020 if these changes were adopted and implemented by fiscal year 2019. |
| |
| Additional Funding — Additional funding may include the following: meeting the annual required contribution in addition to retiree premiums, voluntary contributions above the annual required contribution, bonding, millage increases, restricted funds, etc. Sample Statement: The local unit will create a qualified trust to receive, invest, and accumulate assets for retirement healthcare by December 31, 2018. The local unit of government will adopt a policy to change its funding methodology from Pay-Go to full funding of the Annual Required Contribution (ARC) by December 31, 2018. Additionally, beginning in fiscal year 2019, the local unit will contribute \$500,000 annually in addition to the ARC for the next five fiscal years. The additional contributions will increase the retirement system's funded ratio to 40% by 2022. Please see page 10 of the attached resolution from our governing body demonstrating the commitment to contribute the ARC and additional \$500,000 for the next five years. |
| The city created a Retiree Health Funding Vehicle "qualified trust" with the Municipal Employees Retirement System of Michigan on April 4, 2018. Beginning in fiscal year 2019, the city will contribute \$207,000 annually for the next thirty (30) fiscal years. These additional contributions will increase the retiree health system's funded ratio to 40% by fiscal year 2049. An annual contribution of \$207,000 with a rate of return of 5.75% over 30 years equals \$15,663,085. |
| Other Considerations – Other considerations may include the following: outdated Form 5572 information, actuarial assumption changes, amortization policy changes, etc. |
| Sample Statement: Beginning in fiscal year 2019, the local unit will begin amortizing the unfunded portion of the healthcare liability using a level-dollar amortization method over a closed period of 10 years. This will allow the health system to reach a funded status of 42% by 2022 as shown in the attached actuarial analysis on page 13. |
| |
| |
| |

| 5. CONFIRMATION OF F | UNDING |
|---|--|
| Please check the applicable | |
| D. H. S. | CITY OF FRASER |
| to make, at a minimum, the reti | in this plan allow for (insert local unit name) CITY OF FRASER ree premium payment, as well as the normal cost payments for all new hires (if ealth benefit system according to your long-term budget forecast? |
| YesNoIf No, Explain | |
| 6. DOCUMENTATION AT | TACHED TO THIS CORRECTIVE ACTION PLAN |
| | ned as a .pdf to this corrective action plan. The documentation should detail the |
| corrective action plan that woul | d be implemented to adequately address the local unit of government's underfunded ats that are included as part of this plan and attach in successive order as provided |
| than one document in a specific | taching documents please use the naming convention shown below. If there is more category that needs to be submitted, include a, b, or c for each document. For wo supplemental valuations, you would name the first document "Attachment 2a" and ent 2b". |
| Naming Convention | Type of Document |
| | This Corrective Action Plan (Required) |
| ★ Attachment – Ia | Documentation from the governing body approving this Corrective Action Plan (Required) |
| Attachment − 2a | An actuarial projection, an actuarial valuation, or an internally developed analysis, which illustrates how and when the local unit will reach the 40% funded ratio. Or, if the local unit is a city, village, township, or county, ARC will be less than 12% of governmental fund revenues, as defined by the Act. (Required) |
| ☐ Attachment – 3a | Documentation of additional payments in past years that is not reflected in your audited financial statements (e.g. enacted |
| ★ Attachment – 4a | budget, system provided information). Documentation of commitment to additional payments in future years (e.g. resolution, ordinance) |
| ☐ Attachment – 5a | A separate corrective action plan that the local unit has approved to address its underfunded status, which includes documentation of prior actions, prospective actions, and the positive impact on the system's funded ratio |
| X Attachment − 6a | Other documentation, not categorized above |

| Please confirm that each of the form connection | |
|---|---|
| | e action plan criteria listed below have been satisfied when submitting tion plan criteria can be found in the <u>Corrective Action Plan</u> ocument. |
| Corrective Action Plan Criteria | Description |
| ☑ Underfunded Status | Is there a description and adequate supporting documentation of how and when the retirement system will reach the 40% funded ratio? Or, if your local unit is a city, village, township, or county, how and when the ARC of all retirement healthcare systems will be less than 12 percent of governmental fund revenues? |
| Reasonable Timeframe | Do the corrective actions address the underfunded status in a reasonable timeframe (see CAP criteria issued by the Board)? |
| ■ Legal and Feasible | Does the corrective action plan follow all applicable laws? Are all required administrative certifications and governing body approvals included? Are the actions listed feasible? |
| ☑ Affordability | Do the corrective action(s) listed allow the local unit to make the retiree healthcare premium payment, as well as normal cost payment for new hires now and into the future without additional changes to this corrective action plan? |
| 8. LOCAL UNIT OF GOVERNMENT'S ACTION PLAN | ADMINISTRATIVE OFFICER APPROVAL OF CORRECTIVE |
| | the government's administrative officer (insert title) |
| CITY MANAGER (Ex: | : City/Township Manager, Executive director, and Chief Executive |
| Corrective Action Plan. | Plan and will implement the prospective actions contained in this cause of the changes listed above, one of the following statements will |
| occur: | ause of the changes insted above, one of the following statements will |
| ∑ The Self Funded OPEB system achieve a funded status of at least 40% documentation listed in section 6. | by Fiscal Year 2049 as demonstrated by required supporting |
| OR, if the local unit is a city, village, towr | iship, or county: |
| The ARC for all of the retirement healt local unit name) will be less than 125 Fiscal Year as demonstration | % of the local unit of government's annual governmental fund revenues by ated by required supporting documentation listed in section 6. |
| Signature W. Wegueffe. | Date 09/13/2018 |

Defined Benefit Pension Retirement Systems

Issued under authority of Public Act 202 of 2017.

| I. MUNICIPALITY INFORMATION | | | | |
|---|----------------------------------|--|--|--|
| Local Unit Name: Central MI Health Dept. | Six-Digit Muni Code: 377520 | | | |
| Defined Benefit Pension System Name: Municipal Employees' Retirement System | | | | |
| Contact Name (Administrative Officer): Steve Hall | | | | |
| Title if not Administrative Officer: Health Officer | | | | |
| Email: Shall@cmdhd.org | Telephone Number: (989) 773-5921 | | | |

2. GENERAL INFORMATION

Corrective Action Plan: An underfunded local unit of government shall develop and submit for approval a corrective action plan for the local unit of government. The local unit of government shall determine the components of the corrective action plan. This Corrective Action Plan shall be submitted by any local unit of government with at least one defined benefit pension retirement system that has been determined to have an underfunded status. Underfunded status for a defined benefit pension system is defined as being less than 60% funded according to the most recent audited financial statements, and, if the local unit of government is a city, village, township, or county, the annually required contribution for all of the defined benefit pension retirement systems of the local unit of government is greater than 10% of the local unit of government's annual governmental fund revenues, based on the most recent fiscal year.

Due Date: The local unit of government has 180 days from the date of notification to submit a corrective action plan to the Municipal Stability Board (the Board). The Board may extend the 180-day deadline by up to an additional 45 days if the local unit of government submits a reasonable draft of a corrective action plan and requests an extension.

Filing: Per Sec. 10(1) of PA 202 of 2017 (the Act), this Corrective Action Plan must be approved by the local government's administrative officer and its governing body. You must provide proof of your governing body approving this Corrective Action Plan and attach the documentation as a separate PDF document. Per Sec. 10(4) of the Act, failure to provide documentation that demonstrates approval from your governing body will result in a determination of noncompliance by the Board.

The completed plan must be submitted via email to Treasury at LocalRetirementReporting@michigan.gov for review by the Board. If you have multiple underfunded retirement systems, you are required to complete separate plans and send a separate email for each underfunded system. Please attach each plan as a separate PDF document in addition to all applicable supporting documentation.

The subject line of the email(s) should be in the following format: Corrective Action Plan-2017, Local Unit Name, Retirement System Name (e.g. Corrective Action Plan-2017, City of Lansing, Employees' Retirement System Pension Plan). Treasury will send an automatic reply acknowledging receipt of the email. Your individual email settings must allow for receipt of Treasury's automatic reply. This will be the only notification confirming receipt of the application(s).

Municipal Stability Board: The Municipal Stability Board shall review and vote on the approval of a corrective action plan submitted by a local unit of government. If corrective action is approved, the Board will monitor the corrective action for the following two years, and the Board will report on the local unit of government's compliance with the Act not less than every two years.

Review Process: Following receipt of the email by Treasury, the Board will accept the corrective action plan submission at the next scheduled meeting of the Board. The Board shall then approve or reject the corrective action plan within 45 days from the date of the meeting.

Considerations for Approval: A successful corrective action plan will demonstrate the actions for correcting underfunded status as set forth in Sec. 10(7) of the Act (listed below), as well as any additional solutions to address the underfunded status. Please also include steps already taken to address your underfunded status as well as the date prospective actions will be taken. A local unit of government may also include in its corrective action plan, a review of the local unit of government's budget and finances to determine any alternative methods available to address its underfunded status. A corrective action plan under this section may include the development and implementation of corrective options for the local unit of government to address its underfunded status. The corrective options as described in Sec. 10(7) may include, but are not limited to, any of the following:

- (i) Closing the current defined benefit plan.
- (ii) Implementing a multiplier limit.
- (iii) Reducing or eliminating new accrued benefits.
- (iv) Implementing final average compensation standards.

Implementation: The local unit of government has up to 180 days after the approval of a corrective action plan to begin to implement the corrective action plan to address its underfunded status. The Board shall monitor each underfunded local unit of government's compliance with this act and any corrective action plan. The Board shall adopt a schedule, not less than every 2 years, to certify that the underfunded local unit of government is in substantial compliance with the act. If the Board determines that an underfunded local unit of government is not in substantial compliance under this subsection, the Board shall within 15 days provide notification and report to the local unit of government detailing the reasons for the determination of noncompliance with the corrective action plan. The local unit of government has 60 days from the date of the notification to address the determination of noncompliance.

3. DESCRIPTIONS OF PRIOR ACTIONS

Prior actions are separated into three categories below: System Design Changes, Additional Funding, and Other Considerations. Please provide a brief description of the prior actions implemented by the local government to address the retirement system's underfunded status within the appropriate category section. Within each category are sample statements that you may choose to use to indicate the changes to your system that will positively affect your funded status. For retirement systems that have multiple divisions, departments, or plans within the same retirement system, please indicate how these changes impact the retirement system as a whole.

Please Note: If applicable, prior actions listed within your waiver application(s) may also be included in your corrective action plan.

Please indicate where in the attached supporting documentation these changes are described and the impact of those changes (i.e. what has the local unit of government done to improve its underfunded status, and where can we find the proof of these changes in the supporting documentation?).

| Note: Please provide the name of the system impacted, the date you made the change, the relevant page number(s) within the supporting documentation, and the resulting change to the system's funded ratio. |
|---|
| Category of Prior Actions: |
| System Design Changes - System design changes may include the following: Lower tier of benefits for new hires, final average compensation limitations, freeze future benefit accruals for active employees in the defined benefit system, defined contribution system for new hires, hybrid system for new hires, bridged multiplier for active employees, etc. |
| Sample Statement: The system's multiplier for current employees was lowered from 2.5X to 2X for the General Employees' Retirement System on January 1, 2017. On page 8 of the attached actuarial supplemental valuation, it shows our funded ratio will be 60% by fiscal year 2020. |
| Additional Funding Additional funding growingly deaths following Values are acceptant as a house the acceptable |
| Additional Funding – Additional funding may include the following: Voluntary contributions above the actuarially determined contribution, bonding, millage increases, restricted funds, etc. |
| Sample Statement: The local unit provided a lump sum payment of \$1 million to the General Employees' Retirement System on January 1, 2017. This lump sum payment was in addition to the actuarially determined contribution (ADC) of the system. The additional contribution will increase the retirement system's funded ratio to 61% by 2025. Please see page 10 of the attached enacted budget, which highlights this contribution of \$1 million. |
| |
| Other Considerations – Other considerations may include the following: outdated Form 5572 information, actuarial assumption changes, amortization policy changes, etc. |
| Sample Statement: The information provided on the Form 5572 from the audit used actuarial data from 2015. Attached is an updated actuarial valuation for 2017 that shows our funded ratio has improved to 62% as indicated on page 13. |
| |
| 4. DESCRIPTION OF PROSPECTIVE ACTIONS |
| The corrective action plan allows you to submit a plan of prospective actions which are separated into three categories |
| below: System Design Changes, Additional Funding, and Other Considerations. Please provide a brief description of the additional actions the local government is planning to implement to address the retirement system's underfunded status within the appropriate category section. Within each category are sample statements that you may choose to use to indicate the changes to your system that will positively affect your funded status. For retirement systems that have multiple divisions, departments, or plans within the same retirement system, please indicate how these changes impact the retirement system as a whole. |
| Please indicate where in the attached supporting documentation these changes are described and the impact of those changes (i.e. what will the local unit of government do to improve its underfunded status, and where can we find the proof of these changes in the supporting documentation?). |

| Category of Prospective Actions: |
|---|
| System Design Changes - System design changes may include the following: Lower tier of benefits for new hires, final average compensation limitations, freeze future benefit accruals for active employees in the defined benefit system, defined contribution system for new hires, hybrid system for new hires, bridged multiplier for active employees, etc. |
| Sample Statement: Beginning with summer 2018 contract negotiations, the local unit will seek to lower the system's multiplier for current employees from 2.5X to 2X for the General Employees' Retirement System. On page 8 of the attached actuarial supplemental valuation, it shows our funded ratio would be 60% funded by fiscal year 2020 if these changes were adopted and implemented by fiscal year 2019. |
| |
| Additional Funding – Additional funding may include the following: voluntary contributions above the actuarially determined contribution, bonding, millage increases, restricted funds, etc. |
| Sample Statement: Beginning in fiscal year 2019, the local unit will provide a lump sum payment of \$1 million to the General Employees' Retirement System. This lump sum payment will be in addition to the actuarially determined contribution (ADC) of the system. The additional contribution will increase the retirement system's funded ratio to 61% by 2025. Please see page 10 of the attached enacted budget, which highlights this contribution of \$1 million. Please see page 12 of the attached supplemental actuarial valuation showing the projected change to the system's funded ratio with this additional contribution. |
| ✓ Other Considerations – Other considerations may include the following: outdated Form 5572 information, |
| actuarial assumption changes, amortization policy changes, etc. |
| Sample Statement: Beginning in fiscal year 2019, the local unit will begin amortizing the unfunded portion of the pension liability using a level-dollar amortization method over a closed period of 10 years. This will allow the retirement system to reach a funded status of 62% by 2022 as shown in the attached actuarial analysis on page 13. |
| Central Michigan District Health Department does not see this being an issue in the current year and will be submitting our 2017-2018 reports in a timely manner. Central Michigan District Health Department is currently funded at 64% per the Department of Treasury report. Please see the attached 5572 as proof of the funded liability and utilizing the most recent audit financial statements, does not trigger the threshold PA202 funded ratio. |
| 5. CONFIRMATION OF FUNDING |
| Please check the applicable answer: |
| Do the corrective actions listed in this plan allow for (insert local unit name) Central MI District Health Dept. to make, at a minimum, the annual required contribution payment for the defined benefit pension system according to your long-term budget forecast? |
| ✓ Yes☐ NoIf No, Explain: |
| |

| 6. DOCUMENTATION ATTACHED TO THIS CORRECTIVE ACTION PLAN | | |
|--|--|--|
| Documentation should be attached as a .pdf to this Corrective Action Plan. The documentation should detail the corrective action plan that would be implemented to adequately address the local unit of government's underfunded status. Please check all documents that are included as part of this plan and attach in successive order as provided below: | | |
| Naming convention: when attaching documents please use the naming convention shown below. If there is more than one document in a specific category that needs to be submitted, include a, b, or c for each document. For example, if you are submitting two supplemental valuations, you would name the first document "Attachment 2a" and the second document "Attachment 2b". | | |
| Naming Convention | Type of Document | |
| ★ Attachment – I | This Corrective Action Plan Form (Required) | |
| ★ Attachment – Ia | Documentation from the governing body approving this Corrective Action Plan (Required) | |
| ★ Attachment – 2a | Actuarial Analysis (annual valuation, supplemental valuation, projection) | |
| ☐ Attachment – 3a | Internally Developed Projection Study | |
| Attachment – 4a | Documentation of additional payments in past years that is not reflected in your audited financial statements (e.g. enacted budget, system provided information). | |
| Attachment – 5a | Documentation of commitment to additional payments in future years (e.g. resolution, ordinance) | |
| Attachment – 6a | A separate corrective action plan that the local unit has approved to address its underfunded status, which includes documentation of prior actions, prospective actions, and the positive impact on the system's funded ratio | |
| ☐ Attachment – 7a | Other documentation, not categorized above | |
| LOCAL UNIT OF GOVERNMENT ACTION PLAN | 'S ADMINISTRATIVE OFFICER APPROVAL OF CORRECTIVE | |

I, Steve Hall Health Officer (Ex: City/Township Manager, Executive director, and Chief Executive Officer, etc.) approve this Corrective Action Plan and will implement the prospective actions contained in this Corrective Action Plan. Signature Date 9-25-18

Defined Benefit Pension Retirement Systems

Issued under authority of Public Act 202 of 2017.

| I. MUNICIPALITY INFORMATION | |
|---|-----------------------------|
| Local Unit Name: CITY OF EASTPOINTE | Six-Digit Muni Code: 502020 |
| Defined Benefit Pension System Name: MERS-EASTPOINT | E |
| Contact Name (Administrative Officer): RANDALL BLUM | |
| Title if not Administrative Officer: FINANCE DIRECTOR | |
| Email: rblum@eastpointecity.org | Telephone: (586) 204-3040 |

2. GENERAL INFORMATION

Corrective Action Plan: An underfunded local unit of government shall develop and submit for approval a corrective action plan for the local unit of government. The local unit of government shall determine the components of the corrective action plan. This Corrective Action Plan shall be submitted by any local unit of government with at least one defined benefit pension retirement system that has been determined to have an underfunded status. Underfunded status for a defined benefit pension system is defined as being less than 60% funded according to the most recent audited financial statements, and, if the local unit of government is a city, village, township, or county, the annually required contribution (ARC) for all of the defined benefit pension retirement systems of the local unit of government is greater than 10% of the local unit of government's annual governmental fund revenues, based on the most recent fiscal year.

Due Date: The local unit of government has 180 days from the date of notification to submit a corrective action plan to the Municipal Stability Board (the Board). The Board may extend the 180-day deadline by up to an additional 45 days if the local unit of government submits a reasonable draft of a corrective action plan and requests an extension.

Filing: Per Sec. 10(1) of PA 202 of 2017 (the Act), this Corrective Action Plan must be approved by the local government's administrative officer and its governing body. You must provide proof of your governing body approving this Corrective Action Plan and attach the documentation as a separate PDF document. Per Sec. 10(4) of the Act, failure to provide documentation that demonstrates approval from your governing body will result in a determination of noncompliance by the Board.

The submitted plan must demonstrate through distinct supporting documentation how and when the local unit will reach the 60% funded ratio. Or, if the local unit is a city, village, township, or county, the submitted plan may demonstrate how and when the ARC for all of the defined benefit pension systems will be less than 10% of annual governmental fund revenues, as defined by the Act. Supporting documentation for the funding ratio and/or ARC must include an actuarial projection, an actuarial valuation, or an internally developed analysis. The local unit must project governmental fund revenues using a reasonable forecast based on historical trends and projected rates of inflation.

