

CITY OF GRAND RAPIDS GENERAL OTHER POSTEMPLOYMENT BENEFITS ACTUARIAL VALUATION REPORT JUNE 30, 2011

TABLE OF CONTENTS

Section	Page Number	_
		Cover Letter
	1-2	EXECUTIVE SUMMARY Executive Summary
A	1 2 3 4	VALUATION RESULTS Development of the Annual Required Contributions Determination of Unfunded Actuarial Accrued Liability Projections Comments
В	1-2	RETIREE PREMIUM RATE DEVELOPMENT Retiree Premium Rate Development
C	1-10 11 12	SUMMARY OF BENEFIT PROVISIONS AND VALUATION DATA Summary of Benefits Active Member Demographic Data as of June 30, 2011 Retired and Deferred Member Demographic Data as of June 30, 2011
D	1 2-5 6	ACTUARIAL COST METHOD AND ACTUARIAL ASSUMPTIONS Valuation Methods Actuarial Assumptions Miscellaneous and Technical Assumptions
${f E}$		GASB DISCLOSURES
	1	Required Supplementary Information
	2	GASB Schedules
Appendix A		
	1-2	GASB Background
Appendix B	3	OPEB Pre-Funding
	1-2	Glossary



May 8, 2012

Mr. Scott Buhrer Chief Financial Officer City of Grand Rapids 300 Monroe Avenue, N. W. Grand Rapids, MI 49503

Dear Mr. Buhrer:

Submitted in this report are the results of an Actuarial Valuation of the benefit values associated with the employer financed Other Postemployment Benefits provided by the City of Grand Rapids for General Employees. The date of the valuation was June 30, 2011, effective for the fiscal year beginning July 1, 2011. This report was prepared at the request of the City of Grand Rapids.

The actuarial calculations were prepared for purposes of complying with the requirements of Statements No. 43 and No. 45 of the Governmental Accounting Standards Board (GASB). The calculations reported herein have been made on a basis consistent with our understanding of these accounting standards. Determinations of the liability associated with the benefits described in this report for purposes other than satisfying the System's financial reporting requirements may produce significantly different results.

Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: plan experience differing from that anticipated by the economic or demographic assumptions; changes in economic or demographic assumptions; increases or decreases expected as part of the natural operation of the methodology used for these measurements (such as the end of an amortization period or additional cost or contribution requirements based on the plan's funded status); and changes in plan provisions or applicable law.

This report may be provided to parties other than the City of Grand Rapids only in its entirety and only with the permission of the City of Grand Rapids.

The valuation was based upon information, furnished by the City, concerning retiree health care benefits, individual members, and financial data. Data was checked for internal consistency, but was not otherwise audited.

To the best of our knowledge, this report is complete and accurate and was made in accordance with generally recognized actuarial methods.

The undersigned are Members of the American Academy of Actuaries and meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinions contained herein.

Respectfully submitted,

Randall J. Dziubek, ASA, MAAA

Abra D. Hill, ASA, MAAA

Abra D. Hill

RJD/ADH:mrb

C2482



EXECUTIVE SUMMARY

Annual Required Contribution

This report presents the Annual Required Contribution calculated in compliance with the accounting requirements of Governmental Accounting Standards Board (GASB) Statement No. 45. In addition, the Plan may need to comply with GASB Statement No. 43. Please consult with legal counsel and your auditors to determine whether you have a Plan for GASB Statement No. 43 purposes.

The Annual Required Contribution (ARC) for the fiscal year beginning July 1, 2011 was determined to be \$7,177,017. Actual claims and/or premiums paid on behalf of retirees may be treated as employer contributions in relation to the ARC and act to reduce the NOO if paid from outside of Plan assets. The expected employer portion of the claims and premium amounts paid during the fiscal year beginning July 1, 2011 are estimated to be \$6,750,807. These amounts reflect the employer portion of the retiree only premium rates and the implicit subsidy for retirees and covered spouses.

For additional details, please see Section A of the report.

Additional OPEB Reporting Requirements

In addition to the annual OPEB cost described above, employers will have to disclose a Net OPEB Obligation (or asset). The Net OPEB Obligation is the cumulative difference between annual OPEB costs and annual employer contributions in relation to the ARC, accumulated from the implementation of GASB Statement No. 45.

The requirements for determining the employer's contributions in relation to the ARC are described in paragraph 13 g. of GASB Statement No. 45. Additional information required to be disclosed in the employer's financial statements is detailed in paragraphs 24 through 27 of GASB Statement No. 45.

EXECUTIVE SUMMARY (CONCLUDED)

Liabilities and Assets

The present value of all benefits expected to be paid to current plan members as of June 30, 2011 is \$92,047,401. The actuarial accrued liability, which is the portion of the \$92,047,401 attributable to service accrued by plan members as of June 30, 2011, is \$78,395,349. The assets currently set aside for OPEB purposes as of June 30, 2011 are \$2,362,070.



DEVELOPMENT OF THE ANNUAL REQUIRED CONTRIBUTIONS FOR THE OTHER POSTEMPLOYMENT BENEFITS

Contributions for	General Annual Required Contribution
Normal Cost Normal Retirement Termination Benefits Disability/Death-In-Service Total Normal Cost	\$ 1,213,960 131,166 <u>195,391</u> \$ 1,540,517
Amortization of Unfunded Actuarial Accrued Liabilities (Amortized over 22 years)	\$ 5,636,500
Annual Required Contribution (ARC) for the Fiscal Year beginning July 1, 2011	\$ 7,177,017

Annual Required Contribution (ARC) for the	
Fiscal Year beginning July 1, 2012	\$ 7,155,236

The unfunded actuarial accrued liabilities were amortized as level dollar. A 22-year amortization period for unfunded actuarial accrued liabilities was used. Thirty years is the maximum period that complies with GASB requirements. The assumptions used to calculate the results shown above include a 5% investment return rate. This rate is intended to be a blend of a short-term and long-term investment return assumption.

