

ACTUARIAL REPORT

PRB-400

RETIREMENT SYSTEM PROFILE

ACTUARIAL BACKGROUND

System Name _____

Report Contact Name (Please Print) _____

Phone Number _____

E-mail Address _____

Actuarial Firm _____

Recommended Contribution Rate _____%

Actual Contribution Rate _____%

UAL Payment Rate _____%

Normal Cost Rate _____%

Amortization Period _____ (years)

Employee Contribution Rate _____%

Employer Contribution Rate _____%

Total Contribution Rate (Employee CR + Employer CR) _____%

ACTUARIAL VALUATIONS Date of Actuarial Valuation: _____

Actuarial Value of Assets (AVA)..... \$ _____

Actuarial Accrued Liability (AAL)..... \$ _____

Unfunded Actuarial Accrued Liability (AAL-AVA)..... \$ _____

Funded Ratio (AVA/AAL)..... %

Covered Payroll..... \$ _____

UAAL as % of Covered Payroll ((AAL-AVA)/Covered Payroll) _____%

Present Value of Future Benefits..... \$ _____

ACTUARIAL ASSUMPTIONS

Actuarial Cost Method (Entry Age Normal, Standard Unit Credit, etc.) _____

Amortization Method: Level Dollar Level % Other: _____

Asset Valuation Method (i.e. Book, Market, etc.) _____

Market Smoothing? _____ years

Proj. Salary Increase _____% Proj. Payroll Growth _____% Investment Return _____%

COLA Adjustment Method: Adhoc Automatic

Inflation Component _____% Mortality Table _____

COLA Adjustment Calculation: Simple Compound

Detail of Assumption Changes _____

COLA Adjustment Rate _____%

CERTIFICATION

I hereby certify that the information provided above is complete and accurate and that I am duly authorized by the pension system to complete this form. **Note:** For e-mail submissions, by typing your name on the signature line below you are signing this document.

Authorizing Signature _____

Printed Name _____

Date _____