The completed plan must be submitted via email to Treasury at LocalRetirementReporting@michigan.gov for review by the Board. If you have multiple underfunded retirement systems, you are required to complete separate plans and send a separate email for each underfunded system. Please attach each plan as a separate PDF document in addition to all applicable supporting documentation.

The subject line of the email(s) should be in the following format: Corrective Action Plan-2017, Local Unit Name, Retirement System Name (e.g. Corrective Action Plan-2017, City of Lansing, Employees' Retirement System

Pension Plan). Treasury will send an automatic reply acknowledging receipt of the email. Your individual email settings must allow for receipt of Treasury's automatic reply. This will be the only notification confirming receipt of the application(s).

Municipal Stability Board: The Municipal Stability Board (the Board) shall review and vote on the approval of a corrective action plan submitted by a local unit of government. If a corrective action plan is approved, the Board will monitor the corrective action plan for the following two years, and the Board will report on the local unit of government's compliance with the Act not less than every two years.

Review Process: Following receipt of the email by Treasury, the Board will accept the corrective action plan submission at the next scheduled meeting of the Board. The Board shall then approve or reject the corrective action plan within 45 days from the date of the meeting.

Considerations for Approval: A successful corrective action plan will demonstrate the actions for correcting underfunded status as set forth in Sec. 10(7) of the Act (listed below), as well as any additional solutions to address the underfunded status. Please also include steps already taken to address your underfunded status as well as the date prospective actions will be taken. A local unit of government may also include in its corrective action plan, a review of the local unit of government's budget and finances to determine any alternative methods available to address its underfunded status. A corrective action plan under this section may include the development and implementation of corrective options for the local unit of government to address its underfunded status. The corrective options as described in Sec. 10(7) may include, but are not limited to, any of the following:

- (i) Closing the current defined benefit plan.
- (ii) Implementing a multiplier limit.
- (iii) Reducing or eliminating new accrued benefits.
- (iv) Implementing final average compensation standards.

Implementation: The local unit of government has up to 180 days after the approval of a corrective action plan to begin to implement the corrective action plan to address its underfunded status. The Board shall monitor each underfunded local unit of government's compliance with this act and any corrective action plan. The Board shall adopt a schedule, not less than every 2 years, to certify that the underfunded local unit of government is in substantial compliance with the Act. If the Board determines that an underfunded local unit of government is not in substantial compliance under this subsection, the Board shall within 15 days provide notification and report to the local unit of government detailing the reasons for the determination of noncompliance with the corrective action plan. The local unit of government has 60 days from the date of the notification to address the determination of noncompliance.

3. DESCRIPTIONS OF PRIOR ACTIONS

Prior actions are separated into three categories below: System Design Changes, Additional Funding, and Other Considerations. Please provide a brief description of the prior actions implemented by the local government to address the retirement system's underfunded status within the appropriate category section. Within each category are sample statements that you may choose to use to indicate the changes to your system that will positively affect your funded status. For retirement systems that have multiple divisions, departments, or plans within the same retirement system, please indicate how these changes impact the retirement system as a whole.

Please Note: If applicable, prior actions listed within your waiver application(s) may also be included in your corrective action plan.

| changes (i.e. what has the local unit of government done to improve its underfunded status, and where can we find the proof of these changes in the supporting documentation?). |
|---|
| Note: Please provide the name of the system impacted, the date you made the change, the relevant page number(s) within the supporting documentation, and the resulting change to the system's funded ratio. |
| Category of Prior Actions: |
| System Design Changes - System design changes may include the following: Lower tier of benefits for new hires, final average compensation limitations, freeze future benefit accruals for active employees in the defined benefit system, defined contribution system for new hires, hybrid system for new hires, bridged multiplier for active employees, etc. |
| Sample Statement: The system's multiplier for current employees was lowered from 2.5X to 2X for the General Employees' Retirement System on January 1, 2017. On page 8 of the attached actuarial supplemental valuation, it shows our funded ratio will be 60% by fiscal year 2020. |
| See attached |
| Additional Funding – Additional funding may include the following: Voluntary contributions above the actuarially determined contribution, bonding, millage increases, restricted funds, etc. Sample Statement: The local unit provided a lump sum payment of \$1 million to the General Employees' Retirement System on January 1, 2017. This lump sum payment was in addition to the actuarially determined contribution (ADC) of the |
| system. The additional contribution will increase the retirement system's funded ratio to 61% by 2025. Please see page 10 of the attached enacted budget, which highlights this contribution of \$1 million. |
| See attached |
| Other Considerations – Other considerations may include the following: outdated Form 5572 information, actuarial assumption changes, amortization policy changes, etc. |
| Sample Statement: The information provided on the Form 5572 from the audit used actuarial data from 2015. Attached is an updated actuarial valuation for 2017 that shows our funded ratio has improved to 62% as indicated on page 13. |
| |
| |

4. DESCRIPTION OF PROSPECTIVE ACTIONS

The corrective action plan allows you to submit a plan of prospective actions which are separated into three categories below: System Design Changes, Additional Funding, and Other Considerations. Please provide a brief description of the additional actions the local government is planning to implement to address the retirement system's underfunded status within the appropriate category section. Within each category are sample statements that you may choose to use to indicate the changes to your system that will positively affect your funded status. For retirement systems that have multiple divisions, departments, or plans within the same retirement system, please indicate how these changes impact the retirement system as a whole.

| Please indicate where in the attached supporting documentation these changes are described and the impact of those changes (i.e. what will the local unit of government do to improve its underfunded status, and where can we find the proof of these changes in the supporting documentation?). |
|---|
| Category of Prospective Actions: |
| System Design Changes - System design changes may include the following: Lower tier of benefits for new hires, final average compensation limitations, freeze future benefit accruals for active employees in the defined benefit system, defined contribution system for new hires, hybrid system for new hires, bridged multiplier for active employees, etc. |
| Sample Statement : Beginning with summer 2018 contract negotiations, the local unit will seek to lower the system's multiplier for current employees from 2.5X to 2X for the General Employees' Retirement System . On page 8 of the attached actuarial supplemental valuation, it shows our funded ratio would be 60% funded by fiscal year 2020 if these changes were adopted and implemented by fiscal year 2019 . |
| Additional Funding – Additional funding may include the following: voluntary contributions above the actuarially determined contribution, bonding, millage increases, restricted funds, etc. Sample Statement: Beginning in fiscal year 2019, the local unit will provide a lump sum payment of \$1 million to the General Employees' Retirement System. This lump sum payment will be in addition to the actuarially determined contribution (ADC) of the system. The additional contribution will increase the retirement system's funded ratio to 61% by 2025. Please see page 10 of the attached enacted budget, which highlights this contribution of \$1 million. Please see page 12 of the attached supplemental actuarial valuation showing the projected change to the system's funded ratio with this additional contribution. |
| When MCL Section 141.2518 is amended to allow issuance of pension obligation bonds by A+ rated communities, Eastpointe will avail themselves of this solution. |
| Other Considerations — Other considerations may include the following: outdated Form 5572 information, actuarial assumption changes, amortization policy changes, etc. Sample Statement: Beginning in fiscal year 2019, the local unit will begin amortizing the unfunded portion of the pension liability using a level-dollar amortization method over a closed period of 10 years. This will allow the retirement system to reach a funded status of 62% by 2022 as shown in the attached actuarial analysis on page 13. |
| |

| 5. CONFIRMATION OF FUND | ING |
|---|--|
| Please check the applicable answ | er: |
| Do the corrective actions listed in this to make, at a minimum, the annual recyour long-term budget forecast? | s plan allow for (insert local unit name) CITY OF EASTPOINTE quired contribution payment for the defined benefit pension system according to |
| ☐ Yes ☑ No If No, Explain SEE ATTACHI | ED |
| 6. DOCUMENTATION ATTAC | HED TO THIS CORRECTIVE ACTION PLAN |
| Documentation should be attached as corrective action plan that would be in | a .pdf to this Corrective Action Plan. The documentation should detail the mplemented to adequately address the local unit of government's underfunded t are included as part of this plan and attach in successive order as provided |
| than one document in a specific catego | g documents please use the naming convention shown below. If there is more bry that needs to be submitted, include a, b, or c for each document. For oplemental valuations, you would name the first document "Attachment 2a" and ". |
| Naming Convention | Type of Document |
| | This Corrective Action Plan Form (Required) |
| ★ Attachment – Ia | Documentation from the governing body approving this Corrective Action Plan (Required) |
| ☑ Attachment – 2a | An actuarial projection, an actuarial valuation, or an internally developed analysis, which illustrates how and when the local unit will reach the 60% funded ratio. Or, if the local unit is a city, village, township, or county, ARC will be less than 10% of governmental fund revenues, as defined by the Act. (Required) |
| ☐ Attachment – 3a | Documentation of additional payments in past years that is not reflected in your audited financial statements (e.g. enacted budget, system provided information). |
| ☐ Attachment – 4a | Documentation of commitment to additional payments in future years (e.g. resolution, ordinance) |
| ☐ Attachment – 5a | A separate corrective action plan that the local unit has approved to address its underfunded status, which includes documentation of prior actions, prospective actions, and the positive impact on the system's funded ratio |
| ☐ Attachment –6a | Other documentation not categorized above |

| Please confirm that each of the four corrective ac | tion plan criteria listed below have been satisfied when submitting |
|--|---|
| this document. Specific detail on corrective action Development: Best Practices and Strategies documents | plan criteria can be found in the Corrective Action Plan |
| Corrective Action Plan Criteria | Description |
| ☑ Underfunded Status | Is there a description and adequate supporting documentation of how and when the retirement system will reach the 60% funded ratio? Or, if your local unit is a city, village, township, or county, how and when the ARC of all pension systems will be less than 10 percent of governmental fund revenues? |
| Reasonable Timeframe | Do the corrective actions address the underfunded status in a reasonable timeframe (see CAP criteria issued by the Board)? |
| ■ Legal and Feasible | Does the corrective action plan follow all applicable laws? Are all required administrative certifications and governing body approvals included? Are the actions listed feasible? |
| ☐ Affordability | Do the corrective action(s) listed allow the local unit to make the annual required contribution payment for the pension system now and into the future without additional changes to this corrective action plan? |
| 8. LOCAL UNIT OF GOVERNMENT'S AI ACTION PLAN | DMINISTRATIVE OFFICER APPROVAL OF CORRECTIVE |
| The state of the s | vernment's administrative officer (enter title) |
| FINANCE DIRECTOR (Ex: City/etc.) approve this Corrective Action Plan and will Action Plan. | Township Manager, Executive director, and Chief Executive Officer, implement the prospective actions contained in this Corrective se of the changes listed above, one of the following statements will |
| occur: | of the thankes noted above, one of the following statements will |
| The MERS-EASTPOINTE funded status of at least 60% by Fiscal Year 20 listed in section 6. | (Insert Retirement Pension System Name) will achieve a 226 as demonstrated by required supporting documentation |
| OR, if the local unit is a city, village, townsh | ip, or county: |
| The ARC for all of the defined benefit pension unit name) will be less than 10% of the local Year as demonstrated by require | retirement systems of (Insert local unit of government's annual governmental fund revenues by Fiscal d supporting documentation listed in section 6. |
| Signature | Date |

Defined Benefit Pension Retirement Systems

Issued under authority of Public Act 202 of 2017.

| I. MUNICIPALITY INFORMATION | |
|---|-----------------------------|
| Local Unit Name: City of Escanaba | Six-Digit Muni Code: 212010 |
| Defined Benefit Pension System Name: Municipal Employee's | s Retirement System (MERS) |
| Contact Name (Administrative Officer): Melissa Becotte | |
| Title if not Administrative Officer: City Controller | |
| Email: mbecotte@escanaba.org | Telephone: (906) 789-7300 |

2. GENERAL INFORMATION

Corrective Action Plan: An underfunded local unit of government shall develop and submit for approval a corrective action plan for the local unit of government. The local unit of government shall determine the components of the corrective action plan. This Corrective Action Plan shall be submitted by any local unit of government with at least one defined benefit pension retirement system that has been determined to have an underfunded status. Underfunded status for a defined benefit pension system is defined as being less than 60% funded according to the most recent audited financial statements, and, if the local unit of government is a city, village, township, or county, the annually required contribution (ARC) for all of the defined benefit pension retirement systems of the local unit of government is greater than 10% of the local unit of government's annual governmental fund revenues, based on the most recent fiscal year.

Due Date: The local unit of government has **180 days from the date of notification** to submit a corrective action plan to the Municipal Stability Board (the Board). The Board may extend the 180-day deadline by up to an additional 45 days if the local unit of government submits a reasonable draft of a corrective action plan and requests an extension.

Filing: Per Sec. 10(1) of PA 202 of 2017 (the Act), this Corrective Action Plan must be approved by the local government's administrative officer and its governing body. You must provide proof of your governing body approving this Corrective Action Plan and attach the documentation as a separate PDF document. Per Sec. 10(4) of the Act, failure to provide documentation that demonstrates approval from your governing body will result in a determination of noncompliance by the Board.

The submitted plan must demonstrate through distinct supporting documentation how and when the local unit will reach the 60% funded ratio. Or, if the local unit is a city, village, township, or county, the submitted plan may demonstrate how and when the ARC for all of the defined benefit pension systems will be less than 10% of annual governmental fund revenues, as defined by the Act. Supporting documentation for the funding ratio and/or ARC must include an actuarial projection, an actuarial valuation, or an internally developed analysis. The local unit must project governmental fund revenues using a reasonable forecast based on historical trends and projected rates of inflation.

The completed plan must be submitted via email to Treasury at LocalRetirementReporting@michigan.gov for review by the Board. If you have multiple underfunded retirement systems, you are required to complete separate plans and send a separate email for each underfunded system. Please attach each plan as a separate PDF document in addition to all applicable supporting documentation.

The subject line of the email(s) should be in the following format: Corrective Action Plan-2017, Local Unit Name, Retirement System Name (e.g. Corrective Action Plan-2017, City of Lansing, Employees' Retirement System

Pension Plan). Treasury will send an automatic reply acknowledging receipt of the email. Your individual email settings must allow for receipt of Treasury's automatic reply. This will be the only notification confirming receipt of the application(s).

Municipal Stability Board: The Municipal Stability Board (the Board) shall review and vote on the approval of a corrective action plan submitted by a local unit of government. If a corrective action plan is approved, the Board will monitor the corrective action plan for the following two years, and the Board will report on the local unit of government's compliance with the Act not less than every two years.

Review Process: Following receipt of the email by Treasury, the Board will accept the corrective action plan submission at the next scheduled meeting of the Board. The Board shall then approve or reject the corrective action plan within 45 days from the date of the meeting.

Considerations for Approval: A successful corrective action plan will demonstrate the actions for correcting underfunded status as set forth in Sec. 10(7) of the Act (listed below), as well as any additional solutions to address the underfunded status. Please also include steps already taken to address your underfunded status as well as the date prospective actions will be taken. A local unit of government may also include in its corrective action plan, a review of the local unit of government's budget and finances to determine any alternative methods available to address its underfunded status. A corrective action plan under this section may include the development and implementation of corrective options for the local unit of government to address its underfunded status. The corrective options as described in Sec. 10(7) may include, but are not limited to, any of the following:

- (i) Closing the current defined benefit plan.
- (ii) Implementing a multiplier limit.
- (iii) Reducing or eliminating new accrued benefits.
- (iv) Implementing final average compensation standards.

Implementation: The local unit of government has up to 180 days after the approval of a corrective action plan to begin to implement the corrective action plan to address its underfunded status. The Board shall monitor each underfunded local unit of government's compliance with this act and any corrective action plan. The Board shall adopt a schedule, not less than every 2 years, to certify that the underfunded local unit of government is in substantial compliance with the Act. If the Board determines that an underfunded local unit of government is not in substantial compliance under this subsection, the Board shall within 15 days provide notification and report to the local unit of government detailing the reasons for the determination of noncompliance with the corrective action plan. The local unit of government has 60 days from the date of the notification to address the determination of noncompliance.

3. DESCRIPTIONS OF PRIOR ACTIONS

Prior actions are separated into three categories below: System Design Changes, Additional Funding, and Other Considerations. Please provide a brief description of the prior actions implemented by the local government to address the retirement system's underfunded status within the appropriate category section. Within each category are sample statements that you may choose to use to indicate the changes to your system that will positively affect your funded status. For retirement systems that have multiple divisions, departments, or plans within the same retirement system, please indicate how these changes impact the retirement system as a whole.

Please Note: If applicable, prior actions listed within your waiver application(s) may also be included in your corrective action plan.

Please indicate where in the attached supporting documentation these changes are described and the impact of those changes (i.e. what has the local unit of government done to improve its underfunded status, and where can we find the proof of these changes in the supporting documentation?). Note: Please provide the name of the system impacted, the date you made the change, the relevant page number(s) within the supporting documentation, and the resulting change to the system's funded ratio. **Category of Prior Actions:** System Design Changes - System design changes may include the following: Lower tier of benefits for new hires, final average compensation limitations, freeze future benefit accruals for active employees in the defined benefit system, defined contribution system for new hires, hybrid system for new hires, bridged multiplier for active employees, etc. Sample Statement: The system's multiplier for current employees was lowered from 2.5X to 2X for the General Employees' Retirement System on January 1, 2017. On page 8 of the attached actuarial supplemental valuation, it shows our funded ratio will be 60% by fiscal year 2020. The City of Escanaba began offering a defined contribution retirement plan to employees 7/1/2005 and by 7/1/2007, all divisions were set up as defined contribution. At the same time, we stopped enrolling new hires into the defined benefit plan. We officially closed our defined benefit plans with the exception of one division, however, no new employees have been enrolled in that division and we are not allowing any more enrollees. See pg 37-42 of valuation. Additional Funding - Additional funding may include the following: Voluntary contributions above the actuarially determined contribution, bonding, millage increases, restricted funds, etc. Sample Statement: The local unit provided a lump sum payment of \$1 million to the General Employees' Retirement System on January 1, 2017. This lump sum payment was in addition to the actuarially determined contribution (ADC) of the system. The additional contribution will increase the retirement system's funded ratio to 61% by 2025. Please see page 10 of the attached enacted budget, which highlights this contribution of \$1 million. ☑ Other Considerations – Other considerations may include the following: outdated Form 5572 information, actuarial assumption changes, amortization policy changes, etc. Sample Statement: The information provided on the Form 5572 from the audit used actuarial data from 2015. Attached is an updated actuarial valuation for 2017 that shows our funded ratio has improved to 62% as indicated on page 13. The City of Escanaba has 3 enterprise funds that are responsible for nearly 33% of our retirement liability. By not allowing us to include the revenue for these funds on form 5572, we are overstating our percentage of ADC to revenues. If the revenues for these funds were included, our ADC/revenues percentage would be reduced to 8.5%. This would remove the City from the underfunded list. See attached revised form 5572, which includes enterprise rev.