DETERMINATION OF UNFUNDED ACTUARIAL ACCRUED LIABILITY AS OF JUNE 30, 2011

	General
A. Present Value of Future Benefits	
1. Retirees and Beneficiaries	\$40,338,466
2. Vested Terminated Members	7,440,852
3. Active Members	44,268,083
Total Present Value of Future Benefits	\$92,047,401
B. Present Value of Future Employer Normal Costs	13,652,052
C. Actuarial Accrued Liability (AB.)	78,395,349
D. Actuarial Value of Assets	2,362,070
E. Unfunded Actuarial Accrued Liability (CD.)	\$76,033,279
F. Funded Ratio (D./C.)	3.0%

The Unfunded Actuarial Accrued Liability (UAAL) is not booked as an expense all in one year and does not appear in the Employer's Statement of Net Assets. Nevertheless, it is reported in the Notes to the Financial Statements and in the Required Supplementary Information. These are information sections within the employer's financial statements.

PROJECTIONS AS OF JUNE 30, 2011*

Year	Asset	Annual	Health		
Ending	Value	Required	Care	Investment	Asset Value
June 30,	BOY	Contribution	Benefits	Income	EOY
2012	\$ 2,362,070	\$ 7,177,017	\$ 6,750,807	\$ 128,629	\$ 2,916,909
2013	2,916,909	7,155,236	6,772,080	155,308	3,455,373
2014	3,455,373	7,103,494	6,920,901	177,278	3,815,244
2015	3,815,244	7,057,918	7,219,629	186,769	3,840,302
2016	3,840,302	6,994,896	7,458,875	180,557	3,556,880
2017	3,556,880	6,919,806	7,481,699	163,968	3,158,954
2018	3,158,954	6,843,133	7,423,099	143,625	2,722,613
2019	2,722,613	6,768,942	7,400,128	120,543	2,211,970
2020	2,211,970	6,700,116	7,244,229	97,162	1,765,019
2021	1,765,019	6,636,574	6,662,680	87,606	1,826,519
2022	1,826,519	6,563,707	6,112,815	102,461	2,379,872
2023	2,379,872	6,490,521	6,071,956	129,330	2,927,767
2024	2,927,767	6,424,822	5,953,304	158,033	3,557,318
2025	3,557,318	6,350,265	5,488,950	199,136	4,617,769
2026	4,617,769	6,271,020	5,127,932	259,117	6,019,974
2027	6,019,974	6,198,658	4,648,498	339,280	7,909,414
2028	7,909,414	6,124,984	4,587,723	433,433	9,880,108
2029	9,880,108	6,036,958	4,557,920	530,530	11,889,676
2030	11,889,676	5,940,591	4,819,231	622,176	13,633,212
2031	13,633,212	5,853,380	4,749,484	708,921	15,446,029
2032	15,446,029	5,780,226	4,747,069	797,815	17,277,001
2033	17,277,001	5,726,524	4,454,635	895,259	19,444,149
2034	19,444,149	74,429	4,052,844	873,960	16,339,694
2035	16,339,694	49,875	3,575,353	729,923	13,544,139
2036	13,544,139	33,549	3,052,551	602,652	11,127,789
2037	11,127,789	22,714	2,539,009	494,249	9,105,743
2038	9,105,743	15,330	2,238,108	400,395	7,283,360
2039	7,283,360	10,455	1,864,270	318,388	5,747,933
2040	5,747,933	7,211	1,656,962	246,656	4,344,838
2041	4,344,838	4,666	1,245,105	186,609	3,291,008
2042	3,291,008	2,842	1,025,292	139,301	2,407,859
2043	2,407,859	1,676	760,842	101,645	1,750,338
2044	1,750,338	956	577,223	73,286	1,247,357
2045	1,247,357	525	414,292	52,150	885,741
2046	885,741	280	304,053	36,785	618,752
2047	618,752	137	191,238	26,218	453,869
2048	453,869	65	123,603	19,643	349,974
2049	349,974	19	103,289	14,948	261,653
2050	261,653	7	94,310	10,754	178,104
2051	178,104	6	92,795	6,614	91,929
2052	91,929	5	72,578	2,804	22,160
2053	22,160	2	22,712	550	0

^{*} The projected results above are based on the existing active and retired members on the valuation date. Any benefits and/or contributions associated with members hired after the valuation date have not been included in these results.

Unfunded actuarial accrued liabilities were amortized over a 22 year period.

COMMENTS

COMMENT A: One of the key assumptions used in any valuation of the cost of postemployment benefits is the long-term rate of investment return on plan assets. Higher assumed investment returns will result in a lower Annual Required Contribution (ARC). Lower returns will result in a higher ARC. If a plan sponsor chooses to pre-fund with contributions less than the ARC, the Governmental Accounting Standards Board (GASB) requires using an assumed investment return on assets that reflects the expected return on the plan sponsor's general assets. If a plan sponsor chooses to pre-fund with contributions equal to the ARC a higher interest rate may be used. As directed by the City, we have calculated the liability and the resulting ARC using an assumed investment return of 5.0% which is the expected investment return on the City's general assets.

COMMENT B: Based on the number of plan members as of this valuation, the plan sponsor is required by GASB to perform actuarial valuations at least biennially. An annual actuarial valuation will re-compute the required contribution rate each year. This will permit fluctuations and trends in experience to be reflected in the contribution rate on a regular basis.

COMMENT C: The contribution rates shown include amortization of the unfunded actuarial accrued liability over 22 years. A shorter amortization period would result in a higher ARC, and a longer amortization period would result in a lower ARC. The maximum time period permitted by GASB Statement No. 45 is 30 years.

COMMENT D: Actual claims and/or premiums paid on behalf of retirees may be treated as employer contributions in relation to the ARC and act to reduce the NOO if paid from outside of Plan assets. For the fiscal years ending June 30, 2012 and June 30, 2013, the amount of estimated claims and/or premiums paid by the employer on behalf of retirees including the effect of the implicit rate subsidy under GASB are \$6,750,807 and \$6,772,081, respectively.



RETIREE PREMIUM RATE DEVELOPMENT

Background

The initial per capita health care costs are an important part of a retiree health valuation. We understand that currently, eligible City retirees (and eligible spouses) receive benefits from the self-insured plan. For Non-Medicare Retirees, there is one benefit option and for Medicare retirees, there is a choice of four options with the same medical benefits but differing drug copays.