4. DESCRIPTION OF PROSPECTIVE ACTIONS

The corrective action plan allows you to submit a plan of prospective actions which are separated into three categories below: System Design Changes, Additional Funding, and Other Considerations. Please provide a brief description of the additional actions the local government is planning to implement to address the retirement system's underfunded status within the appropriate category section. Within each category are sample statements that you may choose to use to indicate the changes to your system that will positively affect your funded status. For retirement systems that have multiple divisions, departments, or plans within the same retirement system, please indicate how these changes impact the retirement system as a whole.

| Please indicate where in the attached supporting documentation these changes are described and the impact of those changes (i.e. what will the local unit of government do to improve its underfunded status, and where can we find the proof of these changes in the supporting documentation?). |
|---|
| Category of Prospective Actions: |
| System Design Changes - System design changes may include the following: Lower tier of benefits for new hires, final average compensation limitations, freeze future benefit accruals for active employees in the defined benefit system, defined contribution system for new hires, hybrid system for new hires, bridged multiplier for active employees, etc. |
| Sample Statement: Beginning with summer 2018 contract negotiations, the local unit will seek to lower the system's multiplier for current employees from 2.5X to 2X for the General Employees' Retirement System. On page 8 of the attached actuarial supplemental valuation, it shows our funded ratio would be 60% funded by fiscal year 2020 if these changes were adopted and implemented by fiscal year 2019. |
| |
| Additional Funding – Additional funding may include the following: voluntary contributions above the actuarially determined contribution, bonding, millage increases, restricted funds, etc. |
| Sample Statement: Beginning in fiscal year 2019, the local unit will provide a lump sum payment of \$1 million to the General Employees' Retirement System. This lump sum payment will be in addition to the actuarially determined contribution (ADC) of the system. The additional contribution will increase the retirement system's funded ratio to 61% by 2025. Please see page 10 of the attached enacted budget, which highlights this contribution of \$1 million. Please see page 12 of the attached supplemental actuarial valuation showing the projected change to the system's funded ratio with this additional contribution. |
| The Escanaba City Council has approved a lump sum payment in the amount of \$2,500,000 to be made to MERS. This will improve our funding ratio to 65%. Please see the calculation provided on the center of page 3 of the Corrective Action Plan. |
| Other Considerations – Other considerations may include the following: outdated Form 5572 information, actuarial assumption changes, amortization policy changes, etc. |
| Sample Statement: Beginning in fiscal year 2019, the local unit will begin amortizing the unfunded portion of the pension liability using a level-dollar amortization method over a closed period of 10 years. This will allow the retirement system to reach a funded status of 62% by 2022 as shown in the attached actuarial analysis on page 13. |
| |
| |

| 5. CONFIRMATION OF FUNDING | |
|---|--|
| Please check the applicable answer: | |
| Do the corrective actions listed in this plan alk to make, at a minimum, the annual required co your long-term budget forecast? | ow for (insert local unit name) City of Escanaba ontribution payment for the defined benefit pension system according to |
| YesNoIf No, Explain | |
| corrective action plan that would be implemen | O THIS CORRECTIVE ACTION PLAN of this Corrective Action Plan. The documentation should detail the intention adequately address the local unit of government's underfunded luded as part of this plan and attach in successive order as provided |
| than one document in a specific category that | nents please use the naming convention shown below. If there is more needs to be submitted, include a, b, or c for each document. For tal valuations, you would name the first document "Attachment 2a" and |
| Naming Convention | Type of Document |
| Attachment − I | This Corrective Action Plan Form (Required) |
| ★ Attachment – Ia | Documentation from the governing body approving this Corrective Action Plan (Required) |
| Attachment → 2a | An actuarial projection, an actuarial valuation, or an internally developed analysis, which illustrates how and when the local unit will reach the 60% funded ratio. Or, if the local unit is a city, village, township, or county, ARC will be less than 10% of governmental fund revenues, as defined by the Act. (Required) |
| ☐ Attachment – 3a | Documentation of additional payments in past years that is not reflected in your audited financial statements (e.g. enacted budget, system provided information). |
| ★ Attachment – 4a | Documentation of commitment to additional payments in future years (e.g. resolution, ordinance) |
| ★ Attachment ~ 5a | A separate corrective action plan that the local unit has approved to address its underfunded status, which includes documentation of prior actions, prospective actions, and the positive impact on the system's funded ratio |
| ★ Attachment –6a | Other documentation not categorized above |

| Please confirm that each of the four corrective action plan criteria listed below have been satisfied when submitting this document. Specific detail on corrective action plan criteria can be found in the Corrective Action Plan Development: Best Practices and Strategies document. | |
|---|---|
| Corrective Action Plan Criteria | Description |
| ☑ Underfunded Status | Is there a description and adequate supporting documentation of how and when the retirement system will reach the 60% funded ratio? Or, if your local unit is a city, village, township, or county, how and when the ARC of all pension systems will be less than 10 percent of governmental fund revenues? |
| □ Reasonable Timeframe | Do the corrective actions address the underfunded status in a reasonable timeframe (see CAP criteria issued by the Board)? |
| □ Legal and Feasible | Does the corrective action plan follow all applicable laws? Are all required administrative certifications and governing body approvals included? Are the actions listed feasible? |
| | Do the corrective action(s) listed allow the local unit to make the annual required contribution payment for the pension system now and into the future without additional changes to this corrective action plan? |
| 8. LOCAL UNIT OF GOVERNMENT'S ADMI ACTION PLAN | NISTRATIVE OFFICER APPROVAL OF CORRECTIVE |
| I Melissa Becotte, as the govern | ment's administrative officer (enter title) |
| City Controller (Ex: City/Tow | nship Manager, Executive director, and Chief Executive Officer, |
| etc.) approve this Corrective Action Plan and will impl Action Plan. | ement the prospective actions contained in this Corrective |
| I confirm to the best of my knowledge that because of occur: | the changes listed above, one of the following statements will |
| The City of Escanaba (funded status of at least 60% by Fiscal Year 2019 listed in section 6. | Insert Retirement Pension System Name) will achieve a as demonstrated by required supporting documentation |
| OR, if the local unit is a city, village, township, o | or county: |
| The ARC for all of the defined benefit pension retinunit name) will be less than 10% of the local unit Year as demonstrated by required support as demonstrated | rement systems of (Insert local of government's annual governmental fund revenues by Fiscal pporting documentation listed in section 6. |
| Signature Muliss & Becotte | Date 10/10/18 |

7. CORRECTIVE ACTION PLAN CRITERIA

Defined Benefit Pension Retirement Systems

Issued under authority of Public Act 202 of 2017.

| I. MUNICIPALITY INFORMATION | |
|---|-----------------------------|
| Local Unit Name: City of St. Johns | Six-Digit Muni Code: 192030 |
| Defined Benefit Pension System Name: MERS of Michigan | |
| Contact Name (Administrative Officer): Patrick K Clifford | |
| Title if not Administrative Officer: Treasurer | |
| Email:_pclifford@ci.saint-johns.mi.us | Telephone: (989) 224-8944 |

2. GENERAL INFORMATION

Corrective Action Plan: An underfunded local unit of government shall develop and submit for approval a corrective action plan for the local unit of government. The local unit of government shall determine the components of the corrective action plan. This Corrective Action Plan shall be submitted by any local unit of government with at least one defined benefit pension retirement system that has been determined to have an underfunded status. Underfunded status for a defined benefit pension system is defined as being less than 60% funded according to the most recent audited financial statements, and, if the local unit of government is a city, village, township, or county, the annually required contribution (ARC) for all of the defined benefit pension retirement systems of the local unit of government is greater than 10% of the local unit of government's annual governmental fund revenues, based on the most recent fiscal year.

Due Date: The local unit of government has **180 days from the date of notification** to submit a corrective action plan to the Municipal Stability Board (the Board). The Board may extend the **180**-day deadline by up to an additional 45 days if the local unit of government submits a reasonable draft of a corrective action plan and requests an extension.

Filing: Per Sec. 10(1) of PA 202 of 2017 (the Act), this Corrective Action Plan must be approved by the local government's administrative officer and its governing body. You must provide proof of your governing body approving this Corrective Action Plan and attach the documentation as a separate PDF document. Per Sec. 10(4) of the Act, failure to provide documentation that demonstrates approval from your governing body will result in a determination of noncompliance by the Board.

The submitted plan must demonstrate through distinct supporting documentation how and when the local unit will reach the 60% funded ratio. Or, if the local unit is a city, village, township, or county, the submitted plan may demonstrate how and when the ARC for all of the defined benefit pension systems will be less than 10% of annual governmental fund revenues, as defined by the Act. Supporting documentation for the funding ratio and/or ARC must include an actuarial projection, an actuarial valuation, or an internally developed analysis. The local unit must project governmental fund revenues using a reasonable forecast based on historical trends and projected rates of inflation.

The completed plan must be submitted via email to Treasury at LocalRetirementReporting@michigan.gov for review by the Board. If you have multiple underfunded retirement systems, you are required to complete separate plans and send a separate email for each underfunded system. Please attach each plan as a separate PDF document in addition to all applicable supporting documentation.

The subject line of the email(s) should be in the following format: **Corrective Action Plan-2017, Local Unit Name, Retirement System Name** (e.g. Corrective Action Plan-2017, City of Lansing, Employees' Retirement System

Pension Plan). Treasury will send an automatic reply acknowledging receipt of the email. Your individual email settings must allow for receipt of Treasury's automatic reply. This will be the only notification confirming receipt of the application(s).

Municipal Stability Board: The Municipal Stability Board (the Board) shall review and vote on the approval of a corrective action plan submitted by a local unit of government. If a corrective action plan is approved, the Board will monitor the corrective action plan for the following two years, and the Board will report on the local unit of government's compliance with the Act not less than every two years.

Review Process: Following receipt of the email by Treasury, the Board will accept the corrective action plan submission at the next scheduled meeting of the Board. The Board shall then approve or reject the corrective action plan within 45 days from the date of the meeting.

Considerations for Approval: A successful corrective action plan will demonstrate the actions for correcting underfunded status as set forth in Sec. 10(7) of the Act (listed below), as well as any additional solutions to address the underfunded status. Please also include steps already taken to address your underfunded status as well as the date prospective actions will be taken. A local unit of government may also include in its corrective action plan, a review of the local unit of government's budget and finances to determine any alternative methods available to address its underfunded status. A corrective action plan under this section may include the development and implementation of corrective options for the local unit of government to address its underfunded status. The corrective options as described in Sec. 10(7) may include, but are not limited to, any of the following:

- (i) Closing the current defined benefit plan.
- (ii) Implementing a multiplier limit.
- (iii) Reducing or eliminating new accrued benefits.
- (iv) Implementing final average compensation standards.

Implementation: The local unit of government has up to 180 days after the approval of a corrective action plan to begin to implement the corrective action plan to address its underfunded status. The Board shall monitor each underfunded local unit of government's compliance with this act and any corrective action plan. The Board shall adopt a schedule, not less than every 2 years, to certify that the underfunded local unit of government is in substantial compliance with the Act. If the Board determines that an underfunded local unit of government is not in substantial compliance under this subsection, the Board shall within 15 days provide notification and report to the local unit of government detailing the reasons for the determination of noncompliance with the corrective action plan. The local unit of government has 60 days from the date of the notification to address the determination of noncompliance.

3. DESCRIPTIONS OF PRIOR ACTIONS

Prior actions are separated into three categories below: System Design Changes, Additional Funding, and Other Considerations. Please provide a brief description of the prior actions implemented by the local government to address the retirement system's underfunded status within the appropriate category section. Within each category are sample statements that you may choose to use to indicate the changes to your system that will positively affect your funded status. For retirement systems that have multiple divisions, departments, or plans within the same retirement system, please indicate how these changes impact the retirement **system** as a whole.

Please Note: If applicable, prior actions listed within your waiver application(s) may also be included in your corrective action plan.

Please indicate where in the attached supporting documentation these changes are described and the impact of those changes (i.e. what has the local unit of government done to improve its underfunded status, and where can we find the proof of these changes in the supporting documentation?).

Note: Please provide the name of the system impacted, the date you made the change, the relevant page number(s) within the supporting documentation, and the resulting change to the system's funded ratio.

Category of Prior Actions:

System Design Changes - System design changes may include the following: Lower tier of benefits for new hires, final average compensation limitations, freeze future benefit accruals for active employees in the defined benefit system, defined contribution system for new hires, hybrid system for new hires, bridged multiplier for active employees, etc.

Sample Statement: The system's multiplier for current employees was lowered from 2.5X to 2X for the **General Employees' Retirement System** on **January 1**, 2017. On page 8 of the attached actuarial supplemental valuation, it shows our funded ratio will be 60% by fiscal year 2020.

Since the MERS DB plan was closed in 2003, new hires have been provided with defined contribution retirement benefits.

Additional Funding - Additional funding may include the following: Voluntary contributions above the actuarially determined contribution, bonding, millage increases, restricted funds, etc.

Sample Statement: The local unit provided a lump sum payment of \$1 million to the **General Employees' Retirement System** on **January 1**, 2017. This lump sum payment was in addition to the actuarially determined contribution (ADC) of the system. The additional contribution will increase the retirement system's funded ratio to 61% by 2025. Please see page 10 of the attached enacted budget, which highlights this contribution of \$1 million.

Surplus lump sum payments were made in August, 2018. See Attachment 3a for journal entry and MERS confirmation documentation associated with these payments.

Briggs District Library made a surplus payment in June, 2018. See Attachment 3b.

In February, 2017, the City made a lump sum \$200,000 payment to MERS. See Attachment 3c.

Other Considerations – Other considerations may include the following: outdated Form 5572 information, actuarial assumption changes, amortization policy changes, etc.

Sample Statement: The information provided on the Form 5572 from the audit used actuarial data from **2015**. Attached is an updated actuarial valuation for **2017** that shows our funded ratio has improved to **62%** as indicated on page **13**.

To its credit, the City of St. Johns did NOT implement a retiree healthcare program and, therefore, is not liable for such costs to it's retirees.

4. DESCRIPTION OF PROSPECTIVE ACTIONS

The corrective action plan allows you to submit a plan of prospective actions which are separated into three categories below: System Design Changes, Additional Funding, and Other Considerations. Please provide a brief description of the additional actions the local government is planning to implement to address the retirement system's underfunded status within the appropriate category section. Within each category are sample statements that you may choose to use to indicate the changes to your system that will positively affect your funded status. For retirement systems that have multiple divisions, departments, or plans within the same retirement system, please indicate how these changes impact the retirement system as a whole.

| Please indicate where in the attached supporting documentation these changes are described and the impact of those changes (i.e. what will the local unit of government do to improve its underfunded status, and where can we find the proof of these changes in the supporting documentation?). |
|---|
| Category of Prospective Actions: |
| System Design Changes - System design changes may include the following: Lower tier of benefits for new hires, final average compensation limitations, freeze future benefit accruals for active employees in the defined benefit system, defined contribution system for new hires, hybrid system for new hires, bridged multiplier for active employees, etc. |
| Sample Statement : Beginning with summer 2018 contract negotiations, the local unit will seek to lower the system's multiplier for current employees from 2.5X to 2X for the General Employees' Retirement System . On page 8 of the attached actuarial supplemental valuation, it shows our funded ratio would be 60% funded by fiscal year 2020 if these changes were adopted and implemented by fiscal year 2019 . |
| |
| Additional Funding – Additional funding may include the following: voluntary contributions above the actuarially determined contribution, bonding, millage increases, restricted funds, etc. |
| Sample Statement: Beginning in fiscal year 2019, the local unit will provide a lump sum payment of \$1 million to the General Employees' Retirement System. This lump sum payment will be in addition to the actuarially determined contribution (ADC) of the system. The additional contribution will increase the retirement system's funded ratio to 61% by 2025. Please see page 10 of the attached enacted budget, which highlights this contribution of \$1 million. Please see page 12 of the attached supplemental actuarial valuation showing the projected change to the system's funded ratio with this additional contribution. |
| MERS provided us with "ballpark" analyses for our three main divisions in our pension plan - general, police, and water/sewer. See Attachment 2a. Briggs District Library has included a \$10,000 surplus payment in their FY 18/19 budget - see Attachment 2b. |
| Other Considerations – Other considerations may include the following: outdated Form 5572 information, actuarial assumption changes, amortization policy changes, etc. |
| Sample Statement: Beginning in fiscal year 2019 , the local unit will begin amortizing the unfunded portion of the pension liability using a level-dollar amortization method over a closed period of 10 years . This will allow the retirement system to reach a funded status of 62 % by 2022 as shown in the attached actuarial analysis on page 13 . |
| A major development in St. Johns was announced in August, 2018. The development will mean significant water/sewer revenue for the enterprise fund once the project is in production in late 2020. This additional revenue will allow for increased surplus payments related to the Water/Sewer Division. |

| F CONFIDMATION OF FUNDING | | |
|---|--|--|
| 5. CONFIRMATION OF FUNDING Please check the applicable answer: | | |
| Do the corrective actions listed in this plan allow for (insert local unit name) City of St. Johns to make, at a minimum, the annual required contribution payment for the defined benefit pension system according to your long-term budget forecast? | | |
| YesNoIf No, Explain | | |
| 6. DOCUMENTATION ATTACHED TO THI | S CORRECTIVE ACTION PLAN | |
| Documentation should be attached as a .pdf to this C corrective action plan that would be implemented to | orrective Action Plan. The documentation should detail the adequately address the local unit of government's underfunded spart of this plan and attach in successive order as provided | |
| Naming convention: when attaching documents please use the naming convention shown below. If there is more than one document in a specific category that needs to be submitted, include a, b, or c for each document. For example, if you are submitting two supplemental valuations, you would name the first document "Attachment 2a" and the second document "Attachment 2b". | | |
| Naming Convention | Type of Document | |
| ★ Attachment – I | This Corrective Action Plan Form (Required) | |
| ■ Attachment - Ia (2 pages) | Documentation from the governing body approving this Corrective Action Plan (Required) | |
| Attachment - 2a (4 pages) 2b (8 pages) | An actuarial projection, an actuarial valuation, or an internally developed analysis, which illustrates how and when the local unit will reach the 60% funded ratio. Or, if the local unit is a city, village, township, or county, ARC will be less than 10% of governmental fund revenues, as defined by the Act. (Required) | |
| X Attachment - 3a (5 pages) 3b (7 pages) 3c (2 pages) | Documentation of additional payments in past years that is not reflected in your audited financial statements (e.g. enacted budget, system provided information). | |
| ☐ Attachment – 4a | Documentation of commitment to additional payments in future years (e.g. resolution, ordinance) | |
| ☐ Attachment — 5a | A separate corrective action plan that the local unit has approved to address its underfunded status, which includes documentation of prior actions, prospective actions, and the positive impact on the system's funded ratio | |

Other documentation not categorized above

☐ Attachment –6a

| 7. CORRECTIVE ACTION PLAN CRITERIA Please confirm that each of the four corrective action plan criteria listed below have been satisfied when submitting | | |
|---|---|--|
| this document. Specific detail on corrective action plan <u>Development: Best Practices and Strategies</u> document | | |
| Corrective Action Plan Criteria | Description | |
| ☑ Underfunded Status | Is there a description and adequate supporting documentation of how and when the retirement system will reach the 60% funded ratio? Or, if your local unit is a city, village, township, or county, how and when the ARC of all pension systems will be less than 10 percent of governmental fund revenues? | |
| ■ Reasonable Timeframe | Do the corrective actions address the underfunded status in a reasonable timeframe (see CAP criteria issued by the Board)? | |
| ■ Legal and Feasible | Does the corrective action plan follow all applicable laws? Are all required administrative certifications and governing body approvals included? Are the actions listed feasible? | |
| ★ Affordability | Do the corrective action(s) listed allow the local unit to make the annual required contribution payment for the pension system now and into the future without additional changes to this corrective action plan? | |
| 8. LOCAL UNIT OF GOVERNMENT'S ADMI ACTION PLAN | NISTRATIVE OFFICER APPROVAL OF CORRECTIVE | |
| I <u>Patrick K Clifford</u> , as the govern <u>Treasurer</u> (Ex: City/Tow | ment's administrative officer (enter title) Inship Manager, Executive director, and Chief Executive Officer, Ilement the prospective actions contained in this Corrective | |
| I confirm to the best of my knowledge that because of the changes listed above, one of the following statements will occur: | | |
| The MERS of Michigan (funded status of at least 60% by Fiscal Year 2023 listed in section 6. | (Insert Retirement Pension System Name) will achieve a as demonstrated by required supporting documentation | |
| OR, if the local unit is a city, village, township, o | or county: | |
| Year as demonstrated by required su | | |
| Signature XXIII | Date | |

Retirement Health Benefit Systems

Issued under authority of Public Act 202 of 2017.

| 1. MUNICIPALITY INFORMATION | SCHOOL NAME OF THE OWNER, OR STREET | |
|---|-------------------------------------|--|
| Local Unit Name: Beecher Metropolitan District | Six-Digit Muni Code: 257504 | |
| Retirement Health Benefit System Name: Beecher Met | ropolitan District OPEB Plan | |
| Contact Name (Administrative Officer): Kevin Forbes | | |
| Title if not Administrative Officer: Administrative Super | erintendent | |
| Email: kevin@beecherwater.us | Telephone: (810) 787-6526 | |

2. GENERAL INFORMATION

Corrective Action Plan: An underfunded local unit of government shall develop and submit for approval a corrective action plan for the local unit of government. The local unit of government shall determine the components of the corrective action plan. This Corrective Action Plan shall be submitted by any local unit of government with at least one retirement health benefit system that has been determined to have an underfunded status. Underfunded status for a retirement health system is defined as being less than 40% funded according to the most recent audited financial statements, and, if the local unit of government is a city, village, township, or county, the annual required contribution (ARC) for all of the retirement health systems of the local unit of government is greater than 12% of the local unit of government's annual governmental fund revenues, based on the most recent fiscal year.

Due Date: The local unit of government has 180 days from the date of notification to submit a corrective action plan to the Municipal Stability Board. The Board may extend the 180-day deadline by up to an additional 45 days if the local unit of government submits a reasonable draft of a corrective action plan and requests an extension.

Filing: Per Sec. 10(1) of the Act, this Corrective Action Plan must be approved by the local government's administrative officer and its governing body. You must provide proof of your governing body approving this Corrective Action Plan and attach the documentation as a separate PDF document. Per Sec. 10(4) of the Act, failure to provide documentation that demonstrates approval from your governing body will result in a determination of noncompliance by the Board.

The submitted plan must demonstrate through distinct supporting documentation how and when the local unit will reach the 40% funded ratio. Or, if the local unit is a city, village, township, or county, the submitted plan may demonstrate how and when the ARC for all of the retirement healthcare systems will be less than 12% of annual governmental fund revenues, as defined by the Act. Supporting documentation for the funding ratio and/or ARC must include an actuarial projection, an actuarial valuation, or an internally developed analysis. The local unit must project governmental fund revenues using a reasonable forecast based on historical trends and projected rates of inflation.

The completed plan must be submitted via email to Treasury at LocalRetirementReporting@michigan.gov for review by the Board. If you have multiple underfunded retirement systems, you are required to complete separate plans and send a separate email for each underfunded system. Please attach each plan as a separate PDF document in addition to all applicable supporting documentation.

The subject line of the email(s) should be in the following format: Corrective Action Plan-2017, Local Unit Name, Retirement System Name (e.g. Corrective Action Plan-2017, City of Lansing, Employees' Retirement System OPEB

Plan). Treasury will send an automatic reply acknowledging receipt of the email. Your individual email settings must allow for receipt of Treasury's automatic reply. This will be the only notification confirming receipt of the application(s).

Municipal Stability Board: The Municipal Stability Board (the Board) shall review and vote on the approval of a corrective action plan submitted by a local unit of government. If a corrective action plan is approved, the Board will monitor the corrective action plan for the following two years, and the Board will report on the local unit of government's compliance with the Act not less than every two years.

Review Process: Following receipt of the email by Treasury, the Board will accept the corrective action plan submission at the next scheduled meeting of the Board. The Board shall then approve or reject the corrective action plan within 45 days from the date of the meeting.

Considerations for Approval: A successful corrective action plan will demonstrate the actions for correcting underfunded status as set forth in Sec. 10(7) of the Act (listed below), as well as any additional solutions to address the underfunded status. Please also include steps already taken to address your underfunded status, as well as the date prospective actions will be taken. A local unit of government may also include in its corrective action plan a review of the local unit of government's budget and finances to determine any alternative methods available to address its underfunded status. A corrective action plan under this section may include the development and implementation of corrective options for the local unit of government to address its underfunded status. The corrective options as described in Sec. 10(7) may include, but are not limited to, any of the following:

- (i) Requiring cost sharing of premiums and sufficient copays.
- (ii) Capping employer costs.

Implementation: The local unit of government has up to 180 days after the approval of a corrective action plan to begin to implement the corrective action plan to address its underfunded status. The Board shall monitor each underfunded local unit of government's compliance with this act and any corrective action plan. The Board shall adopt a schedule, not less than every 2 years, to certify that the underfunded local unit of government is in substantial compliance with the Act. If the Board determines that an underfunded local unit of government is not in substantial compliance under this subsection, the Board shall within 15 days provide notification and report to the local unit of government detailing the reasons for the determination of noncompliance with the corrective action plan. The local unit of government has 60 days from the date of the notification to address the determination of noncompliance.

3. DESCRIPTION OF PRIOR ACTIONS

Prior actions are separated into three categories below: System Design Changes, Additional Funding, and Other Considerations. Please provide a brief description of the prior actions implemented by the local government to address the retirement system's underfunded status within the appropriate category section. Within each category are sample statements that you may choose to use to indicate the changes to your system that will positively affect your funded status. For retirement systems that have multiple divisions, departments, or plans within the same retirement system, please indicate how these changes impact the retirement system as a whole.

Please Note: If applicable, prior actions listed within your waiver application(s) may also be included in your corrective action plan.

Please indicate where in the attached supporting documentation these changes are described and the impact of those changes (i.e. what has the local unit of government done to improve its underfunded status, and where can we find the proof of these changes in the supporting documentation?).

Note: Please provide the name of the system impacted, the date you made the change, the relevant page number(s) within the supporting documentation, and the resulting change to the system's funded ratio.

| Category of Prior Actions: |
|---|
| System Design Changes - System design changes may include the following: Changes to coverage levels (including retiree co-payments, deductibles, and Medicare eligibility), changes to premium cost-sharing, eligibility changes, switch to defined contribution retiree health care plan, changes to retiree health care coverage for new hires, etc. |
| Sample Statement: Benefit levels of the retired membership mirrors the current collective bargaining agreement for each class of employee. On January 1, 2017, the local unit entered into new collective bargaining agreements with the Comma Officers Association and Internal Association of Firefighters that increased employee co-payments and deductibles for healthcare. These coverage changes resulted in an improvement to the retirement system's funded ratio. Please see page 12 the attached actuarial analysis that indicates the system is 40% funded as of June 30, 2017. |
| Benefit levels have been reduced through collective bargaining agreements for each class of employee. Effective January 1, 1998 health care will be provided only until retirees are eligible and entitled to receive Medicare coverage Based on date of hire an employee could pay up to 20% of their health care premium. Effective January 1, 2017 all new employees will have a health care savings plan through MERS as their sole post employment health care benefits. |
| Additional Funding – Additional funding may include the following: paying the annual required contribution in addition to retiree premiums, voluntary contributions above the annual required contribution, bonding, millage increases, restricted funds, etc. |
| Sample Statement: The local unit created a qualified trust to receive, invest, and accumulate assets for retirement healthcare on June 23, 2016. The local unit of government has adopted a policy to change its funding methodology from Policy to full funding of the Annual Required Contribution (ARC). Additionally, the local unit has committed to contributing \$500, annually, in addition to the ARC for the next five fiscal years. The additional contributions will increase the retirement system funded ratio to 40% by 2022. Please see page 10 of the attached resolution from our governing body demonstrating the commitment to contribute the ARC and additional \$500,000 for the next five years. |
| |
| Other Considerations – Other considerations may include the following: outdated Form 5572 information, actuarial assumption changes, amortization policy changes, etc. |
| Sample Statement: The information provided on the Form 5572 from the audit used actuarial data from 2015. Attache an updated actuarial valuation for 2017 that shows our funded ratio has improved to 42% as indicated on page 13. |
| The information provided on the Form 5572 from the audit used actuarial data from 2015. Attached is an updated actuarial valuation for 2017 that shows a decrease in underfunded AAL from \$3,465,625 to \$2,521,562. |

4. DESCRIPTION OF PROSPECTIVE ACTIONS

The corrective action plan allows you to submit a plan of prospective actions which are separated into three categories below: System Design Changes, Additional Funding, and Other Considerations. Please provide a brief description of the prospective actions implemented by the local government to address the retirement system's underfunded status within the appropriate category section. Within each category are sample statements that you may choose to use to indicate the changes to your system that will positively affect your funded status. For retirement systems that have multiple divisions, departments, or plans within the same retirement system, please indicate how these changes impact the retirement system as a whole.

| | ase indicate where in the attached supporting documentation these changes are described and the impact of those inges (i.e. what will the local unit of government do to improve its underfunded status, and where can we find the pof of these changes in the supporting documentation?). |
|----------------------------|---|
| Ca | tegory of Prospective Actions: |
| | System Design Changes - System design changes may include the following: Changes to coverage levels (including retiree co-payments, deductibles, and Medicare eligibility), changes to premium cost-sharing, eligibility changes, switch to defined contribution retiree health care plan, changes to retiree health care coverage for new hires, etc. |
| emp with and Plea | mple Statement: The local unit will seek to align benefit levels for the retired membership with each class of active bloyees. Beginning with summer 2018 contract negotiations, the local unit will seek revised collective bargaining agreements at the Command Officers Association and Internal Association of Firefighters to increase employee co-payments deductibles for healthcare. These coverage changes would result in an improvement to the retirement system's funded ratio, as see page 12 of the attached actuarial analysis that indicates the system would be 40% funded by fiscal year 2020 if see changes were adopted and implemented by fiscal year 2019. |
| | |
| \boxtimes | Additional Funding – Additional funding may include the following: meeting the annual required contribution in addition to retiree premiums, voluntary contributions above the annual required contribution, bonding, millage increases, restricted funds, etc. |
| hea Pay- 201 com | mple Statement: The local unit will create a qualified trust to receive, invest, and accumulate assets for retirement lithcare by December 31, 2018. The local unit of government will adopt a policy to change its funding methodology from Go to full funding of the Annual Required Contribution (ARC) by December 31, 2018. Additionally, beginning in fiscal year 9, the local unit will contribute \$500,000 annually in addition to the ARC for the next five fiscal years. The additional tributions will increase the retirement system's funded ratio to 40% by 2022. Please see page 10 of the attached resolution our governing body demonstrating the commitment to contribute the ARC and additional \$500,000 for the next five years. |
| The for fisc | e District board of commissioners has approved to create a qualified trust to receive, invest, and accumulate assets retirement healthcare by December 31, 2018. The District will fund the trust with \$25,000 annually beginning in al year 2019 for the purpose of funding the long term obligation. Our independent CPA & Business consultant has jected the creation of this trust will the described funding will create a funding level of 40% by 2032. |
| | Other Considerations – Other considerations may include the following: outdated Form 5572 information, actuarial assumption changes, amortization policy changes, etc. |
| hea | mple Statement: Beginning in fiscal year 2019, the local unit will begin amortizing the unfunded portion of the lthcare liability using a level-dollar amortization method over a closed period of 10 years. This will allow the lth system to reach a funded status of 42% by 2022 as shown in the attached actuarial analysis on page 13. |
| | |
| | |
| | |

| | CONFIRMATION OF FUNDING | |
|-------------|--|--|
| Ple | ase check the applicable answer: | |
| to | nake, at a minimum, the retiree premit | n allow for (insert local unit name) Beecher Metropolitan District um payment, as well as the normal cost payments for all new hires (if |
| app | licable), for the retirement health bene | efit system according to your long-term budget forecast? |
| | Yes No If No, Explain | |
| 6. | DOCUMENTATION ATTACHE | D TO THIS CORRECTIVE ACTION PLAN |
| Do | cumentation should be attached as a .p rective action plan that would be imple us. Please check all documents that are | df to this corrective action plan. The documentation should detail the emented to adequately address the local unit of government's underfunded included as part of this plan and attach in successive order as provided |
| than exa | n one document in a specific category t | cuments please use the naming convention shown below. If there is more that needs to be submitted, include a, b, or c for each document. For mental valuations, you would name the first document "Attachment 2a" and |
| Na | ming Convention | Type of Document |
| \boxtimes | Attachment – I | This Corrective Action Plan (Required) |
| \boxtimes | Attachment – Ia | Documentation from the governing body approving this Corrective Action Plan (Required) |
| \boxtimes | Attachment – 2a | An actuarial projection, an actuarial valuation, or an internally developed analysis, which illustrates how and when the local unit will reach the 40% funded ratio. Or, if the local unit is a city, village, township, or county, ARC will be less than 12% of governmental fund revenues, as defined by the Act. (Required) |
| | Attachment – 3a | Documentation of additional payments in past years that is not reflected in your audited financial statements (e.g. enacted |
| | Attachment – 4a | budget, system provided information). Documentation of commitment to additional payments in future years (e.g. resolution, ordinance) |
| | Attachment – 5a | A separate corrective action plan that the local unit has approved to address its underfunded status, which includes documentation of prior actions, prospective actions, and the positive impact on the system's funded ratio |
| | Attachment – 6a | Other documentation, not categorized above |

| county, how and when the ARC of all retirement healthcare systems will be less than 12 percent of governmental fund revenues? Reasonable Timeframe | Please confirm that each of the four corrective this document. Specific detail on corrective Development: Best Practices and Strategie | ctive action plan criteria listed below have been satisfied when submitting e action plan criteria can be found in the <u>Corrective Action Plan</u> solution of the second sec |
|--|--|---|
| of how and when the retirement system will reach the 40% funded ratio? Or, if your local unit is a city, village, township, or county, how and when the ARC of all retirement healthcare systems will be less than 12 percent of governmental fund revenues? Reasonable Timeframe Do the corrective actions address the underfunded status in a reasonable timeframe (see CAP criteria issued by the Board)? Legal and Feasible Does the corrective action plan follow all applicable laws? Are all required administrative certifications and governing body approvals included? Are the actions listed feasible? Affordability Do the corrective action(s) listed allow the local unit to make the retiree healthcare premium payment, as well as normal cost payment for new hires now and into the future without additional changes to this corrective action plan? B. LOCAL UNIT OF GOVERNMENT'S ADMINISTRATIVE OFFICER APPROVAL OF CORRECTIVE ACTION PLAN Kevin Forbes as the government's administrative officer (insert title) Administrative Superintendent (Ex. City/Township Manager, Executive director, and Chief Executive Officer, etc.) approve this Corrective Action Plan and will implement the prospective actions contained in this Corrective Action Plan. confirm to the best of my knowledge that because of the changes listed above, one of the following statements will achieve a funded status of at least 40% by Fiscal Year 2032 as demonstrated by required supporting documentation listed in section 6. OR, if the local unit is a city, village, township, or county: The ARC for all of the retirement healthcare systems of | Corrective Action Plan Criteria | Description |
| Does the corrective action plan follow all applicable laws? Are all required administrative certifications and governing body approvals included? Are the actions listed feasible? Do the corrective action(s) listed allow the local unit to make the retiree healthcare premium payment, as well as normal cospayment for new hires now and into the future without additional changes to this corrective action plan? LOCAL UNIT OF GOVERNMENT'S ADMINISTRATIVE OFFICER APPROVAL OF CORRECTIVE ACTION PLAN Kevin Forbes Administrative Superintendent (Ex: City/Township Manager, Executive director, and Chief Executive Officer, etc.) approve this Corrective Action Plan and will implement the prospective actions contained in this Corrective Action Plan. confirm to the best of my knowledge that because of the changes listed above, one of the following statements will achieve a funded status of at least 40% by Fiscal Year 2032 as demonstrated by required supporting documentation listed in section 6. OR, if the local unit is a city, village, township, or county: The ARC for all of the retirement healthcare systems of (Insert local unit of government's annual governmental fund revenues by Fiscal Year as demonstrated by required supporting documentation listed in section 6. | ☑ Underfunded Status | of how and when the retirement system will reach the 40% funded ratio? Or, if your local unit is a city, village, township, or county, how and when the ARC of all retirement healthcare systems will be less than 12 percent of governmental fund |
| all required administrative certifications and governing body approvals included? Are the actions listed feasible? Do the corrective action(s) listed allow the local unit to make the retiree healthcare premium payment, as well as normal cost payment for new hires now and into the future without additional changes to this corrective action plan? B. LOCAL UNIT OF GOVERNMENT'S ADMINISTRATIVE OFFICER APPROVAL OF CORRECTIVE ACTION PLAN Administrative Superintendent (Ex: City/Township Manager, Executive director, and Chief Executive Officer, etc.) approve this Corrective Action Plan and will implement the prospective actions contained in this Corrective Action Plan. confirm to the best of my knowledge that because of the changes listed above, one of the following statements will occur: The Beecher Metropolitan District OPEB Plan achieve a funded status of at least 40% by Fiscal Year 2032 as demonstrated by required supporting documentation listed in section 6. OR, if the local unit is a city, village, township, or county: The ARC for all of the retirement healthcare systems of 10cal unit name 12% of the local unit of government's annual governmental fund revenues by Fiscal Year 2012 as demonstrated by required supporting documentation listed in section 6. | ■ Reasonable Timeframe | |
| the retiree healthcare premium payment, as well as normal cost payment for new hires now and into the future without additional changes to this corrective action plan? B. LOCAL UNIT OF GOVERNMENT'S ADMINISTRATIVE OFFICER APPROVAL OF CORRECTIVE ACTION PLAN [ACTION PLAN] [AC | ■ Legal and Feasible | all required administrative certifications and governing body |
| ACTION PLAN I, Kevin Forbes | ☑ Affordability | the retiree healthcare premium payment, as well as normal cost payment for new hires now and into the future without |
| Administrative Superintendent (Ex: City/Township Manager, Executive director, and Chief Executive Officer, etc.) approve this Corrective Action Plan and will implement the prospective actions contained in this Corrective Action Plan. confirm to the best of my knowledge that because of the changes listed above, one of the following statements will occur: The Beecher Metropolitan District OPEB Plan (Insert Retirement Healthcare System Name) will achieve a funded status of at least 40% by Fiscal Year 2032 as demonstrated by required supporting documentation listed in section 6. OR, if the local unit is a city, village, township, or county: The ARC for all of the retirement healthcare systems of (Insert local unit name) will be less than 12% of the local unit of government's annual governmental fund revenues by Fiscal Year as demonstrated by required supporting documentation listed in section 6. | B. LOCAL UNIT OF GOVERNMENT | T'S ADMINISTRATIVE OFFICER APPROVAL OF CORRECTIVE |
| Administrative Superintendent (Ex: City/Township Manager, Executive director, and Chief Executive Officer, etc.) approve this Corrective Action Plan and will implement the prospective actions contained in this Corrective Action Plan. confirm to the best of my knowledge that because of the changes listed above, one of the following statements will occur: The Beecher Metropolitan District OPEB Plan (Insert Retirement Healthcare System Name) will achieve a funded status of at least 40% by Fiscal Year 2032 as demonstrated by required supporting documentation listed in section 6. OR, if the local unit is a city, village, township, or county: The ARC for all of the retirement healthcare systems of (Insert local unit name) will be less than 12% of the local unit of government's annual governmental fund revenues by Fiscal Year as demonstrated by required supporting documentation listed in section 6. | The state of the s | as the government's administrative officer (insert title) |
| achieve a funded status of at least 40% by Fiscal Year 2032 as demonstrated by required supporting documentation listed in section 6. OR, if the local unit is a city, village, township, or county: The ARC for all of the retirement healthcare systems of | Officer, etc.) approve this Corrective Action Corrective Action Plan. Confirm to the best of my knowledge that | on Plan and will implement the prospective actions contained in this |
| The ARC for all of the retirement healthcare systems of | achieve a funded status of at least 4 | |
| local unit name) will be less than 12% of the local unit of government's annual governmental fund revenues by Fiscal Year as demonstrated by required supporting documentation listed in section 6. | OR, if the local unit is a city, village, to | ownship, or county: |
| Signature Date 10/10/2018 | local unit name) will be less than | 12% of the local unit of government's annual governmental fund revenues by |
| | Signature Kun John | Date 10/10/2018 |