Rate Development

For the self-insured medical plans, initial per capita costs were developed separately for pre-65 and post-65 retirees using medical claims experience from April 2009 to April 2011 supplied by Meritain in conjunction with exposure data for the retired members of the health care program. These medical claims were projected on an incurred claim basis, adjusted for plan design changes, and loaded for administrative expenses.

For the self-insured drug plans, initial per capita costs were developed using drug claims experience April 2009 to April 2011 supplied by Meritain in conjunction with exposure data for the retired members of the health care program. These drug claims were projected on an incurred claim basis, adjusted for plan design changes and administrative expenses.

No Early Retirement Reinsurance Program (ERRP) reimbursements were reflected in the rates due to the short term nature of the program.

The initial medical and drug premium rates used in the valuation are a weighted average cost of the two-year experience period to smooth out any large year to year fluctuations.

RETIREE PREMIUM RATE DEVELOPMENT

Age graded and sex distinct per capita costs are utilized by this valuation. The initial costs developed are appropriate for the unique age and sex distribution currently existing. Over the future years covered by this valuation, the age and sex distribution will most likely change. Therefore, our process "distributes" the average premium over all age/sex combinations and assigns a unique premium for each combination. This process more accurately reflects health care costs in the retired population over the projection period.

The tables below show the combined medical and prescription drug one-person monthly per capita costs at select ages.

	Current and Future Retirees							
	For Those Not Eligible for Medicare							
_	Age]	Male	Fen	nale			
	45	\$	503.71	\$	659.44			
	50		681.47		772.14			
	55		890.67		915.52			
	60		1,118.93		1,075.54			

The dental and vision per capita costs used in this valuation of the Plan were not "age graded" since these claims do not vary significantly by age. The monthly dental per capita cost used in this valuation is \$34.76 per person per month. The monthly vision per capita cost used in this valuation is \$8.08 per person per month.

The undersigned is a Member of the American Academy of Actuaries (MAAA) and meets the Qualification Standards of the American Academy of Actuaries to certify the per capita retiree health care rates shown above.

John Mallows, FSA, MAAA

SECTION C

SUMMARY OF BENEFIT PROVISIONS AND VALUATION DATA

CITY OF GRAND RAPIDS GENERAL RETIREE HEALTH CARE PLAN GREIU CITY, GREIU COURT, CST, AND ECO SUMMARY OF BENEFITS AS OF JUNE 30, 2011

Plan Participants

Members of the Defined Benefit City of Grand Rapids Retiree Health Care Plan are eligible to receive retiree health care benefits. City covers up to 100% of retiree health care coverage up to age 65 for those currently retired.

Benefit Amount

Through the Defined Benefit Retiree Health Care Plan, the City pays up to 100% of retiree health care premiums through age 65 based on an accrual schedule. As of October 21, 2008, future retirees will pay a minimum of 10% of BLENDED active/pre65 retire cost per contract. This is applied before the accrual schedule shown below. Active employees with less than 8 years are no longer eligible for the Defined Benefit plan.

City Paid Portion of Retiree Health Care Premiums

Years	Months	Accrual Schedule
8	96	23.00%
9	108	26.50%
10	120	30.00%
11	132	33.50%
12	144	37.00%
13	156	40.50%
14	168	44.00%
15	180	47.50%
16	192	51.00%
17	204	54.50%
18	216	58.00%
19	228	61.50%
20	240	65.00%
21	252	68.50%
22	264	72.00%
23	276	75.50%
24	288	79.00%
25	300	82.50%
26	312	86.00%
27	324	89.50%
28	336	93.00%
29	348	96.50%
30	360	100.00%
Age 62 & 8	years svc.	100%
Disability R	etirement	100%

CITY OF GRAND RAPIDS GENERAL RETIREE HEALTH CARE PLAN GREIU CITY, GREIU COURT, CST, AND ECO SUMMARY OF BENEFITS AS OF JUNE 30, 2011

Normal Retirement Eligibility

Members are eligible for benefits at age 50 or older with 30 or more years of service or at age 62 with 8 or more years of service.

Early Retirement Benefits

Members are eligible for benefits at age 50 or older with 8 or more years of service.

Deferred Retirement Benefits

Deferred retiree health care is not available. Coverage must be continuous.

Duty/Non-Duty Death-in-Service Retirement Benefits

Deceased member must be eligible for retirement at death. Survivor spouse pays any accrual and applicable premium sharing amount until such time as the covered person would have reached age 65.

Duty/Non-Duty Disabled Retirement Benefits

No age or service requirement. Benefits commence immediately for qualified disabled member.

Benefits for Spouses of Retired Employees

Spouses of retired employees are eligible to receive health care benefits as long as the retiree is eligible. Coverage continues to surviving spouses of deceased retirees until the earlier of when retiree would have reached age 65 or when the spouse reaches age 65.

Medicare-Eligible Provisions

Retirees are required to enroll in Medicare once eligible. Retiree is responsible for paying the full premium for retiree Medicare coverage offered through the City.

Dental/Vision Coverage

Same as Retiree Health Care Eligibility Conditions.

Life Insurance Coverage

City does not provide life insurance for retirees.

Opt-Out

City does not provide Opt-Out payments or payment in lieu of retiree health care coverage for retirees.

Other Employment and Compensation

A retiree, spouse or other dependent who has coverage from an employer who provides medical coverage should coordinate benefits, making the City's coverage secondary.

This is a brief summary of the City of Grand Rapids Retiree Health Care Plan provisions. In the event that any description contained herein differs from the actual eligibility or benefit, the appropriate employee contract or governing document will prevail.

CITY OF GRAND RAPIDS GENERAL RETIREE HEALTH CARE PLAN NON-REPRESENTED AND OFFICERS OPTION SUMMARY OF BENEFITS AS OF JUNE 30, 2011

Plan Participants

Non-Represented and Officers Option members of the Defined Benefit City of Grand Rapids Retiree Health Care Plan are eligible to receive retiree health care benefits. City covers up to 100% of retiree health care coverage up to age 65 for those currently retired.

Benefit Amount

Through the Defined Benefit Retiree Health Care Plan, the City pays up to 100% of retiree health care premiums through age 65 based on an accrual schedule. As of October 21, 2008, future retirees will pay a minimum of 20% of BLENDED active/pre65 retire cost per contract. This is applied before the accrual schedule shown below. Active employees with less than 8 years are no longer eligible for the Defined Benefit plan.