7. CORRECTIVE ACTION PLAN CRITERIA

Retirement Health Benefit Systems

Issued under authority of Public Act 202 of 2017.

| I. MUNICIPALITY INFORMATIO | N | |
|--|--|--|
| Local Unit Name: Marquette City Board of | of Light And Power Six-Digit Muni Code: 527513 | |
| Retirement Health Benefit System Name: MERS - Retiree Health Funding Vehicle | | |
| Contact Name (Administrative Officer):_ | cer):Mark Link | |
| Title if not Administrative Officer: | Chief Financial Officer | |
| Email: mlink@mblp.org | Telephone Number: (906) 228-0318 | |

2. GENERAL INFORMATION

Corrective Action Plan: An underfunded local unit of government shall develop and submit for approval a corrective action plan for the local unit of government. The local unit of government shall determine the components of the corrective action plan. This Corrective Action Plan shall be submitted by any local unit of government with at least one retirement health benefit system that has been determined to have an underfunded status. Underfunded status for a retirement health system is defined as being less than 40% funded according to the most recent audited financial statements, and, if the local unit of government is a city, village, township, or county, the annual required contribution for all of the retirement health systems of the local unit of government is greater than 12% of the local unit of government's annual governmental fund revenues, based on the most recent fiscal year.

Due Date: The local unit of government has 180 days from the date of notification to submit a corrective action plan to the Municipal Stability Board. The Board may extend the 180-day deadline by up to an additional 45 days if the local unit of government submits a reasonable draft of a corrective action plan and requests an extension.

Filing: Per Sec. 10(1) of PA 202 of 2017 (the Act), this Corrective Action Plan must be approved by the local government's administrative officer and its governing body. You must provide proof of your governing body approving this Corrective Action Plan and attach the documentation as a separate PDF document. Per Sec. 10(4) of the Act, failure to provide documentation that demonstrates approval from your governing body will result in a determination of noncompliance by the Board.

The completed plan must be submitted via email to Treasury at LocalRetirementReporting@michigan.gov for review by the Board. If you have multiple underfunded retirement systems, you are required to complete separate plans and send a separate email for each underfunded system. Please attach each plan as a separate PDF document in addition to all applicable supporting documentation.

The subject line of the email(s) should be in the following format: Corrective Action Plan-2017, Local Unit Name, Retirement System Name (e.g. Corrective Action Plan-2017, City of Lansing, Employees' Retirement System OPEB Plan). Treasury will send an automatic reply acknowledging receipt of the email. Your individual email settings must allow for receipt of Treasury's automatic reply. This will be the only notification confirming receipt of the application(s).

Municipal Stability Board: The Municipal Stability Board (the Board) shall review and vote on the approval of a corrective action plan submitted by a local unit of government. If corrective action is approved, the Board will monitor the corrective action for the following two years, and the Board will report on the local unit of government's compliance with the Act not less than every two years.

Review Process: Following receipt of the email by Treasury, the Board will accept the corrective action plan submission at the next scheduled meeting of the Board. The Board shall then approve or reject the corrective action plan within 45 days from the date of the meeting.

Considerations for Approval: A successful corrective action plan will demonstrate the actions for correcting underfunded status as set forth in Sec. 10(7) of the Act (listed below), as well as any additional solutions to address the underfunded status. Please also include steps already taken to address your underfunded status, as well as the date prospective actions will be taken. A local unit of government may also include in its corrective action plan a review of the local unit of government's budget and finances to determine any alternative methods available to address its underfunded status. A corrective action plan under this section may include the development and implementation of corrective options for the local unit of government to address its underfunded status. The corrective options as described in Sec. 10(7) may include, but are not limited to, any of the following:

- (i) Requiring cost sharing of premiums and sufficient copays.
- (ii) Capping employer costs.

Implementation: The local unit of government has up to 180 days after the approval of a corrective action plan to begin to implement the corrective action plan to address its underfunded status. The Board shall monitor each underfunded local unit of government's compliance with this act and any corrective action plan. The Board shall adopt a schedule, not less than every 2 years, to certify that the underfunded local unit of government is in substantial compliance with the Act. If the Board determines that an underfunded local unit of government is not in substantial compliance under this subsection, the Board shall within 15 days provide notification and report to the local unit of government detailing the reasons for the determination of noncompliance with the corrective action plan. The local unit of government has 60 days from the date of the notification to address the determination of noncompliance.

3. DESCRIPTION OF PRIOR ACTIONS

Prior actions are separated into three categories below: System Design Changes, Additional Funding, and Other Considerations. Please provide a brief description of the prior actions implemented by the local government to address the retirement system's underfunded status within the appropriate category section. Within each category are sample statements that you may choose to use to indicate the changes to your system that will positively affect your funded status. For retirement systems that have multiple divisions, departments, or plans within the same retirement system, please indicate how these changes impact the retirement system as a whole.

Please Note: If applicable, prior actions listed within your waiver application(s) may also be included in your corrective action plan.

Please indicate where in the attached supporting documentation these changes are described and the impact of those changes (i.e. what has the local unit of government done to improve its underfunded status, and where can we find the proof of these changes in the supporting documentation?).

Note: Please provide the name of the system impacted, the date you made the change, the relevant page number(s) within the supporting documentation, and the resulting change to the system's funded ratio.

Category of Prior Actions:

System Design Changes - System design changes may include the following: Changes to coverage levels (including retiree co-payments, deductibles, and Medicare eligibility), changes to premium cost-sharing, eligibility changes, switch to defined contribution retiree health care plan, changes to retiree health care coverage for new hires, etc.

Sample Statement: Benefit levels of the retired membership mirrors the current collective bargaining agreement for each class of employee. On **January 1**, 2017, the local unit entered into new collective bargaining agreements with the **Command**

| Officers Association and Internal Association of Firefighters that increased employee co-payments and deductibles for healthcare. These coverage changes resulted in an improvement to the retirement system's funded ratio. Please see page 12 of the attached actuarial analysis that indicates the system is 40% funded as of June 30, 2017. |
|--|
| Total OPEB Liability decreased relative to the expectation from the prior valuations performed as a result of a series of plan changes beginning in 2013 intended to lower the cost to provide retiree healthcare. For further detail please see the attached memo on healthcare changes made by the Board beginning in 2013 (attachement 7a). |
| Additional Funding – Additional funding may include the following: paying the annual required contribution in addition to retiree premiums, voluntary contributions above the annual required contribution, bonding, millage increases, restricted funds, etc. |
| Sample Statement: The local unit created a qualified trust to receive, invest, and accumulate assets for retirement healthcare on June 23, 2016. The local unit of government has adopted a policy to change its funding methodology from Pay-Go to full funding of the Annual Required Contribution (ARC). Additionally, the local unit has committed to contributing \$500,000 annually, in addition to the ARC for the next five fiscal years. The additional contributions will increase the retirement system's funded ratio to 40% by 2022. Please see page 10 of the attached resolution from our governing body demonstrating the commitment to contribute the ARC and additional \$500,000 for the next five years. |
| For the fiscal year ended 9/30/18 employer contributions totaled \$3,000,000. This, along with earnings from the MERS trust resulted in a funding level of 40.4%. Please see the attached schedule of contributions from MERS. (attachment 4a) |
| ☑ Other Considerations – Other considerations may include the following: outdated Form 5572 information, actuarial assumption changes, amortization policy changes, etc. Sample Statement: The information provided on the Form 5572 from the audit used actuarial data from 2015. Attached is |
| an updated actuarial valuation for 2017 that shows our funded ratio has improved to 42% as indicated on page 13. The attached Actuarial Valuation of Other Post Employment Benefits (OPEBs) as of September 30th, 2018 prepared |
| by CBIZ on October 3rd, 2018 shows that the funded ratio improved to 40.4% as shown on page 2. (attachement 2a). Including the board approved budget of an additional \$2.1M in contributions the funded ratio is projected to improve to greater than 50% at September 30, 2019. |
| 4. DESCRIPTION OF PROSPECTIVE ACTIONS |
| The corrective action plan allows you to submit a plan of prospective actions which are separated into three categories below: System Design Changes, Additional Funding, and Other Considerations. Please provide a brief description of the prospective actions implemented by the local government to address the retirement system's underfunded status within the appropriate category section. Within each category are sample statements that you may choose to use to indicate the changes to your system that will positively affect your funded status. For retirement systems that have multiple divisions, departments, or plans within the same retirement system, please indicate how these changes impact the retirement system as a whole. |
| Please indicate where in the attached supporting documentation these changes are described and the impact of those changes (i.e. what will the local unit of government do to improve its underfunded status, and where can we find the proof of these changes in the supporting documentation?). |
| Category of Prospective Actions: |
| System Design Changes - System design changes may include the following: Changes to coverage levels (including retiree co-payments, deductibles, and Medicare eligibility), changes to premium cost-sharing, eligibility changes, switch to defined contribution retiree health care plan, changes to retiree health care coverage for new hires. |

| Sample Statement: The local unit will seek to align benefit levels for the retired membership with each class of active |
|--|
| employees. Beginning with summer 2018 contract negotiations, the local unit will seek revised collective bargaining agreements |
| with the Command Officers Association and Internal Association of Firefighters to increase employee co-payments |
| and deductibles for healthcare. These coverage changes would result in an improvement to the retirement system's funded ratio. |
| Please see page 12 of the attached actuarial analysis that indicates the system would be 40% funded by fiscal year 2020 if |
| these changes were adopted and implemented by fiscal year 2019 . |
| |
| |
| |
| |
| |
| Additional Funding - Additional funding may include the following: meeting the annual required contribution in |
| addition to retiree premiums, voluntary contributions above the annual required contribution, bonding, millage |
| increases, restricted funds, etc. |
| |
| Sample Statement: The local unit will create a qualified trust to receive, invest, and accumulate assets for retirement |
| healthcare by December 31, 2018 . The local unit of government will adopt a policy to change its funding methodology from |
| Pay-Go to full funding of the Annual Required Contribution (ARC) by December 31, 2018. Additionally, beginning in fiscal year |
| 2019, the local unit will contribute \$500,000 annually in addition to the ARC for the next five fiscal years. The additional contributions will increase the retirement system's funded ratio to 40% by 2022. Please see page 10 of the attached resolution |
| from our governing body demonstrating the commitment to contribute the ARC and additional \$500,000 for the next five years. |
| |
| The MBLP's approved 2019 budget includes \$2.1 million in additional contributions to the MBLP MERS retiree healthcare trust in order to target a greater than 50% funded status at October 1, 2019. (attachement 5a) |
| all delications and the target a greater than 50% funded status at October 1, 2019. (attachement 5a) |
| |
| |
| |
| Other Considerations – Other considerations may include the following: outdated Form 5572 information, |
| actuarial assumption changes, amortization policy changes, etc. |
| Sample Statement: Beginning in fiscal year 2019, the local unit will begin amortizing the unfunded portion of the |
| healthcare liability using a level-dollar amortization method over a closed period of 10 years. This will allow the |
| health system to reach a funded status of 42% by 2022 as shown in the attached actuarial analysis on page 13. |
| |
| |
| |
| |
| |
| 5. CONFIRMATION OF FUNDING |
| Please check the applicable answer: |
| riease check the applicable allswer: |
| Do the corrective actions listed in this plan allow for (insert local unit name) Marquette City Bd of Light & Pow |
| to make, at a minimum, the retiree premium payment, as well as the normal cost payments for all new hires (if |
| applicable), for the retirement health benefit system according to your long-term budget forecast? |
| |
| ∑ Yes |
| □ No |
| If No, Explain: |
| |
| |
| |
| |

| 6 | DOCUMENTATION AT | TACHED TO THIS CORR | ECTIVE ACTION DI ANI |
|---|-----------------------------------|---------------------|----------------------|
| | 出こることには別しておりませんごはんごん W 小生間 | | 4 m/ m |

Documentation should be attached as a .pdf to this corrective action plan. The documentation should detail the corrective action plan that would be implemented to adequately address the local unit of government's underfunded status. Please check all documents that are included as part of this plan and attach in successive order as provided below:

Naming convention: when attaching documents please use the naming convention shown below. If there is more than one document in a specific category that needs to be submitted, include a, b, or c for each document. For example, if you are submitting two supplemental valuations, you would name the first document "Attachment 2a" and the second document "Attachment 2b".

| Naming Convention | Type of Document | | | |
|---|--|--|--|--|
| ★ Attachment – I | This Corrective Action Plan (Required) | | | |
| | Documentation from the governing body approving this Corrective Action Plan (Required) | | | |
| X Attachment − 2a | Actuarial Analysis (annual valuation, supplemental valuation, projection) | | | |
| ☐ Attachment – 3a | Internally Developed Projection Study | | | |
| ★ Attachment – 4a | Documentation of additional payments in past years that is not reflected in your audited financial statements (e.g. enacted budget, system provided information). | | | |
| ★ Attachment 5a | Documentation of commitment to additional payments in future years (e.g. resolution, ordinance) | | | |
| ☐ Attachment – 6a | A separate corrective action plan that the local unit has approved to address its underfunded status, which includes documentation of prior actions, prospective actions, and the positive impact on the system's funded ratio | | | |
| ★ Attachment – 7a | Other documentation, not categorized above | | | |
| 7. LOCAL UNIT OF GOVERNMENT'S ADMINISTRATIVE OFFICER APPROVAL OF CORRECTIVE ACTION PLAN | | | | |
| Executive Director (City/Tow | overnment's administrative officer (enter title) vnship Manager, Executive director, and Chief Executive Officer, lement the prospective actions contained in this Corrective | | | |
| Signature Thom R Cappar | Date 10-10-, & | | | |

Retirement Health Benefit Systems

Issued under authority of Public Act 202 of 2017.

| I. MUNICIPALITY INFORMATION | | | | |
|---|-----------------------------|--|--|--|
| Local Unit Name: City of Southfield | Six-Digit Muni Code: 632200 | | | |
| Retirement Health Benefit System Name: Retiree Healthcare Benefits Plan and TrustFire & Police Retirees (F&P) | | | | |
| Contact Name (Administrative Officer): Fred Zorn | | | | |
| Title if not Administrative Officer: City Administrator | | | | |
| Email: fzorn@cityofsouthfield.com | Telephone: (248) 796-5111 | | | |

2. GENERAL INFORMATION

Corrective Action Plan: An underfunded local unit of government shall develop and submit for approval a corrective action plan for the local unit of government. The local unit of government shall determine the components of the corrective action plan. This Corrective Action Plan shall be submitted by any local unit of government with at least one retirement health benefit system that has been determined to have an underfunded status. Underfunded status for a retirement health system is defined as being less than 40% funded according to the most recent audited financial statements, and, if the local unit of government is a city, village, township, or county, the annual required contribution (ARC) for all of the retirement health systems of the local unit of government is greater than 12% of the local unit of government's annual governmental fund revenues, based on the most recent fiscal year.

Due Date: The local unit of government has **180 days from the date of notification** to submit a corrective action plan to the Municipal Stability Board. The Board may extend the 180-day deadline by up to an additional 45 days if the local unit of government submits a reasonable draft of a corrective action plan and requests an extension.

Filing: Per Sec. 10(1) of the Act, this Corrective Action Plan must be approved by the local government's administrative officer and its governing body. You must provide proof of your governing body approving this Corrective Action Plan and attach the documentation as a separate PDF document. Per Sec. 10(4) of the Act, failure to provide documentation that demonstrates approval from your governing body will result in a determination of noncompliance by the Board.

The submitted plan must demonstrate through distinct supporting documentation how and when the local unit will reach the 40% funded ratio. Or, if the local unit is a city, village, township, or county, the submitted plan may demonstrate how and when the ARC for all of the retirement healthcare systems will be less than 12% of annual governmental fund revenues, as defined by the Act. Supporting documentation for the funding ratio and/or ARC must include an actuarial projection, an actuarial valuation, or an internally developed analysis. The local unit must project governmental fund revenues using a reasonable forecast based on historical trends and projected rates of inflation.

The completed plan must be submitted via email to Treasury at LocalRetirementReporting@michigan.gov for review by the Board. If you have multiple underfunded retirement systems, you are required to complete separate plans and send a separate email for each underfunded system. Please attach each plan as a separate PDF document in addition to all applicable supporting documentation.

The subject line of the email(s) should be in the following format: **Corrective Action Plan-2017**, **Local Unit Name**, **Retirement System Name** (e.g. Corrective Action Plan-2017, City of Lansing, Employees' Retirement System OPEB

Plan). Treasury will send an automatic reply acknowledging receipt of the email. Your individual email settings must allow for receipt of Treasury's automatic reply. This will be the only notification confirming receipt of the application(s).

Municipal Stability Board: The Municipal Stability Board (the Board) shall review and vote on the approval of a corrective action plan submitted by a local unit of government. If a corrective action plan is approved, the Board will monitor the corrective action plan for the following two years, and the Board will report on the local unit of government's compliance with the Act not less than every two years.

Review Process: Following receipt of the email by Treasury, the Board will accept the corrective action plan submission at the next scheduled meeting of the Board. The Board shall then approve or reject the corrective action plan within 45 days from the date of the meeting.

Considerations for Approval: A successful corrective action plan will demonstrate the actions for correcting underfunded status as set forth in Sec. 10(7) of the Act (listed below), as well as any additional solutions to address the underfunded status. Please also include steps already taken to address your underfunded status, as well as the date prospective actions will be taken. A local unit of government may also include in its corrective action plan a review of the local unit of government's budget and finances to determine any alternative methods available to address its underfunded status. A corrective action plan under this section may include the development and implementation of corrective options for the local unit of government to address its underfunded status. The corrective options as described in Sec. 10(7) may include, but are not limited to, any of the following:

- (i) Requiring cost sharing of premiums and sufficient copays.
- (ii) Capping employer costs.

Implementation: The local unit of government has up to 180 days after the approval of a corrective action plan to begin to implement the corrective action plan to address its underfunded status. The Board shall monitor each underfunded local unit of government's compliance with this act and any corrective action plan. The Board shall adopt a schedule, not less than every 2 years, to certify that the underfunded local unit of government is in substantial compliance with the Act. If the Board determines that an underfunded local unit of government is not in substantial compliance under this subsection, the Board shall within 15 days provide notification and report to the local unit of government detailing the reasons for the determination of noncompliance with the corrective action plan. The local unit of government has 60 days from the date of the notification to address the determination of noncompliance.

3. DESCRIPTION OF PRIOR ACTIONS

Prior actions are separated into three categories below: System Design Changes, Additional Funding, and Other Considerations. Please provide a brief description of the prior actions implemented by the local government to address the retirement system's underfunded status within the appropriate category section. Within each category are sample statements that you may choose to use to indicate the changes to your system that will positively affect your funded status. For retirement systems that have multiple divisions, departments, or plans within the same retirement system, please indicate how these changes impact the retirement **system** as a whole.

Please Note: If applicable, prior actions listed within your waiver application(s) may also be included in your corrective action plan.

Please indicate where in the attached supporting documentation these changes are described and the impact of those changes (i.e. what has the local unit of government done to improve its underfunded status, and where can we find the proof of these changes in the supporting documentation?).

Note: Please provide the name of the system impacted, the date you made the change, the relevant page number(s) within the supporting documentation, and the resulting change to the system's funded ratio.

| System Design Changes - System design changes may include the following: Changes to coverage levels (including retiree co-payments, deductibles, and Medicare eligibility), changes to premium cost-sharing, eligibility changes, switch to defined contribution retiree health care plan, changes to retiree health care coverage for new hires, etc. |
|--|
| Sample Statement: Benefit levels of the retired membership mirrors the current collective bargaining agreement for each class of employee. On January 1, 2017, the local unit entered into new collective bargaining agreements with the Command Officers Association and Internal Association of Firefighters that increased employee co-payments and deductibles for healthcare. These coverage changes resulted in an improvement to the retirement system's funded ratio. Please see page 12 of the attached actuarial analysis that indicates the system is 40% funded as of June 30, 2017. |
| The prior actions listed in the City's Waiver Application and Corrective Action plan have all been awarded through the Act 312 binding arbitration process, negotiated with our collective bargaining units, or approved through City Council resolution for our non-union employees. These prior actions include: Reducing retiree health insurance benefits and raising retiree health insurance benefit eligibility years of service for new hires (2005); eliminating retiree health insurance for new employees and implementation and defined contribution retiree healthcare the health can (2011), |
| Additional Funding – Additional funding may include the following: paying the annual required contribution in addition to retiree premiums, voluntary contributions above the annual required contribution, bonding, millage increases, restricted funds, etc. |
| Sample Statement: The local unit created a qualified trust to receive, invest, and accumulate assets for retirement healthcare on June 23, 2016 . The local unit of government has adopted a policy to change its funding methodology from Pay-Go to full funding of the Annual Required Contribution (ARC). Additionally, the local unit has committed to contributing \$500,000 annually, in addition to the ARC for the next five fiscal years. The additional contributions will increase the retirement system's funded ratio to 40 % by 2022 . Please see page 10 of the attached resolution from our governing body demonstrating the commitment to contribute the ARC and additional \$500,000 for the next five years. |
| The City of Southfield established a VEBA (later recharacterized to a Section 115 Governmental Trust) for prefunding retiree healthcare benefits in 2001. Pre-funding began in 2002. The Trust currently has over \$72 million in assets. Employer and employee contributions to the Trust are made on a bi-weekly basis. In FY2017, employees contributed 2% to 4% of wages (set by collective bargaining), amounting to \$666,218. The remainder to finance the PayGo amount, as calculated by the actuaries, resulted in the City contribution of \$8.4 million. When the contributions to the Trust as does the investment |
| Other Considerations – Other considerations may include the following: outdated Form 5572 information, actuarial assumption changes, amortization policy changes, etc. |
| Sample Statement: The information provided on the Form 5572 from the audit used actuarial data from 2015. Attached is an updated actuarial valuation for 2017 that shows our funded ratio has improved to 42% as indicated on page 13. |
| |
| A DESCRIPTION OF PROSPECTIVE ACTIONS |

4. DESCRIPTION OF PROSPECTIVE ACTIONS

Category of Prior Actions:

The corrective action plan allows you to submit a plan of prospective actions which are separated into three categories below: System Design Changes, Additional Funding, and Other Considerations. Please provide a brief description of the prospective actions implemented by the local government to address the retirement system's underfunded status within the appropriate category section. Within each category are sample statements that you may choose to use to indicate the changes to your system that will positively affect your funded status. For retirement systems that have multiple divisions, departments, or plans within the same retirement system, please indicate how these changes impact the retirement **system** as a whole.

| Please indicate where in the attached supporting documentation these changes are described and the impact of those changes (i.e. what will the local unit of government do to improve its underfunded status, and where can we find the proof of these changes in the supporting documentation?). |
|--|
| Category of Prospective Actions: |
| System Design Changes - System design changes may include the following: Changes to coverage levels (including retiree co-payments, deductibles, and Medicare eligibility), changes to premium cost-sharing, eligibility changes, switch to defined contribution retiree health care plan, changes to retiree health care coverage for new hires, etc. |
| Sample Statement: The local unit will seek to align benefit levels for the retired membership with each class of active employees. Beginning with summer 2018 contract negotiations, the local unit will seek revised collective bargaining agreements with the Command Officers Association and Internal Association of Firefighters to increase employee co-payments and deductibles for healthcare. These coverage changes would result in an improvement to the retirement system's funded ratio. Please see page 12 of the attached actuarial analysis that indicates the system would be 40% funded by fiscal year 2020 if these changes were adopted and implemented by fiscal year 2019. |
| The City of Southfield plans to transition our current post-65 retirees from BCBSM Community Blue-1 and Community Blue-10 plans to a Medicare Advantage platform in the second quarter of 2019. Significant cost savings result from reduced MA premiums vs. claims and fees, and factoring drug rebates and RDS subsidy payments. The actuaries note this transition is projected to lower premiums, stabilize trend increases (rates are frozen for 2 years and increase limited to 6% in year 3), and reduce the excise tax load that had been built in to the liability calculation (see page 4, |
| Additional Funding – Additional funding may include the following: meeting the annual required contribution in addition to retiree premiums, voluntary contributions above the annual required contribution, bonding, millage increases, restricted funds, etc. |
| Sample Statement: The local unit will create a qualified trust to receive, invest, and accumulate assets for retirement healthcare by December 31, 2018 . The local unit of government will adopt a policy to change its funding methodology from Pay-Go to full funding of the Annual Required Contribution (ARC) by December 31, 2018 . Additionally, beginning in fiscal year 2019, the local unit will contribute \$500,000 annually in addition to the ARC for the next five fiscal years. The additional contributions will increase the retirement system's funded ratio to 40% by 2022. Please see page 10 of the attached resolution from our governing body demonstrating the commitment to contribute the ARC and additional \$500,000 for the next five years. |
| |
| ☐ Other Considerations — Other considerations may include the following: outdated Form 5572 information, actuarial assumption changes, amortization policy changes, etc. |
| Sample Statement: Beginning in fiscal year 2019, the local unit will begin amortizing the unfunded portion of the healthcare liability using a level-dollar amortization method over a closed period of 10 years. This will allow the health system to reach a funded status of 42% by 2022 as shown in the attached actuarial analysis on page 13. |
| |
| |
| |

| 5. CONFIRMATION OF FUNDING | |
|---|--|
| Please check the applicable answer: | |
| Do the corrective actions listed in this plan allow for (| , as well as the normal cost payments for all new hires (if |
| ✓ Yes☐ NoIf No, Explain | |
| corrective action plan that would be implemented to a | S CORRECTIVE ACTION PLAN errective action plan. The documentation should detail the adequately address the local unit of government's underfunded as part of this plan and attach in successive order as provided |
| than one document in a specific category that needs to | ease use the naming convention shown below. If there is more to be submitted, include a, b, or c for each document. For tions, you would name the first document "Attachment 2a" and |
| Naming Convention | Type of Document |
| ★ Attachment – I | This Corrective Action Plan (Required) |
| ★ Attachment – Ia | Documentation from the governing body approving this Corrective Action Plan (Required) |
| ★ Attachment – 2a | An actuarial projection, an actuarial valuation, or an internally developed analysis, which illustrates how and when the local unit will reach the 40% funded ratio. Or, if the local unit is a city, village, township, or county, ARC will be less than 12% of governmental fund revenues, as defined by the Act. (Required) |
| ☐ Attachment – 3a | Documentation of additional payments in past years that is not reflected in your audited financial statements (e.g. enacted |
| ☐ Attachment – 4a | budget, system provided information). Documentation of commitment to additional payments in future years (e.g. resolution, ordinance) |
| ★ Attachment – 5a | A separate corrective action plan that the local unit has approved to address its underfunded status, which includes documentation of prior actions, prospective actions, and the positive impact on the system's funded ratio |
| ☐ Attachment – 6a | Other documentation, not categorized above |

| 7. CORRECTIVE ACTION PLAN CRITERIA | _ | | | | | | | | | |
|------------------------------------|---|--|-----|---------|-------|----------------|---------|-------|------|-------|
| / CORRECTIVE ACTION PLANCRITERIA | | | - 1 | . 1 - 7 | INVA. | ~ — | | | c n | |
| | • | | | | | | (E | / A 1 | • | V A 1 |

Please confirm that each of the four corrective action plan criteria listed below have been satisfied when submitting this document. Specific detail on corrective action plan criteria can be found in the Corrective Action Plan Development: Best Practices and Strategies document.

| Corrective Action Plan Criteria | Description | | | | | | | | |
|--|---|--|--|--|--|--|--|--|--|
| ☑ Underfunded Status | Is there a description and adequate supporting documentation of how and when the retirement system will reach the 40% funded ratio? Or, if your local unit is a city, village, township, or county, how and when the ARC of all retirement healthcare systems will be less than 12 percent of governmental fund revenues? | | | | | | | | |
| ■ Reasonable Timeframe | Do the corrective actions address the underfunded status in a reasonable timeframe (see CAP criteria issued by the Board)? | | | | | | | | |
| ■ Legal and Feasible | Does the corrective action plan follow all applicable laws? Are all required administrative certifications and governing body approvals included? Are the actions listed feasible? | | | | | | | | |
| | Do the corrective action(s) listed allow the local unit to make the retiree healthcare premium payment, as well as normal cost payment for new hires now and into the future without additional changes to this corrective action plan? | | | | | | | | |
| 8. LOCAL UNIT OF GOVERNMENT'S ADMI ACTION PLAN | NISTRATIVE OFFICER APPROVAL OF CORRECTIVE | | | | | | | | |
| I, <u>Frederick E. Zorn, Jr., CEcD</u> , as the gov City Administrator (Ex: City/To | ernment's administrative officer (insert title) ownship Manager, Executive director, and Chief Executive will implement the prospective actions contained in this | | | | | | | | |
| I confirm to the best of my knowledge that because of occur: | the changes listed above, one of the following statements will | | | | | | | | |
| The Retiree Healthcare Benefits Plan/Trust-Formatting achieve a funded status of at least 40% by Fiscal documentation listed in section 6. | | | | | | | | | |
| OR, if the local unit is a city, village, township, o | or county: | | | | | | | | |
| local unit name) will be less than 12% of the | ystems of (Insert local unit of government's annual governmental fund revenues by required supporting documentation listed in section 6. | | | | | | | | |
| Signature Frederic E. Zoru, Gr. | Date | | | | | | | | |
| | | | | | | | | | |

Protecting Local Government Retirement and Benefits Act Corrective Action Plan:

Retirement Health Benefit Systems

Issued under authority of Public Act 202 of 2017.

| I. MUNICIPALITY INFORMATION | | | | | |
|---|--------------------------------------|--|--|--|--|
| Local Unit Name: City of Southfield | Six-Digit Muni Code: 632200 | | | | |
| Retirement Health Benefit System Name: Retiree Healthcare | Benefits Plan and TrustSERS Retirees | | | | |
| Contact Name (Administrative Officer): Fred Zorn | | | | | |
| Title if not Administrative Officer: City Administrator | | | | | |
| Email: fzorn@cityofsouthfield.com | Telephone: (248) 796-5111 | | | | |

2. GENERAL INFORMATION

Corrective Action Plan: An underfunded local unit of government shall develop and submit for approval a corrective action plan for the local unit of government. The local unit of government shall determine the components of the corrective action plan. This Corrective Action Plan shall be submitted by any local unit of government with at least one retirement health benefit system that has been determined to have an underfunded status. Underfunded status for a retirement health system is defined as being less than 40% funded according to the most recent audited financial statements, and, if the local unit of government is a city, village, township, or county, the annual required contribution (ARC) for all of the retirement health systems of the local unit of government is greater than 12% of the local unit of government's annual governmental fund revenues, based on the most recent fiscal year.

Due Date: The local unit of government has **180 days from the date of notification** to submit a corrective action plan to the Municipal Stability Board. The Board may extend the 180-day deadline by up to an additional 45 days if the local unit of government submits a reasonable draft of a corrective action plan and requests an extension.

Filing: Per Sec. 10(1) of the Act, this Corrective Action Plan must be approved by the local government's administrative officer and its governing body. You must provide proof of your governing body approving this Corrective Action Plan and attach the documentation as a separate PDF document. Per Sec. 10(4) of the Act, failure to provide documentation that demonstrates approval from your governing body will result in a determination of noncompliance by the Board.

The submitted plan must demonstrate through distinct supporting documentation how and when the local unit will reach the 40% funded ratio. Or, if the local unit is a city, village, township, or county, the submitted plan may demonstrate how and when the ARC for all of the retirement healthcare systems will be less than 12% of annual governmental fund revenues, as defined by the Act. Supporting documentation for the funding ratio and/or ARC must include an actuarial projection, an actuarial valuation, or an internally developed analysis. The local unit must project governmental fund revenues using a reasonable forecast based on historical trends and projected rates of inflation.

The completed plan must be submitted via email to Treasury at LocalRetirementReporting@michigan.gov for review by the Board. If you have multiple underfunded retirement systems, you are required to complete separate plans and send a separate email for each underfunded system. Please attach each plan as a separate PDF document in addition to all applicable supporting documentation.

The subject line of the email(s) should be in the following format: **Corrective Action Plan-2017**, **Local Unit Name**, **Retirement System Name** (e.g. Corrective Action Plan-2017, City of Lansing, Employees' Retirement System OPEB

Plan). Treasury will send an automatic reply acknowledging receipt of the email. Your individual email settings must allow for receipt of Treasury's automatic reply. This will be the only notification confirming receipt of the application(s).

Municipal Stability Board: The Municipal Stability Board (the Board) shall review and vote on the approval of a corrective action plan submitted by a local unit of government. If a corrective action plan is approved, the Board will monitor the corrective action plan for the following two years, and the Board will report on the local unit of government's compliance with the Act not less than every two years.

Review Process: Following receipt of the email by Treasury, the Board will accept the corrective action plan submission at the next scheduled meeting of the Board. The Board shall then approve or reject the corrective action plan within 45 days from the date of the meeting.

Considerations for Approval: A successful corrective action plan will demonstrate the actions for correcting underfunded status as set forth in Sec. 10(7) of the Act (listed below), as well as any additional solutions to address the underfunded status. Please also include steps already taken to address your underfunded status, as well as the date prospective actions will be taken. A local unit of government may also include in its corrective action plan a review of the local unit of government's budget and finances to determine any alternative methods available to address its underfunded status. A corrective action plan under this section may include the development and implementation of corrective options for the local unit of government to address its underfunded status. The corrective options as described in Sec. 10(7) may include, but are not limited to, any of the following:

- (i) Requiring cost sharing of premiums and sufficient copays.
- (ii) Capping employer costs.

Implementation: The local unit of government has up to 180 days after the approval of a corrective action plan to begin to implement the corrective action plan to address its underfunded status. The Board shall monitor each underfunded local unit of government's compliance with this act and any corrective action plan. The Board shall adopt a schedule, not less than every 2 years, to certify that the underfunded local unit of government is in substantial compliance with the Act. If the Board determines that an underfunded local unit of government is not in substantial compliance under this subsection, the Board shall within 15 days provide notification and report to the local unit of government detailing the reasons for the determination of noncompliance with the corrective action plan. The local unit of government has 60 days from the date of the notification to address the determination of noncompliance.

3. DESCRIPTION OF PRIOR ACTIONS

Prior actions are separated into three categories below: System Design Changes, Additional Funding, and Other Considerations. Please provide a brief description of the prior actions implemented by the local government to address the retirement system's underfunded status within the appropriate category section. Within each category are sample statements that you may choose to use to indicate the changes to your system that will positively affect your funded status. For retirement systems that have multiple divisions, departments, or plans within the same retirement system, please indicate how these changes impact the retirement **system** as a whole.

Please Note: If applicable, prior actions listed within your waiver application(s) may also be included in your corrective action plan.

Please indicate where in the attached supporting documentation these changes are described and the impact of those changes (i.e. what has the local unit of government done to improve its underfunded status, and where can we find the proof of these changes in the supporting documentation?).