City Paid Portion of Retiree Health Care Premiums

Years	Months	Accrual Schedule
8	96	26.67%
9	108	30.00%
10	120	33.33%
11	132	36.67%
12	144	40.00%
13	156	43.33%
14	168	46.67%
15	180	50.00%
16	192	53.33%
17	204	56.67%
18	216	60.00%
19	228	63.33%
20	240	66.67%
21	252	70.00%
22	264	73.33%
23	276	76.67%
24	288	80.00%
25	300	83.33%
26	312	86.67%
27	324	90.00%
28	336	93.33%
29	348	96.67%
30	360	100.00%
Age 62 & 8	years svc.	100%
Disability R	etirement	100%

CITY OF GRAND RAPIDS GENERAL RETIREE HEALTH CARE PLAN NON-REPRESENTED AND OFFICERS OPTION SUMMARY OF BENEFITS AS OF JUNE 30, 2011

Normal Retirement Eligibility

Members are eligible for benefits at age 50 or older with 30 or more years of service or at age 62 with 8 or more years of service.

Early Retirement Benefits

Members are eligible for benefits at age 50 or older with 8 or more years of service.

Deferred Retirement Benefits

Deferred retiree health care is not available. Coverage must be continuous.

Duty/Non-Duty Death-in-Service Retirement Benefits

Deceased member must be eligible for retirement at death. Survivor spouse pays any accrual and applicable premium sharing amount until such time as the covered person would have reached age 65.

Duty/Non-Duty Disabled Retirement Benefits

No age or service requirement. Benefits commence immediately for qualified disabled member.

Benefits for Spouses of Retired Employees

Spouses of retired employees are eligible to receive health care benefits as long as the retiree is eligible. Coverage continues to surviving spouses of deceased retirees until the earlier of when retiree would have reached age 65 or when the spouse reaches age 65.

Medicare-Eligible Provisions

Retirees are required to enroll in Medicare once eligible. Retiree is responsible for paying the full premium for retiree Medicare coverage offered through the City.

Dental/Vision Coverage

Same as Retiree Health Care Eligibility Conditions.

Life Insurance Coverage

City does not provide life insurance for retirees.

Opt-Out

City does not provide Opt-Out payments or payment in lieu of retiree health care coverage for retirees.

Other Employment and Compensation

A retiree, spouse or other dependent who has coverage from an employer who provides medical coverage should coordinate benefits, making the City's coverage secondary.

This is a brief summary of the City of Grand Rapids Retiree Health Care Plan provisions. In the event that any description contained herein differs from the actual eligibility or benefit, the appropriate employee contract or governing document will prevail.

CITY OF GRAND RAPIDS GENERAL RETIREE HEALTH CARE PLAN EMERGENCY COMMUNICATIONS SUPERVISORS SUMMARY OF BENEFITS AS OF JUNE 30, 2011

Plan Participants

APA members of the Defined Benefit City of Grand Rapids Retiree Health Care Plan are eligible to receive retiree health care benefits. City covers up to 100% of retiree health care coverage up to age 65 for those currently retired.

Benefit Amount

Through the Defined Benefit Retiree Health Care Plan, the City pays up to 100% of retiree health care premiums through age 65 based on an accrual schedule. As of March 31, 2010, future retirees will pay a minimum of 10% of BLENDED active/pre65 retire cost per contract. This is applied before the accrual schedule shown below. Active employees with less than 10 years are no longer eligible for the Defined Benefit plan.

City Paid Portion of Retiree Health Care Premiums

		Retiring on or after June 30, 2010	Retiring before June 30, 2010
Years	Months	Accrual Schedule	Accrual Schedule
8	96	26.67%	32.00%
9	108	30.00%	36.00%
10	120	33.33%	40.00%
11	132	36.67%	44.00%
12	144	40.00%	48.00%
13	156	43.33%	52.00%
14	168	46.67%	56.00%
15	180	50.00%	60.00%
16	192	53.33%	64.00%
17	204	56.67%	68.00%
18	216	60.00%	72.00%
19	228	63.33%	76.00%
20	240	66.67%	80.00%
21	252	70.00%	84.00%
22	264	73.33%	88.00%
23	276	76.67%	92.00%
24	288	80.00%	96.00%
25	300	83.33%	100.00%
26	312	86.67%	
27	324	90.00%	
28	336	93.33%	
29	348	96.67%	
30	360	100.00%	
Age 62 & 8	years svc.	100%	100%
Disability R	etirement	100%	100%

CITY OF GRAND RAPIDS GENERAL RETIREE HEALTH CARE PLAN EMERGENCY COMMUNICATIONS SUPERVISORS SUMMARY OF BENEFITS AS OF JUNE 30, 2011

Normal Retirement Eligibility

Members are eligible for benefits at age 50 or older with 30 or more years of service or at age 55 with 8 or more years of service.

Early Retirement Benefits

Members are eligible for benefits at age 50 or older with 8 or more years of service.

Deferred Retirement Benefits

Deferred retiree health care is not available. Coverage must be continuous.

Duty/Non-Duty Death-in-Service Retirement Benefits

Deceased member must be eligible for retirement at death. Survivor spouse pays any accrual and applicable premium sharing amount until such time as the covered person would have reached age 65.

Duty/Non-Duty Disabled Retirement Benefits

No age or service requirement. Benefits commence immediately for qualified disabled member.

Benefits for Spouses of Retired Employees

Spouses of retired employees are eligible to receive health care benefits as long as the retiree is eligible. Coverage continues to surviving spouses of deceased retirees until the earlier of when retiree would have reached age 65 or when the spouse reaches age 65.

Medicare-Eligible Provisions

Retirees are required to enroll in Medicare once eligible. Retiree is responsible for paying the full premium for retiree Medicare coverage offered through the City.

Dental/Vision Coverage

Same as Retiree Health Care Eligibility Conditions.

Life Insurance Coverage

City does not provide life insurance for retirees.

Opt-Out

City does not provide Opt-Out payments or payment in lieu of retiree health care coverage for retirees.

Other Employment and Compensation

A retiree, spouse or other dependent who has coverage from an employer who provides medical coverage should coordinate benefits, making the City's coverage secondary.