Note: Please provide the name of the system impacted, the date you made the change, the relevant page number(s) within the supporting documentation, and the resulting change to the system's funded ratio.

| System Design Changes - System design changes may include the following: Changes to coverage levels (including retiree co-payments, deductibles, and Medicare eligibility), changes to premium cost-sharing, eligibility changes, switch to defined contribution retiree health care plan, changes to retiree health care coverage for new hires, etc. |
|--|
| Sample Statement: Benefit levels of the retired membership mirrors the current collective bargaining agreement for each class of employee. On January 1, 2017, the local unit entered into new collective bargaining agreements with the Command Officers Association and Internal Association of Firefighters that increased employee co-payments and deductibles for healthcare. These coverage changes resulted in an improvement to the retirement system's funded ratio. Please see page 12 of the attached actuarial analysis that indicates the system is 40% funded as of June 30, 2017. |
| The prior actions listed in the City's Waiver Application and Corrective Action plan have all been awarded through the Act 312 binding arbitration process, negotiated with our collective bargaining units, or approved through City Council resolution for our non-union employees. These prior actions include: Reducing retiree health insurance benefits and raising retiree health insurance benefit eligibility years of service for new hires (2005); eliminating retiree health insurance for new employees and implementing a defined contribution retiree healthcare to be h |
| Additional Funding – Additional funding may include the following: paying the annual required contribution in addition to retiree premiums, voluntary contributions above the annual required contribution, bonding, millage increases, restricted funds, etc. |
| Sample Statement: The local unit created a qualified trust to receive, invest, and accumulate assets for retirement healthcare on June 23, 2016 . The local unit of government has adopted a policy to change its funding methodology from Pay-Go to full funding of the Annual Required Contribution (ARC). Additionally, the local unit has committed to contributing \$500,000 annually, in addition to the ARC for the next five fiscal years. The additional contributions will increase the retirement system's funded ratio to 40 % by 2022. Please see page 10 of the attached resolution from our governing body demonstrating the commitment to contribute the ARC and additional \$500,000 for the next five years. |
| The City of Southfield established a VEBA (later recharacterized to a Section 115 Governmental Trust) for prefunding retiree healthcare benefits in 2001. Pre-funding began in 2002. The Trust currently has over \$72 million in assets. Employer and employee contributions to the Trust are made on a bi-weekly basis. In FY2017, employees contributed 2% to 4% of wages (set by collective bargaining), amounting to \$666,218. The remainder to finance the PayGo amount, as calculated by the actuaries, resulted in the City contribution of \$8.4 million. When the contributions to the Trust as does the investment |
| Other Considerations – Other considerations may include the following: outdated Form 5572 information, actuarial assumption changes, amortization policy changes, etc. |
| Sample Statement: The information provided on the Form 5572 from the audit used actuarial data from 2015. Attached is an updated actuarial valuation for 2017 that shows our funded ratio has improved to 42% as indicated on page 13. |
| |
| 4 DESCRIPTION OF PROSPECTIVE ACTIONS |

4. DESCRIPTION OF PROSPECTIVE ACTIONS

Category of Prior Actions:

The corrective action plan allows you to submit a plan of prospective actions which are separated into three categories below: System Design Changes, Additional Funding, and Other Considerations. Please provide a brief description of the prospective actions implemented by the local government to address the retirement system's underfunded status within the appropriate category section. Within each category are sample statements that you may choose to use to indicate the changes to your system that will positively affect your funded status. For retirement systems that have multiple divisions, departments, or plans within the same retirement system, please indicate how these changes impact the retirement **system** as a whole.

| Please indicate where in the attached supporting documentation these changes are described and the impact of those changes (i.e. what will the local unit of government do to improve its underfunded status, and where can we find the proof of these changes in the supporting documentation?). |
|--|
| Category of Prospective Actions: |
| System Design Changes - System design changes may include the following: Changes to coverage levels (including retiree co-payments, deductibles, and Medicare eligibility), changes to premium cost-sharing, eligibility changes, switch to defined contribution retiree health care plan, changes to retiree health care coverage for new hires, etc. |
| Sample Statement: The local unit will seek to align benefit levels for the retired membership with each class of active employees. Beginning with summer 2018 contract negotiations, the local unit will seek revised collective bargaining agreements with the Command Officers Association and Internal Association of Firefighters to increase employee co-payments and deductibles for healthcare. These coverage changes would result in an improvement to the retirement system's funded ratio. Please see page 12 of the attached actuarial analysis that indicates the system would be 40% funded by fiscal year 2020 if these changes were adopted and implemented by fiscal year 2019. |
| The City of Southfield plans to transition our current post-65 retirees from BCBSM Community Blue-1 and Community Blue-10 plans to a Medicare Advantage platform in the second quarter of 2019. Significant cost savings result from reduced MA premiums vs. claims and fees, and factoring drug rebates and RDS subsidy payments. The actuaries note this transition is projected to lower premiums, stabilize trend increases (rates are frozen for 2 years and increase limited to 6% in year 3), and reduce the excise tax load that had been built in to the liability calculation (see page 4, |
| Additional Funding – Additional funding may include the following: meeting the annual required contribution in addition to retiree premiums, voluntary contributions above the annual required contribution, bonding, millage increases, restricted funds, etc. |
| Sample Statement: The local unit will create a qualified trust to receive, invest, and accumulate assets for retirement healthcare by December 31, 2018 . The local unit of government will adopt a policy to change its funding methodology from Pay-Go to full funding of the Annual Required Contribution (ARC) by December 31, 2018 . Additionally, beginning in fiscal year 2019, the local unit will contribute \$500,000 annually in addition to the ARC for the next five fiscal years. The additional contributions will increase the retirement system's funded ratio to 40% by 2022. Please see page 10 of the attached resolution from our governing body demonstrating the commitment to contribute the ARC and additional \$500,000 for the next five years. |
| |
| ☐ Other Considerations — Other considerations may include the following: outdated Form 5572 information, actuarial assumption changes, amortization policy changes, etc. |
| Sample Statement: Beginning in fiscal year 2019, the local unit will begin amortizing the unfunded portion of the healthcare liability using a level-dollar amortization method over a closed period of 10 years. This will allow the health system to reach a funded status of 42% by 2022 as shown in the attached actuarial analysis on page 13. |
| |
| |
| |

| F. CONFIDMATION OF FUNDING | |
|--|--|
| 5. CONFIRMATION OF FUNDING Please check the applicable answer: | |
| •• | |
| Do the corrective actions listed in this plan allow for (to make, at a minimum, the retiree premium payment applicable), for the retirement health benefit system as | , as well as the normal cost payments for all new hires (if |
| YesNoIf No, Explain | |
| 6. DOCUMENTATION ATTACHED TO THIS | S COPPECTIVE ACTION PLAN |
| Documentation should be attached as a .pdf to this co corrective action plan that would be implemented to a | prrective action plan. The documentation should detail the adequately address the local unit of government's underfunded as part of this plan and attach in successive order as provided |
| than one document in a specific category that needs to | ease use the naming convention shown below. If there is more to be submitted, include a, b, or c for each document. For attachment 2a" and the first document "Attachment 2a" and |
| Naming Convention | Type of Document |
| ★ Attachment – I | This Corrective Action Plan (Required) |
| ★ Attachment – Ia | Documentation from the governing body approving this Corrective Action Plan (Required) |
| ★ Attachment – 2a | An actuarial projection, an actuarial valuation, or an internally developed analysis, which illustrates how and when the local unit will reach the 40% funded ratio. Or, if the local unit is a city, village, township, or county, ARC will be less than 12% of governmental fund revenues, as defined by the Act. (Required) |
| ☐ Attachment — 3a | Documentation of additional payments in past years that is not reflected in your audited financial statements (e.g. enacted |
| ☐ Attachment – 4a | budget, system provided information). Documentation of commitment to additional payments in future years (e.g. resolution, ordinance) |
| ★ Attachment – 5a | A separate corrective action plan that the local unit has approved to address its underfunded status, which includes documentation of prior actions, prospective actions, and the positive impact on the system's funded ratio |
| ★ Attachment – 6a | Other documentation, not categorized above |

| c | 7 | | ٧. | 7 | 7= | | V | Э | Λ | Ċ | 7 | 1 | т. | ы | Λ | N | 7 | • |) | 7 | 1 |
|---|---|---|-----|----|-----|--|-----|---|---|---|---|----------|----|---|----|------|---|---|----|---|----|
| • | | _ | 4 6 | ч. | 1 = | | N / | | - | | | 4 P. | | 4 | 7= | 1 P. | | | ۸٦ | | ., |

Please confirm that each of the four corrective action plan criteria listed below have been satisfied when submitting this document. Specific detail on corrective action plan criteria can be found in the Corrective Action Plan Development: Best Practices and Strategies document.

| Corrective Action Plan Criteria | Description | | | | | | | | |
|--|---|--|--|--|--|--|--|--|--|
| ☑ Underfunded Status | Is there a description and adequate supporting documentation of how and when the retirement system will reach the 40% funded ratio? Or, if your local unit is a city, village, township, or county, how and when the ARC of all retirement healthcare systems will be less than 12 percent of governmental fund revenues? | | | | | | | | |
| ■ Reasonable Timeframe | Do the corrective actions address the underfunded status in a reasonable timeframe (see CAP criteria issued by the Board)? | | | | | | | | |
| ■ Legal and Feasible | Does the corrective action plan follow all applicable laws? Are all required administrative certifications and governing body approvals included? Are the actions listed feasible? | | | | | | | | |
| | Do the corrective action(s) listed allow the local unit to make the retiree healthcare premium payment, as well as normal cost payment for new hires now and into the future without additional changes to this corrective action plan? | | | | | | | | |
| 8. LOCAL UNIT OF GOVERNMENT'S ADMI ACTION PLAN | NISTRATIVE OFFICER APPROVAL OF CORRECTIVE | | | | | | | | |
| I, Frederick E. Zorn, Jr., CEcD , as the gov City Administrator (Ex: City/To | ernment's administrative officer (insert title) ownship Manager, Executive director, and Chief Executive will implement the prospective actions contained in this | | | | | | | | |
| I confirm to the best of my knowledge that because of occur: | the changes listed above, one of the following statements will | | | | | | | | |
| The Retiree Healthcare Benefits Plan/Trust-Slack achieve a funded status of at least 40% by Fisca documentation listed in section 6. | ER: (Insert Retirement Healthcare System Name) will al Year 2025 as demonstrated by required supporting | | | | | | | | |
| OR, if the local unit is a city, village, township, o | or county: | | | | | | | | |
| local unit name) will be less than 12% of the | ystems of (Insert local unit of government's annual governmental fund revenues by required supporting documentation listed in section 6. | | | | | | | | |
| Signature Frederick E. Zoru, Jr. | Date 10/15/2018 | | | | | | | | |
| | | | | | | | | | |

Protecting Local Government Retirement and Benefits Act Corrective Action Plan:

Retirement Health Benefit Systems

Issued under authority of Public Act 202 of 2017.

| I. MUNICIPALITY INFORMATION | |
|--|-----------------------------|
| Local Unit Name: Saline Area Fire Dept | Six-Digit Muni Code: 817542 |
| Retirement Health Benefit System Name: Corrective Action P | lan - 2017 |
| Contact Name (Administrative Officer): Craig D. Hoeft | |
| Title if not Administrative Officer: Fire Chief | |
| Email: salinefire@aol.com | Telephone: (734) 429-4440 |

2. GENERAL INFORMATION

Corrective Action Plan: An underfunded local unit of government shall develop and submit for approval a corrective action plan for the local unit of government. The local unit of government shall determine the components of the corrective action plan. This Corrective Action Plan shall be submitted by any local unit of government with at least one retirement health benefit system that has been determined to have an underfunded status. Underfunded status for a retirement health system is defined as being less than 40% funded according to the most recent audited financial statements, and, if the local unit of government is a city, village, township, or county, the annual required contribution (ARC) for all of the retirement health systems of the local unit of government is greater than 12% of the local unit of government's annual governmental fund revenues, based on the most recent fiscal year.

Due Date: The local unit of government has **180 days from the date of notification** to submit a corrective action plan to the Municipal Stability Board. The Board may extend the 180-day deadline by up to an additional 45 days if the local unit of government submits a reasonable draft of a corrective action plan and requests an extension.

Filing: Per Sec. 10(1) of the Act, this Corrective Action Plan must be approved by the local government's administrative officer and its governing body. You must provide proof of your governing body approving this Corrective Action Plan and attach the documentation as a separate PDF document. Per Sec. 10(4) of the Act, failure to provide documentation that demonstrates approval from your governing body will result in a determination of noncompliance by the Board.

The submitted plan must demonstrate through distinct supporting documentation how and when the local unit will reach the 40% funded ratio. Or, if the local unit is a city, village, township, or county, the submitted plan may demonstrate how and when the ARC for all of the retirement healthcare systems will be less than 12% of annual governmental fund revenues, as defined by the Act. Supporting documentation for the funding ratio and/or ARC must include an actuarial projection, an actuarial valuation, or an internally developed analysis. The local unit must project governmental fund revenues using a reasonable forecast based on historical trends and projected rates of inflation.

The completed plan must be submitted via email to Treasury at LocalRetirementReporting@michigan.gov for review by the Board. If you have multiple underfunded retirement systems, you are required to complete separate plans and send a separate email for each underfunded system. Please attach each plan as a separate PDF document in addition to all applicable supporting documentation.

The subject line of the email(s) should be in the following format: Corrective Action Plan-2017, Local Unit Name, Retirement System Name (e.g. Corrective Action Plan-2017, City of Lansing, Employees' Retirement System OPEB

| 7. CORRECTIVE ACTION PLAN CRITERIA | |
|---|---|
| Please confirm that each of the four corrective action this document. Specific detail on corrective action plar Development: Best Practices and Strategies document | |
| Corrective Action Plan Criteria | Description |
| ☐ Underfunded Status | Is there a description and adequate supporting documentation of how and when the retirement system will reach the 40% funded ratio? Or, if your local unit is a city, village, township, or county, how and when the ARC of all retirement healthcare systems will be less than 12 percent of governmental fund revenues? |
| ☐ Reasonable Timeframe | Do the corrective actions address the underfunded status in a reasonable timeframe (see CAP criteria issued by the Board)? |
| ☐ Legal and Feasible | Does the corrective action plan follow all applicable laws? Are all required administrative certifications and governing body approvals included? Are the actions listed feasible? |
| ☐ Affordability | Do the corrective action(s) listed allow the local unit to make the retiree healthcare premium payment, as well as normal cost payment for new hires now and into the future without additional changes to this corrective action plan? |
| 8. LOCAL UNIT OF GOVERNMENT'S ADMI ACTION PLAN | NISTRATIVE OFFICER APPROVAL OF CORRECTIVE |
| I, <u>(RA16) HOEFT</u> , as the gov FIRE CHIEF (Ex: City/T | rernment's administrative officer (insert title) ownship Manager, Executive director, and Chief Executive will implement the prospective actions contained in this |
| I confirm to the best of my knowledge that because o occur: | f the changes listed above, one of the following statements will |
| Theachieve a funded status of at least 40% by Fisc documentation listed in section 6. | (Insert Retirement Healthcare System Name) will al Year as demonstrated by required supporting |
| OR, if the local unit is a city, village, township, | or county: |
| | systems of (Insert e local unit of government's annual governmental fund revenues by required supporting documentation listed in section 6. |

MUNICIPAL STABILITY BOARD RESOLUTION 2018-14

APPROVAL OF APPENDIX A

- **WHEREAS**, the Michigan legislature passed the Protecting Local Government Retirement and Benefits Act, MCL 38.2801 et. seq., creating the Municipal Stability Board (the "MSB") for the purpose of reviewing and approving corrective action plans submitted by municipalities addressing the underfunded status of their municipal retirement systems (the "Corrective Action Plan");
- **WHEREAS**, the Michigan Department of Treasury ("Treasury") provides administrative services to the MSB:
- **WHEREAS**, on September 12, 2018, by Resolution 2018-12, the MSB adopted the Corrective Action Plans Best Practices and Strategies and Corrective Action Plans Approval Criteria ("Approval Criteria") pursuant to MCL 38.2808;
- **WHEREAS**, the Best Practices generally require that a plan (i) will sustain legacy costs and future retirement benefits; (ii) utilizes modern plan design; and (iii) is administered as effectively as possible to maintain a fiscally stable retirement system;
- **WHEREAS**, the Approval Criteria generally requires that a plan (i) demonstrate how and when a retirement system will reach a sixty percent funded ratio for pension systems and/or a forty percent funded ratio for retirement health systems; (ii) address the underfunded status within a reasonable timeframe; (iii) is legal and feasible; and (iv) is affordable;
- **WHEREAS**, the MSB previously received the municipalities' listed on Appendix A attached to this Resolution (the "Municipalities"), Corrective Action Plans;
- **WHEREAS**, Treasury and the MSB have reviewed the Municipalities' Corrective Action Plans pursuant to the Best Practices and Approval Criteria; and
- **WHEREAS**, Treasury is recommending the MSB approve or deny the Corrective Action Plans as detailed on Appendix A attached hereto.
- **NOW THEREFORE, BE IT RESOLVED**, the MSB determines that the Municipalities' Corrective Action Plans Treasury is recommending for approval listed on Appendix A, sufficiently meet the Best Practices and Approval Criteria;
- **BE IT FURTHER RESOLVED,** the MSB determines the Municipalities' Corrective Action Plans Treasury is recommending for denial listed on Appendix A, do not sufficiently meet the Best Practices and Approval Criteria;
- **BE IT FURTHER RESOLVED**, the MSB approves or denies the Municipalities' Corrective Action Plans in agreement with Treasury's recommendation as listed on Appendix A;
- **BE IT FURTHER RESOLVED**, that Treasury is directed to oversee the approved Corrective Action Plans are implemented pursuant to MCL 38.2810 and to report to the MSB the status of the implementation on a regular basis; and

BE IT FURTHER RESOLVED, that Treasury is directed to provide to Municipalities notification the MSB's detailed reasons for denial of their Municipality's Corrective Action Plan within fifteen days of this resolution pursuant to MCL 38.2810(4).

Ayes: Nays: Recused: Lansing, Michigan October 17, 2018

MSB Appendix A October 17, 2018

| Color Code Key |
|-------------------------------------|
| |
| Green meets CAP Criteria |
| |
| Yellow partially meets CAP Criteria |
| |
| Red does not meet CAP Criteria |

| | CAP Criteria Key |
|----------------|--|
| Underfunded | Was there description and adequate supporting documentation of how and when the retirement system will address the Underfunded Status criteria as |
| Status | defined by the Municipal Stability Board? |
| Timeframe | Does this corrective action for this plan meet the Reasonable Timeframe criteria as defined by the Municipal Stability Board? |
| Legal/Feasible | Does the corrective action plan follow all applicable laws? Are all required administrative certifications and governing body approvals included? Are the actions listed feasible? |
| | |
| | The local unit must confirm that corrective actions listed in the CAP allow for the local unit to make, at a minimum, the annual required contribution (ARC) |
| Affordable | payment for pension plans and/or the retiree healthcare premium payment, as well as the normal cost payment for new hires for retirement health benefits |

| | | | <u>Date</u> | <u>Underfunded</u> | | | | <u>Treasury</u> | |
|--------------------------------------|-----------------|-------------|-------------|--------------------|------------------|-----------------------|-------------------|-----------------|--|
| # Local Unit | <u>Municode</u> | System Type | Received | <u>Status</u> | <u>Timeframe</u> | <u>Legal/Feasible</u> | <u>Affordable</u> | Recommendation | Corrective Action Plan Link |
| 1 Kalamazoo Lake Water and Sewer Au | th: 037512 | Pension | 9/12/201 | 8 Yes | Yes | Yes | Yes | Approve | Kalamazoo Lake Water and Sewer Authority |
| 2 City of Ionia | 342020 | Pension | 9/12/201 | 8 Yes | Yes | Yes | Yes | Approve | <u>City of Ionia Pension</u> |
| 3 Bloomfield Township Public Library | 638006 | OPEB | 9/12/201 | 8 No | No | Yes | Yes | Disapprove | Bloomfield Township Public Library OPEB |
| 4 City of Hart | 642010 | OPEB | 9/12/201 | 8 Partial | Partial | Yes | Yes | Approve | City of Hart OPEB |
| 5 Ottawa County Road Commission | 700100 | Pension | 9/12/201 | 8 Yes | Yes | Yes | Yes | Approve | Ottawa County Road Commission Pension |
| 6 Ottawa County Road Commission | 700100 | OPEB | 9/12/201 | 8 No | No | Yes | Yes | Disapprove | Ottawa County Road Commission OPEB |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Treasury Recommendation Kalamazoo Lake Sewer and Water Authority Pension Corrective Action Plan (CAP) Non-Primary Unit 037512

| Name of | Type of | Assets | Liabilities | Funded | ADC | Revenues | ADC/Revenue | CAP |
|------------|---------|-----------|-------------|--------|----------|-------------|-------------|-----------|
| Systems | System | | | Ratio | | | | required? |
| Municipal | | | | | | | | |
| Employees | | | | | | | | |
| Retirement | Pension | \$929,998 | \$1,440,722 | 64.6% | \$41,709 | \$2,473,239 | 1.7% | Yes |
| System of | | | | | | | | |
| Michigan | | | | | | | | |
| Total | | \$929,998 | \$1,440,722 | 64.6% | \$41,709 | \$2,473,239 | 1.7% | Yes |

Source: Retirement Report 2017, Audited Financial Statements

Staff Recommendation: Approval of the pension corrective action plan submitted by the Kalamazoo Lake Sewer and Water Authority, which was received by the Municipal Stability Board (the Board) on September 12, 2018. If approved by the Board, Treasury and the Board will continue to monitor the local unit for compliance per Public Act 202 of 2017 and the implementation of their corrective action plan.