This is a brief summary of the City of Grand Rapids Retiree Health Care Plan provisions. In the event that any description contained herein differs from the actual eligibility or benefit, the appropriate employee contract or governing document will prevail.

CITY OF GRAND RAPIDS GENERAL RETIREE HEALTH CARE PLAN APA CITY AND APA 61ST

SUMMARY OF BENEFITS AS OF JUNE 30, 2011

Plan Participants

APA members of the Defined Benefit City of Grand Rapids Retiree Health Care Plan are eligible to receive retiree health care benefits. City covers up to 100% of retiree health care coverage up to age 65 for those currently retired.

Benefit Amount

Through the Defined Benefit Retiree Health Care Plan, the City pays up to 100% of retiree health care premiums through age 65 based on an accrual schedule. As of October 21, 2008, future retirees will pay a minimum of 20% of BLENDED active/pre65 retire cost per contract. This is applied before the accrual schedule shown below. Active employees with less than 8 years are no longer eligible for the Defined Benefit plan.

City Paid Portion of Retiree Health Care Premiums

		Retiring on or after June 30, 2010	Retiring before June 30, 2010
Years	Months	Accrual Schedule	Accrual Schedule
8	96	26.67%	32.00%
9	108	30.00%	36.00%
10	120	33.33%	40.00%
11	132	36.67%	44.00%
12	144	40.00%	48.00%
13	156	43.33%	52.00%
14	168	46.67%	56.00%
15	180	50.00%	60.00%
16	192	53.33%	64.00%
17	204	56.67%	68.00%
18	216	60.00%	72.00%
19	228	63.33%	76.00%
20	240	66.67%	80.00%
21	252	70.00%	84.00%
22	264	73.33%	88.00%
23	276	76.67%	92.00%
24	288	80.00%	96.00%
25	300	83.33%	100.00%
26	312	86.67%	
27	324	90.00%	
28	336	93.33%	
29	348	96.67%	
30	360	100.00%	
Age 62 & 8	years svc.	100%	100%
Disability R	etirement	100%	100%

CITY OF GRAND RAPIDS GENERAL RETIREE HEALTH CARE PLAN APA CITY AND APA 61ST

SUMMARY OF BENEFITS AS OF JUNE 30, 2011

Normal Retirement Eligibility

Members are eligible for benefits at age 50 or older with 30 or more years of service or at age 62 with 8 or more years of service.

Early Retirement Benefits

Members are eligible for benefits at age 55 or older with 10 or more years of service.

Deferred Retirement Benefits

Deferred retiree health care is not available. Coverage must be continuous.

Duty/Non-Duty Death-in-Service Retirement Benefits

Deceased member must be eligible for retirement at death. Survivor spouse pays any accrual and applicable premium sharing amount until such time as the covered person would have reached age 65.

Duty/Non-Duty Disabled Retirement Benefits

No age or service requirement. Benefit commences immediately for qualified disabled member.

Benefits for Spouses of Retired Employees

Spouses of retired employees are eligible to receive health care benefits as long as the retiree is eligible. Coverage continues to surviving spouses of deceased retirees until the earlier of when retiree would have reached age 65 or when the spouse reaches age 65.

Medicare-Eligible Provisions

Retirees are required to enroll in Medicare once eligible. Retiree is responsible for paying the full premium for retiree Medicare coverage offered through the City.

Dental/Vision Coverage

Same as Retiree Health Care Eligibility Conditions.

Life Insurance Coverage

City does not provide life insurance for retirees.

Opt-Out

City does not provide Opt-Out payments or payment in lieu of retiree health care coverage for retirees.

Other Employment and Compensation

A retiree, spouse or other dependent who has coverage from an employer who provides medical coverage should coordinate benefits, making the City's coverage secondary.

This is a brief summary of the City of Grand Rapids Retiree Health Care Plan provisions. In the event that any description contained herein differs from the actual eligibility or benefit, the appropriate employee contract or governing document will prevail.

CITY OF GRAND RAPIDS GENERAL RETIREE HEALTH CARE PLAN RHSA MEMBERS

SUMMARY OF BENEFITS AS OF JUNE 30, 2011

Plan Participants

RHSA members of the City of Grand Rapids Retiree Health Care Plan are eligible to purchase retiree health care benefits until Medicare eligible.

Benefit Amount

Defined Contribution RHSA members can purchase retiree health care coverage through the City by paying the full blended (active/pre65 retiree) premium. For Duty Death-In-service retirements and Duty Disability retirements, after RHSA is exhausted, City will resume paying the premiums less any applicable premium sharing amount until such time as the covered person would have reached age 65. Defined contributions paid by the City or the member into the RHSA accounts were not included in this valuation.

Normal Retirement Eligibility

Age 50 with 10 years.

Deferred Retirement Benefits

Retiree health care is not available to deferred RHSA retirees whose coverage ceases during deferral period. RHSA members can purchase retiree health care coverage through the City by paying the full blended (active/pre65 retiree) premium.

Duty Death-In-Service Retirement Benefits

Deceased member must be eligible for retirement at death. Survivor spouse benefits are immediate. Premiums shall be first paid to the City from funds in the employee's RHSA account if the surviving spouse and/or eligible dependents wish to continue to receive retiree health care. When RHSA is exhausted, the City shall resume paying the premiums, less any applicable premium sharing amount until such time as the covered person would have reached age 65.

Non-Duty Death-In-Service Retirement Benefits

Deceased member must be eligible for retirement at death. Survivor spouse benefits are immediate. Premiums shall be first paid to the City from funds in the employee's RHSA account if the surviving spouse and/or eligible dependents wish to continue to receive retiree health care. When RHSA is exhausted, the survivor shall start paying the premiums.

Duty Disabled Retirement Benefits

No age or service requirement. Benefits commence immediately for qualified disabled member. Premiums shall be first paid to the City from funds in the employee's RHSA account if the surviving spouse and/or eligible dependents wish to continue to receive retiree health care. When RHSA is exhausted, the City shall resume paying the premiums, less any applicable premium sharing amount until such time as the covered person would have reached age 65.

Non-Duty Disabled Retirement Benefits

No age or service requirement. Benefits commence immediately for qualified disabled member. Premiums shall be first paid to the City from funds in the employee's RHSA account if the retiree wishes to continue to receive retiree health care. When RHSA is exhausted, the member shall start paying the premiums.

CITY OF GRAND RAPIDS GENERAL RETIREE HEALTH CARE PLAN RHSA MEMBERS

SUMMARY OF BENEFITS AS OF JUNE 30, 2011

Benefits for Spouses of Retired Employees

Spouses of retired employees are eligible to receive health care benefits as long as the retiree is eligible. Coverage continues to surviving spouses of deceased retirees until the earlier of when retiree would have reached age 65 or when the spouse reaches age 65.

Medicare-Eligible Provisions

Retirees are required to enroll in Medicare once eligible. Retiree is responsible for paying the full premium for retiree Medicare coverage offered through the City.

Dental/Vision Coverage

Same as Retiree Health Care Eligibility Conditions.

Life Insurance Coverage

City does not provide life insurance for retirees.

Opt-Out

City does not provide Opt-Out payments or payment in lieu of retiree health care coverage for retirees.

Other Employment and Compensation

A retiree, spouse or other dependent who has coverage from an employer who provides medical coverage should coordinate benefits, making the City's coverage secondary.

This is a brief summary of the City of Grand Rapids Retiree Health Care Plan provisions. In the event that any description contained herein differs from the actual eligibility or benefit, the appropriate employee contract or governing document will prevail.

CITY OF GRAND RAPIDS GENERAL EMPLOYEES ACTIVE MEMBER DEMOGRAPHIC DATA AS OF JUNE 30, 2011

		Years of Service to Valuation Date						
Attained		- 0						Total
Age	0-4	5-9	10-14	15-19	20-24	25-29	30 Plus	No.
20-24	7							7
25-29	33	7	1					41
30-34	28	16	13	1				58
35-39	26	25	38	4				93
40-44	19	19	38	31	7	1		115
45-49	29	12	38	26	24	10		139
50-54	20	20	40	29	36	34	5	184
55-59	14	18	21	33	33	24	3	146
60-64	3	12	13	15	18	9	2	72
65 & Over	1	5	3	3	2	1	4	19
Totals	180	134	205	142	120	79	14	874

The active member counts above include current active employees who participate in the City's defined contribution plan and are eligible to purchase retiree health benefits through the City.

While not used in the financial computations, the following group averages are computed and shown because of their general interest.



CITY OF GRAND RAPIDS GENERAL RETIRED AND DEFERRED MEMBER DEMOGRAPHIC DATA AS OF JUNE 30, 2011

General Retirees

Attained	Number of Retirees				
Age	Male Female Total				
Under 55	23	14	37		
55-59	72	42	114		
60-64	108	55	163		
65 & Over	78	60	138		
Totals	281	171	452		

General Vested Deferred

Attained	Number of Retirees			
Age	Male	Female	Total	
Under 40	1	4	5	
40-44	5	3	8	
45-49	5	15	20	
50 & Over	26	29	55	
Totals	37	51	88	

Only retirees and vested deferred members valued in this report are shown in the exhibits above.

SECTION D

ACTUARIAL COST METHOD AND ACTUARIAL ASSUMPTIONS

VALUATION METHODS

Actuarial Cost Method. Normal cost and the allocation of benefit values between service rendered before and after the valuation date was determined using an Individual Entry-Age Normal Actuarial Cost Method having the following characteristics:

- (i) the annual normal cost for each individual active member, payable from the date of employment to the date of retirement, is sufficient to accumulate the value of the member's benefit at the time of retirement:
- (ii) each annual normal cost is a constant percentage of the member's year by year projected covered pay.

Actuarial gains (losses), as they occur, reduce (increase) the Unfunded Actuarial Accrued Liability.

Financing of Unfunded Actuarial Accrued Liabilities. Unfunded Actuarial Accrued Liabilities (UAAL) were amortized on a level dollar basis. The UAAL were determined using the funding value of assets and actuarial accrued liability calculated as of the valuation date. The UAAL amortization payment is the amount required to fully amortize the UAAL over a 22-year period beginning on the valuation date. This UAAL payment does not reflect any payments expected to be made between the valuation date and the fiscal year for which the contributions in this report have been calculated.

Rates of Investment Return under a partially funded arrangement. 5.0% per year, compounded annually, net of expenses. This rate consists of a real rate of return of 1.5% per year plus a long-term rate of wage growth of 3.5% per year. This assumption is used to equate the value of payments due at different points in time.

The number of active members is assumed to remain constant in the future.

ACTUARIAL ASSUMPTIONS

The rates of salary increase used for individual members are in accordance with the following table. The assumption is used to project a member's current salary to the salaries upon which future contributions will be based.

	% Increase in Salary at Sample Ages			
Sample Ages	Merit & Seniority	Base (Economic)	Increase Next Year	
20	4.2%	3.5%	7.7%	
25	2.9%	3.5%	6.4%	
30	2.0%	3.5%	5.5%	
35	1.5%	3.5%	5.0%	
40	1.1%	3.5%	4.6%	
45	0.7%	3.5%	4.2%	
50	0.3%	3.5%	3.8%	
55	0.1%	3.5%	3.6%	
60	0.0%	3.5%	3.5%	
65	0.0%	3.5%	3.5%	

The mortality tables used to project the mortality experience of General plan members is the 1983 Group Annuity Male and Female Mortality Tables set back three years for males and two years for females. For disabled General retirees, the 1983 Group Annuity Male and Female Mortality Tables Sst forward 5 years for males and females.

	Probability of Dying Next Year		Future Life Expectancy (years)	
Sample				
Ages	Men	Men Women		Women
50	0.28 %	0.14 %	31.90	36.81
55	0.48	0.21	27.42	32.10
60	0.71	0.34	23.13	27.48
65	1.11	0.58	19.02	23.02
70	1.98	0.97	15.23	18.76
75	3.34	1.85	11.92	14.81
80	5.48	3.45	9.08	11.40

ACTUARIAL ASSUMPTIONS (CONTINUED)

The rates of normal retirement used to measure the probability of eligible members retiring under normal retirement conditions during the next year, were as follows:

Retirement Ages	Percent of Eligible Active Members Retiring within Next Year
50	35 %
51	35
52	35
53	35
54	35
55	35
56	35
57	35
58	35
59	35
60	35
61	35
62	35
63	35
64	35
65	50
66	60
67	70
68	80
69	90
70	100

ACTUARIAL ASSUMPTIONS (CONTINUED)

Rates of separation from active membership are used to estimate the number of employees at each age that are expected to terminate employment before qualifying for retirement benefits. The withdrawal rates do not apply to members eligible to retire, and do not include separation on account of death or disability.