Changes Made:

- Modern Plan Design:
 - None Listed
- Plan Funding:
 - None Listed

Prospective Changes:

- Modern Plan Design:
 - None Listed
- Plan Funding:
 - o None Listed

Path to Funding:

• The local unit failed to provide a timely FY2017 *Retirement System Annual Report* (Form 5572), resulting in the determination of underfunded status. The local unit has subsequently completed its Form 5572 and has submitted it as part of its corrective action plan. The Form 5572 shows the system is 64.6% funded and the funded ratio has been verified by Treasury Staff. This satisfies the requirement of being greater than 60% funded as outlined in Public Act 202 of 2017.

Plan size: 20 people

Active employees: 12Retired members: 8

Treasury Recommendation Kalamazoo Lake Sewer and Water Authority Pension Corrective Action Plan (CAP) Non-Primary Unit 037512

Corrective Action Criteria:

The Kalamazoo Lake Sewer and Water Authority CAP follows these corrective action criteria:

- 1. The Kalamazoo Lake Sewer and Water Authority confirms that the plan is legal and feasible because it complies with local, state, and federal laws; the CAP is approved by their governing body.
- 2. The Kalamazoo Lake Sewer and Water Authority confirms that the plan is affordable in section 5, affirming the annual required contribution payments will be made.
- 3. Their CAP reaches funding in a reasonable timeframe (Fiscal Year 2017 Form 5572 submission shows the local unit is already over 60% funded).

Treasury Recommendation City of Ionia Pension Corrective Action Plan (CAP) Primary Unit 342020

| Name of | Type of | Assets | Liabilities | Funded | ADC | Revenues | ADC/Revenue | CAP |
|---------|---------|-------------|--------------|--------|-----------|-------------|-------------|-----------|
| Systems | System | | | Ratio | | | | required? |
| MERS | Pension | \$9,929,353 | \$21,618,661 | 45.9% | \$865,744 | \$6,738,507 | 12.8% | Yes |

Source: Retirement Report 2017, Audited Financial Statements

Staff Recommendation: Approval of the pension corrective action plan submitted by the City of Ionia, which was received by the Municipal Stability Board (the Board) on September 12, 2018. If approved by the Board, Treasury and the Board will continue to monitor the local unit for compliance per Public Act 202 of 2017 and the implementation of their corrective action plan.

Changes Made:

Modern Plan Design:

- Closed the plan for the General Clerk Division on 7/1/2011, all new hires are enrolled in a hybrid pension plan.
- Closed the plan for the Teamsters Division on 7/1/2012, all new hires are enrolled in a hybrid pension plan.
- Closed the plan for the Public Safety Division on 7/1/2013, all new hires are enrolled in a hybrid pension plan.

Plan Funding:

• The City of Ionia has made extra contributions above the actuarially determined contribution for the last five calendar years totaling \$805,000.

Prospective Changes:

Modern Plan Design:

 The City will close Division 12 (General Department Heads) by 1/31/2019 for all new hires and switch to a hybrid plan

Plan Funding:

 The City of Ionia has committed to funding the pension by an extra \$250,000 per year for the calendar years 2019-2022.

Path to Funding:

The City of Ionia certifies to be at 60% funded by fiscal year 2024.

Plan size: 102 people as of 12/31/2017

- Inactive employees or beneficiaries currently receiving benefits: 48
- Inactive employees entitled to but not yet receiving benefits: 10
- Active employees: 44

Treasury Recommendation City of Ionia Pension Corrective Action Plan (CAP) Primary Unit 342020

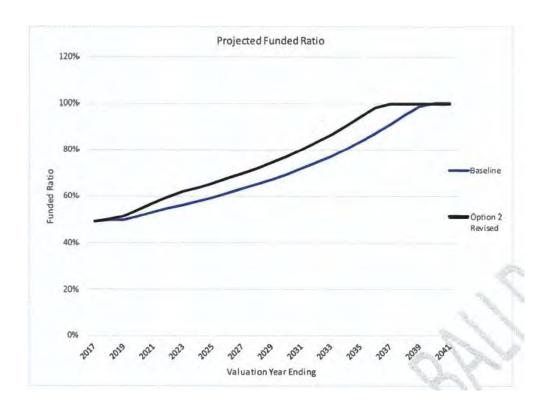
Corrective Action Plan Criteria:

The City of Ionia CAP follows these corrective action criteria:

- 1. The City of Ionia confirms that the plan is legal and feasible because it complies with local, state, and federal laws; the CAP is approved by their governing body.
- 2. The City of Ionia confirms that the plan is affordable in section 5, affirming the annual required contribution payments will be made.
- 3. Their CAP reaches funding in a reasonable timeframe (2024).

Supplemental Information:

The City of Ionia included an updated August 22, 2018 valuation, showing their projected funded ratio (see chart below). The plan is still open for certain divisions.



Treasury Recommendation Bloomfield Township Public Library OPEB Corrective Action Plan (CAP) Non-Primary Unit 638006

| Name of Systems | Type of System | Assets | Liabilities | Funded Ratio | ADC | Revenues | ADC/Revenue | CAP required? |
|--|-------------------|-------------|--------------|-----------------|-----------|-------------|-------------|---------------|
| Retirement Income Plan | Pension | \$7,772,556 | \$7,977,165 | 97.4% | \$0 | | 0.0% | No |
| Bloomfield Township Other Post- Employment Benefits Program | OPEB | \$0 | \$5,257,680 | 0.0% | \$531,108 | \$7,154,434 | 7.42% | Yes |
| Total | | \$7,772,556 | \$13,234,845 | 58.73% | \$531,108 | \$7,154,434 | 7.42% | |

Source: Retirement Report 2017, Audited Financial Statements

Staff Recommendation: Denial of the corrective action plan submitted by Bloomfield Township Public Library, which was received by Municipal Stability Board (the Board) on September 12, 2018. If denied, Bloomfield Township Public Library, will receive a detailed letter from the Board listing the reasons for disapproval. Bloomfield Township Public Library will have 60 days from the date of the notification to address the reasons for disapproval and resubmit a corrective action plan for approval.

Changes Made:

• Modern Plan Design:

- Increased the cost sharing for active employees.
- The plan now requires the use of mail order for certain high cost prescription drugs.
- o The plan uses Medicare as the primary insurance for retirees that are 65 or older.
- o The plan is closed to new hires as of May 2011.

• Plan Funding:

 Management has assigned assets for OPEB payments equal to the outstanding unfunded actuarial accrued liability.

Path to Funding:

 Adopting a budget for fiscal year 2018-2019 and fiscal year 2019-2020 that include additional contributions to the assigned fund balance.

Plan size: 39 people as of 7/1/2016

- 18 Active
- 13 Retired members
- 1 Beneficiary
- 6 Spouses of retirees

Corrective Action Plan Criteria:

Bloomfield Township Public Library Commission CAP follows these corrective action criteria:

Treasury Recommendation Bloomfield Township Public Library OPEB Corrective Action Plan (CAP) Non-Primary Unit 638006

- 1. Bloomfield Township Public Library confirms that the plan is legal and feasible because it complies with local, state, and federal laws; is approved by their governing body.
- 2. Bloomfield Township Public Library confirms that the plan is affordable in section 5, affirming the retiree premiums and normal cost, if applicable, will be paid.

Bloomfield Township Public Library CAP does not follow these corrective action criteria:

Underfunded status and reasonable timeframe: The plan does not demonstrate when the
retirement system will reach 40% funded. As part of the funded ratio criteria, a local
government must demonstrate through its financial statements when it will hit 40% funded.
Under guidance issued by the Government Accounting Standards Board, assigned funds can be
reassigned to other purposes at the discretion of management, and thus are not counted as
assets of the retirement system for calculating the funded ratio.

The Library's plan did not indicate these assets would be placed into a qualified trust. Although the funds are currently assigned for retiree healthcare payments, they do not count as assets for funding ratio purposes.

Supplemental Information:

Bloomfield Township Public Library states in their corrective action plan that "100% of the UAAL is reported in the Assigned Fund Balance, which is maintained through budget and accounting entries. In each of the past 3 years, the size of the employer's required contributions to increase the Assigned Fund Balance was determined by the actuaries through actuarial valuations. Increases have historically been budgeted pursuant to a biennial actuarial valuation, and in non-valuation years UAAL contributions are estimated using census data, premiums paid, discount rate, and contributions paid. Budgets are approved in August and adopted in March."

Bloomfield Township Public Library states in their corrective action plan that "Under GASB, the Assigned Fund Balance is considered more protected than an "Unassigned" spendable General Fund balance amount. The Assigned Fund Balance is invested together with all General Fund assets to achieve improved net returns and costs. If it was instead segregated into a trust, a decrease in expected returns could result due to the decrease in the size of the portfolio triggering higher cost share classes, and higher investment fees."

The Community Engagement and Finance Division (CEFD) contact:

The CEFD scheduled a call on August 28, 2018 to discuss the withdrawn corrective action plan
and discussed that Public Act 202 of 2017 requires the funding ratio to come from the financial
statements of the audit and that assigned and committed funds are not included in OPEB assets
per the Governmental Accounting Standards Board (GASB) Accounting Standards.

Treasury Recommendation City of Hart OPEB Corrective Action Plan (CAP) Primary Unit 642010

| Name of Systems | Type of System | Assets | Liabilities | Funded Ratio | ADC | Revenues | ADC/Revenue | CAP required? |
|-----------------------------------|----------------|-----------|-------------|-----------------|-----------|-------------|-------------|---------------|
| City of Hart MERS RHFV Plan | OPEB | \$175,165 | \$2,295,891 | 7.6% | \$353,821 | \$1,958,917 | 18.1% | YES |
| Total | | \$175,165 | \$2,295,891 | 7.6% | \$353,821 | \$1,958,917 | 18.1% | |

Source: Retirement Report 2017, Audited Financial Statements

Staff Recommendation: Approval of the OPEB corrective action plan submitted by The City of Hart, which was received by the Municipal Stability Board (the Board) on September 12, 2018. If approved by the Board, Treasury and the Board will continue to monitor them for compliance per Public Act 202 of 2017 and implementation of their corrective action plan.

Changes Made:

Modern Plan Design:

- Changed benefits for retired employees to match those of current employees to contribute 20% of benefit premiums.
- In 2016, the plan for current employees was changed from Health Maintenance
 Organization (HMO) Health Savings Account (HSA) Gold \$1250 Plan to HMO \$250 90%
 plan.

Plan Funding:

- Established MERS Retirement Health Funding Vehicle (RHFV) plan in June 2014, and began contributions from cash reserves
- o In July 2017, the City contributed an additional \$69,900

Prospective Changes:

Plan Funding:

On April 24, 2018, the City passed a resolution committing the City to funding \$100,000 annually to the MERS RHFV Plan from 2018 to 2024.

Path to Funding:

• The City of Hart states that based on their current projected liability on June 30, 2017 of \$2,410,534, they would need to have assets of \$964,214 to address their underfunded status by reaching 40% funded. Based on their June 30, 2017 audit, they had assets of \$175,165, and in July of 2017, contributed an additional \$69,900, bringing their total to \$263,489. With the additional \$700,000 they have resolved to contributing from 2018-2024, the City states they will reach 40% funded in FY2024.

Treasury Recommendation City of Hart OPEB Corrective Action Plan (CAP) Primary Unit 642010

Plan size: 26 people

- 22 Active
- 4 Retired members

Corrective Action Criteria:

The City of Hart CAP follows these corrective action criteria:

- 1. The City of Hart confirmed that the plan is legal and feasible because it complies with local, state, and federal laws; is approved by their governing body.
- 2. The City of Hart authorized that the plan is affordable in section 5, affirming the retiree premiums and normal cost, if applicable, will be paid.

The City of Hart CAP partially follows these corrective action criteria:

1. Underfunded status and reasonable timeframe: The City of Hart addresses underfunded status by passing a resolution to fund \$100,000 annually to their MERS RHFV Plan for the years 2018 to 2024. Based on this funding commitment, in addition to their current system assets, the City of Hart projects that they will reach 40% funded by 2024, which appears to satisfy the Board's underfunded status and reasonable timeframe criteria. However, the City of Hart did not consider investment returns on its assets, nor did it consider changes to the retiree healthcare liability through FY2024. As a result, the Department believes the City of Hart has only partially complied with the Board's criteria.

Supplemental Information:

The City of Hart included their December 2017 valuation; however, this does not reflect the funding resolution passed in August 2018 to address their underfunded status.

Treasury Recommendation Ottawa County Road Commission Pension Corrective Action Plan (CAP) Non-Primary Unit 700100

| Name of Systems | Type of System | Assets | Liabilities | Funded Ratio | ADC | Revenues | ADC/Revenue | CAP required? |
|----------------------------------|-------------------|--------------|--------------|-----------------|-------------|--------------|-------------|---------------|
| Ottawa CRC | Pension | \$30,643,532 | \$55,068,361 | 55.6% | \$1,466,702 | \$41,565,263 | 3.5% | Yes |
| The Retiree Health Plan | Healthcare | \$0 | \$1,632,020 | 0.0% | \$337,063 | | .8% | Yes |
| Total | | \$30,643,532 | \$56,700,381 | | \$1,803,765 | \$41,565,263 | 4.3% | |

Source: Retirement Report 2017, Audited Financial Statements

Staff Recommendation: Approval of the pension corrective action plan submitted by the Ottawa County Road Commission, which was received by the Board on September 12,2018. If approved by the Municipal Stability Board (MSB), Treasury and the MSB will continue to monitor the local unit for compliance per Public Act 202 of 2017 and implementation of their corrective action plan.

Changes Made:

• Modern Plan Design:

- In 2010, implemented cost sharing with employees, ranging from 3% to 5% of covered payroll.
- In 2014 and 2016, the Commission closed the pension plan to new non-bargaining and bargaining unit employees respectively.

Plan Funding:

 The Commission has made annual contributions in addition to the ARC, ranging from \$150,000 to \$1,200,000 from 2011 through 2017.

Prospective Changes:

• Modern Plan Design:

None Listed

Plan Funding:

 The local unit will continue to contribute no less then the ARC as required by MERS and State Law.

Path to Funding:

 The Commission has submitted a Statement of Fiduciary Net Position showing assets of \$33,571,753 as of 12/31/2017. The Commission has also submitted a page from its 12/31/2017 GASB 68 report showing a total pension liability of \$55,892,412 resulting in a funded ratio of 60.0%. This satisfies the requirement of being greater than 60% funded as outlined in Public Act 202 of 2017.

Treasury Recommendation Ottawa County Road Commission Pension Corrective Action Plan (CAP) Non-Primary Unit 700100

Plan size: 237 Members

- Inactive employees or beneficiaries currently receiving benefits: 140
- Inactive employees entitled to but not yet receiving benefits: 14
- Active employees: 83

Corrective Action Criteria:

The Ottawa County Road Commission CAP follows these corrective action criteria:

- 1. The CAP has been approved by the Authority's governing body.
- 2. The Ottawa County Road Commission confirmed that the plan is affordable in section 5, affirming the annual required contribution payments will be made.
- 3. The CAP reaches funding in a reasonable timeframe (2017).

Supplemental Information:

None Noted

The Community Engagement and Finance Division (CEFD) contact:

None Noted

Treasury Recommendation Ottawa County Road Commission Healthcare Corrective Action Plan (CAP) Non-Primary Unit 700100

| Name of Systems | Type of System | Assets | Liabilities | Funded Ratio | ADC | Revenues | ADC/Revenue | CAP required? |
|----------------------------------|-------------------|--------------|--------------|-----------------|-------------|--------------|-------------|---------------|
| Ottawa CRC | Pension | \$30,643,532 | \$55,068,361 | 55.6% | \$1,466,702 | \$41,565,263 | 3.5% | Yes |
| The Retiree Health Plan | Healthcare | \$0 | \$1,632,020 | 0.0% | \$337,063 | | .8% | Yes |
| Total | | \$30,643,532 | \$56,700,381 | | \$1,803,765 | \$41,565,263 | 4.3% | |

Source: Retirement Report 2017, Audited Financial Statements

Staff Recommendation: Denial of the Retiree Health Plan corrective action plan submitted by the Ottawa County Road Commission, which was received by the Board on September 12, 2018. If denied, the Ottawa County Road Commission will receive a detailed letter from the Municipal Stability Board listing the reasons for disapproval. The Ottawa County Road Commission will have 60 days from the date of the notification to address the reasons for disapproval and resubmit a corrective action plan for approval.

Changes Made:

Modern Plan Design:

- o In 2013, plan closed to new non-bargaining unit employees.
- o In 2016, plan closed to new bargaining unit employees.
- In 2016, eligible retirees will pay the same insurance premium percentage as active employees (16% of insurance premium cost).

Plan Funding:

o Local unit funds the plan on a pay-as-you-go basis.

Prospective Changes:

• Modern Plan Design:

None Listed

• Plan Funding:

The Commission wishes to continue with a pay-as-you-go OPEB funding method as the plan is closed, plan expense is a very small percentage of revenues, plan OPEB eligibility window is short, and plan census data shows declining retirees eligible beginning in 2024.

Treasury Recommendation Ottawa County Road Commission Healthcare Corrective Action Plan (CAP) Non-Primary Unit 700100

Path to Funding:

• The Ottawa County Road Commission's corrective action plan did not demonstrate that it will reach 40% funded. The local unit indicated it wishes to continue with a pay-as-you-go funding method.

Plan size: 81 Members

Active employees: 67Retired members: 14

Corrective Action Criteria:

The Ottawa County Road Commission CAP follows these corrective action criteria:

- 1. The plan has been approved by the Authority's governing body.
- 2. The Ottawa County Road Commission confirmed that the plan is affordable in section 5, affirming the retiree premium payments will be made.

The Ottawa County Road Commission CAP does not follow these corrective action criteria:

1. Underfunded status and reasonable timeframe: the CAP does not demonstrate when the retirement system will reach a 40% funded ratio.