Sample rates of separation from active employment are shown below:

% of Active Members Separating

Years of _	Within Next Year		
Service	Male	Female	
0	10.00 %	10.00 %	
1	7.00	7.00	
2	6.00	6.00	
3	5.00	5.00	
4	5.00	5.00	
5 & Over	2.91	5.79	
	2.79	5.42	
	2.58	4.71	
	2.30	3.86	
	1.95	2.98	
	1.36	1.92	
	0.52	0.70	
	0.05	0.07	
	0 1 2 3 4	Service Male 0 10.00 % 1 7.00 2 6.00 3 5.00 4 5.00 5 & Over 2.91 2.79 2.58 2.30 1.95 1.36 0.52	

ACTUARIAL ASSUMPTIONS (CONCLUDED)

Rates of disability among active members are used to estimate the incidence of member disability in future years. 70% of General disabilities were assumed to be non-duty related and 30% of disabilities are assumed to be duty related.

Sample	Percent Becoming Disabled
Ages	Within Next Year
20	0.01 %
25	0.01
30	0.01
35	0.04
40	0.07
45	0.16
50	0.31
55	0.47
60	0.61
65	0.00

Health care trend rates used in the valuation were as shown below.

Year	Medical and Prescription Drugs	Dental	Vision
2012	9.5 %	3.5 %	3.5 %
2013	9.0	3.5	3.5
2014	8.5	3.5	3.5
2015	8.0	3.5	3.5
2016	7.5	3.5	3.5
2017	7.0	3.5	3.5
2018	6.5	3.5	3.5
2019	6.0	3.5	3.5
2020	5.5	3.5	3.5
2021	5.0	3.5	3.5
2022	4.5	3.5	3.5
2023	4.0	3.5	3.5
2024 & Later	3.5	3.5	3.5

MISCELLANEOUS AND TECHNICAL ASSUMPTIONS

Decrement Operation: Disability and mortality decrements do not operate during the first

five years of service. Disability also does not operate during

retirement eligibility.

Decrement Timing: Decrements of all types are assumed to occur mid-year.

Eligibility Testing: Eligibility for benefits is determined based upon the age nearest

birthday and service nearest whole year on the date the decrement is

assumed to occur.

Marriage Assumption: 100% of General males and females are assumed to be married for

purposes of death-in-service benefits. Male spouses are assumed to be three years older than female spouses for active member

valuation purposes.

Medicare Coverage: Assumed to be available for all covered employees on attainment of

age 65.

Children: A 5% load was applied for children's coverage.

Election Percentage: (General) It was assumed that 100% of retirees would choose to

receive retiree health care benefits through the City. Of those assumed to elect coverage, 65% of retirees were assumed to elect two-person coverage, if eligible. For those that elect two-person coverage, it was assumed that coverage would continue to the

spouse upon death of the retiree 100% of the time, if eligible.

Retiree Opt-Outs: Retirees and spouses who have opted out of coverage are assumed to

not re-enroll.

SETCTION EGASB DISCLOSURES

This information is presented in draft form for review by the Plan and/or City auditor. Please let us know if there are any items that the auditor changes so that we may maintain consistency with the Plan and/or City financial statements.

GASB STATEMENTS NO. 43 AND NO. 45 REQUIRED SUPPLEMENTARY INFORMATION

Valuation Date

Actuarial Cost Method

Amortization Method

Remaining Amortization Periods

Asset Valuation Method

Actuarial Assumptions:

Discount Rate

Projected Salary Increases General

Valuation Health Care Cost Trend Rate

June 30, 2011

Individual Entry Age Normal Cost

Level Dollar Closed

22 Years

Market Value of Assets

5.0% Per Year

3.50% - 12.50%

9.5% in 2012, grading to 3.5% in 2024

GASB STATEMENTS No. 43 AND No. 45 REQUIRED SUPPLEMENTARY INFORMATION

Schedule of Funding Progress

Actuarial Valuation Date June 30	Val As	uarial ue of sets (a)	Actuarial Accrued Liability (AAL) (b)	Unfunded AAL (UAAL) (b)-(a)	Funded Ratio (a)/(b)
2009	\$	0	\$ 113,928,362	\$ 113,928,362	0.0 %
2011	2,362	,070	78,395,349	76,033,279	3.0 %

Calculation of Net OPEB Obligation

Valuation Date	Fiscal Year Ending	Annual Required	Annual OPEB	Percentage of ARC	Percentage of OPEB Costs	Net OPEB
June 30	June 30	Contribution	Costs	Contributed	Contributed	Obligation
2009	2010	\$ 7,230,885	\$ 7,168,588	N/A	N/A	\$ 5,713,229 N/A
2009	2011	N/A	N/A	N/A	N/A	N/A
2011	2012	7,177,017	N/A	N/A	N/A	N/A
2011	2013	7,155,236				

APPENDIX A

OVERVIEW

GASB BACKGROUND

The purpose of this valuation is to provide information on the cost associated with providing postemployment benefits other than pensions, or OPEB, to current and former employees. The information is designed to assist you in complying with Governmental Accounting Standards Board (GASB) Statements No. 43 and No. 45. OPEB benefits are most often associated with postemployment health care, but cover almost any benefit not provided through a pension plan, including life insurance, dental and vision benefits. It is important to note that OPEB benefits, by definition, do not include benefits *currently* being provided to active employees – however, this report includes the liabilities for benefits expected to be paid to current active employees in the future when they retire.

GASB Statements No. 43 and No. 45 were released in the spring of 2004. GASB Statement No. 43 covers the accounting rules for OPEB *plans* while GASB Statement No. 45 describes the rules for *employers* sponsoring OPEB plans. Your auditor can assist you in determining which statements apply to your particular situation.

The specific items required to be disclosed on an OPEB sponsor's financial statements are described in detail in GASB Statements No. 43 and No. 45.

GASB Statement No. 45

Among the requirements of Statement No. 45 are recognition each year of an expense called the Annual OPEB Cost, and the accumulation of a liability to be disclosed on the employer's Statement of Net Assets called the Net OPEB Obligation (NOO).

The fundamental items required to determine the Annual OPEB Cost and the NOO are:

- the Annual Required Contribution (ARC)
- the Employer's Contributions in relation to the ARC

Although GASB does not require OPEB contributions, it has chosen to call the base component of the annual OPEB cost the Annual Required Contribution. The ARC is provided in this report.

GASB BACKGROUND (CONCLUDED)

Paragraph 13g. of Statement No. 45 states:

"An employer has made a contribution in relation to the ARC if the employer has:

- 1. made payments of benefits directly to or on behalf of a retiree or beneficiary,
- 2. made premium payments to an insurer, or
- 3. irrevocably transferred assets to a trust, or equivalent arrangement in which Plan assets are dedicated to providing benefits to retirees and their beneficiaries in accordance with the terms of the Plan and are legally protected from creditors of the employer(s) or plan administrator."

For each fiscal year shown in this report, we have provided the ARC and the estimated benefits and/or premiums (based on valuation assumptions).

The NOO is the cumulative difference between the Annual OPEB Cost each year and the Employer's Contribution in relation to the ARC. The Annual OPEB Cost for a year is equal to:

- the ARC, plus
- interest on the prior year's NOO, plus
- amortization of the prior year's NOO.

The Annual OPEB Cost and NOO are generally developed by the Plan Sponsor's auditor based on information contained herein and elsewhere.

GASB Statement No. 43

If the Plan has assets for Statement No. 43 purposes, then certain additional information useful in complying with the Statement is contained in this report.

OPEB PRE-FUNDING

Many employers fund retiree health care benefits using the pay-as-you-go (or cash disbursement) method. Under this method, the employer's annual contribution is equal to the actual disbursements during the year for OPEB for retired employees. This method of funding will result in increasing contributions over time. First, per capita cash disbursements will tend to increase from year to year as the cost of health care services, or the utilization of these services, increases. Second, the number of retired members is likely to increase for years to come. The more retirees, the greater the disbursements as a percentage of employee payroll.

A retiree health care plan is similar to a defined benefit pension plan in that promises are made to employees to provide them with a benefit payable at some future date. For defined benefit pension plan sponsors, a common funding objective is to contribute to a fund, annual amounts which will i) remain level as a percentage of active member payroll, and ii) when combined with present assets and future investment return be sufficient to meet the financial obligations of the Plan to current and future retirees.

The GASB statements are not funding requirements. They are accounting standards that require plan sponsors to calculate the annual expense associated with OPEB using certain methods.

The ultimate determination as to the level of pre-funding will be the result of decisions made in an attempt to support benefit security for members and the fiscal management needs of the employer.



GLOSSARY

Accrued Service - The service credited under the plan which was rendered before the date of the actuarial valuation.

Actuarial Accrued Liability - The difference between (i) the actuarial present value of future plan benefits, and (ii) the actuarial present value of future normal cost. Sometimes referred to as "accrued liability" or "past service liability."

Actuarial Assumptions - Estimates of future plan experience with respect to rates of mortality, disability, turnover, retirement, rate or rates of investment income and salary increases. Decrement assumptions (rates of mortality, disability, turnover and retirement) are generally based on past experience, often modified for projected changes in conditions. Economic assumptions (salary increases and investment income) consist of an underlying rate in an inflation-free environment plus a provision for a long-term average rate of inflation.

Actuarial Cost Method - A mathematical budgeting procedure for allocating the dollar amount of the "actuarial present value of future plan benefits" between the actuarial present value of future normal cost and the actuarial accrued liability. Sometimes referred to as the "actuarial funding method."

Actuarial Equivalent - A single amount or series of amounts of equal value to another single amount or series of amounts, computed on the basis of the rate(s) of interest and mortality tables used by the plan.

Actuarial Present Value - The amount of funds presently required to provide a payment or series of payments in the future. It is determined by discounting the future payments at a predetermined rate of interest, taking into account the probability of payment.

Amortization - Paying off an interest-bearing liability by means of periodic payments of interest and principal, as opposed to paying it off with a lump sum payment.

GLOSSARY (CONCLUDED)

Annual Required Contribution (ARC) - The ARC is the normal cost plus the portion of the unfunded actuarial accrued liability to be amortized in the current period. The ARC is an amount that is actuarially determined in accordance with the requirements so that, if paid on an ongoing basis, it would be expected to provide sufficient resources to fund both the normal cost for each year and the amortized unfunded liability.

Governmental Accounting Standards Board (GASB) - GASB is the private, nonpartisan, nonprofit organization that works to create and improve the rules U.S. state and local governments follow when accounting for their finances and reporting them to the public.

Medical Trend Rate (Health Care Inflation) - The increase in the cost of providing health care benefits over time. Trend includes such elements as pure price inflation, changes in utilization, advances in medical technology, and cost shifting.

Normal Cost - The annual cost assigned, under the actuarial funding method, to current and subsequent plan years. Sometimes referred to as "current service cost." Any payment toward the unfunded actuarial accrued liability is not part of the normal cost.

Other Postemployment Employee Benefits (OPEB) - OPEB are postemployment benefits other than pensions. OPEB generally takes the form of health insurance and dental, vision, prescription drugs or other health care benefits.

Reserve Account - An account used to indicate that funds have been set aside for a specific purpose and is not generally available for other uses.

Unfunded Actuarial Accrued Liability - The difference between the actuarial accrued liability and valuation assets. Sometimes referred to as "unfunded accrued liability."

Valuation Assets - The value of current plan assets recognized for valuation purposes.



May 8, 2012

Mr. Scott Buhrer Chief Financial Officer City of Grand Rapids 300 Monroe Avenue, N. W. Grand Rapids, MI 49503

Re: City of Grand Rapids General Other Postemployment Benefits Valuation

Dear Mr. Buhrer:

Enclosed are 4 copies of our report of the actuarial valuation as of June 30, 2011 of the City of Grand Rapids General Other Postemployment Benefits.

Respectfully submitted,

Randall J. Dziubek, ASA, MAAA

RJD:mrb Enclosures