MINNEAPOLIS EMPLOYEES RETIREMENT FUND ACTUARIAL EXPERIENCE STUDY AS OF JUNE 30, 2009



7900 East Union Avenue Suite 1100 Denver, CO 80237-2746

September 30, 2009

Mr. Brian Lokkesmoe Board President Minneapolis Employees' Retirement Fund 800 Baker Building 706 2nd Avenue South Minneapolis, Minnesota 55402-3004

Dear Mr. Lokkesmoe:

Subject: Results of 2009 Experience Study

We are pleased to present our report on the results of the 2009 Experience Study for the Minneapolis Employees Retirement Fund (MERF). We have reviewed the actuarial assumptions for healthy pre-retirement, healthy post-retirement and disabled mortality and compared them to actual experience over a five-year period ending June 30, 2009. This report summarizes our findings. It is our recommendation that changes be made in the actuarial assumptions used for the MERF actuarial valuations.

We wish to thank the MERF staff for their assistance in providing data for this study.

Sincerely,

desuid Thompson

Leslie L. Thompson, FSA, FCA, EA, MAAA Senior Consultant

Susan Mittegatte

Susan M. Hogarth, EA, MAAA Consultant

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COVER LETTER

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SECTION I EXECUTIVE SUMMARY

Executive Summary

• Purpose

- To review actuarial assumptions and to compare to actual recent experience
- Used data from five-year period ending June 30, 2009

• Healthy Post-retirement mortality rates (non-disabled retirees)

- Current tables: Average of male and female rates of 1986 Projected Experience Table with a one-year age setback
- 435 male deaths and 360 female deaths (excludes beneficiaries and disabled)
- Expected 401 male deaths and 481 female deaths
- A/E ratio (actual to expected deaths) for males is 108% and for females is 75%
- Currently we feel adequate margins do not exists for this assumption
- We recommend a change to this assumption, thus decreasing the rates for males and females to indicate a longer life expectancy

• Disabled mortality rates

- Current tables: Average of male and female rates of 1986 Projected Experience Table with a one-year age setback
- 34 male deaths and 11 female deaths; expected 17 male and 8 female deaths
- 200% A/E ratio for males, 138% for females, overall ratio is 180.0%
- We recommend a change to this assumption

• Healthy Pre-retirement mortality rates (non-disabled retirees)

- Current tables: Average of male and female rates of 1986 Projected Experience Table with a one-year age setback
- Closed plan with 3.6% of the total population still active, most at retirement age
- We recommend a change to this assumption to match the Healthy Post-Retirement mortality rates (non-disabled retirees)

• Summary of recommendations

- For retirees, males are dying <u>faster</u> than expected, while females are dying <u>slower</u> than expected
- We recommend a change to the healthy post-retirement mortality assumption to decrease the rates for males and females, thus indicating a longer life expectancy
- We recommend updating the disabled mortality assumption to better fit actual experience
- We recommend changing the assumption for healthy pre-retirement mortality to match the healthy post-retirement mortality rates (non-disabled retirees)
- The impact on the total actuarial accrued liability as of July 1, 2009 is approximately
 \$76 million, hence increasing the supplemental contribution by \$9.6 million

SECTION II INTRODUCTION

Introduction

In determining liabilities, contribution rates and funding periods for retirement plans, actuaries must make assumptions about the future. MERF is a closed plan, with nearly all participants in pay status. Thus, the main assumption at work in the valuation is the mortality assumption, and is the only assumption under review in this report.

For assumptions such as mortality rates, past experience provides important evidence about the future. Therefore, actuaries should review their assumptions periodically and determine whether these assumptions are consistent with actual past experience and with anticipated future experience.

In conducting experience studies, actuaries generally use data over a period of several years. This is necessary in order to gather enough data so that the results are statistically significant. In addition, if the study period is too short, the impact of the current economic conditions may lead to misleading results. Using results gathered during a short-term boom or bust will not be representative of the long-term trends in these assumptions. Also, the adoption of legislation, such as plan improvements, will sometimes cause a short-term distortion in the experience. Using a longer period prevents giving too much weight to such short-term effects. On the other hand, using a much longer period would water down real changes that may be occurring, such as mortality improvement or a change in the ages at which members retire. In our view, using a five-year period is reasonable.

In this experience study, we first determine the number of deaths that occurred during the period. Then we determine the number expected to occur, based on the current actuarial assumptions. The number "expected" is determined from using the probability of the occurrence at the given age, times the "exposures" at that same age. For example, let's look at a rate of death at age 55. The number of exposures can only be those members who are age 55 at that time. Thus they are considered "exposed" to that assumption. Finally we calculate the A/E ratio, where "A" is the actual number (of deaths, for example) and "E" is the expected number. If the current assumptions were "perfect", the A/E ratio would be 100%. For mortality assumptions, a reasonable A/E ratio is typically in the range of 105% - 115%, which is conservative (i.e. generates actuarial gains for the Plan) and leaves margin for increases in the future life expectancy. When the A/E ratio for mortality varies much from this range, it is a sign that new assumptions may be needed. Of course we not only look at the assumptions as a whole, but we also review how well they fit the actual results by sex and by age.

Finally, the actuary "graduates" or smoothes the results since the raw results can be quite uneven from age to age.

ORGANIZATION OF REPORT

Section III contains our findings and recommendations for the mortality assumptions. Section IV summarizes the recommended changes. The impact of adopting the recommendations on liabilities

and contribution rates is shown in Section V. Section VI presents a summary of all the actuarial assumptions, including the recommended changes. Section VII provides the analysis of MERF experience under the recent recommendations provided by Mercer for the Minnesota Public Employees Retirement Association (PERA). The impact of using the recommended rates proposed to PERA for the MERF population is shown in Section VIII.

SECTION III ANALYSIS OF EXPERIENCE AND RECOMMENDATIONS

Analysis of Experience and Recommendations

This report analyzes three mortality assumptions - healthy pre-retirement, healthy post-retirement and disabled mortality.

HEALTHY PRE-RETIREMENT AND POST-RETIREMENT MORTALITY RATES

The mortality table currently being used for non-disabled retirees and for beneficiaries receiving benefits is the average of male and female rates of 1986 Projected Experience Table with a one-year age setback.

There were 435 deaths among the male retirees and 360 deaths among female retirees during the last five years. (These figures exclude deaths among beneficiaries and disabled retirees.) Based on the current tables, we expected 401 and 481 deaths respectively. This produced A/E ratios of 108% for males and 75% for females. In a closed plan, and particularly a plan that is nearly completely in pay status, we recommend at least a 5% margin on mortality. This margin recommendation translates to an A/E ratio of at least 105%. Also, we frequently look to update mortality tables to more current tables, and adjust them to fit the Fund's experience. We have analyzed the males and females combined at the core ages of 60 to 84, to fit both the male and female tables to a uniform table, which results in an overall A/E ratio of 105%. Therefore, we recommend changing assumptions for healthy post-retirement mortality to the RP-2000 healthy sex distinct tables projected to 2018 with a white collar adjustment. This change decreases the rates for males and females, thus indicating a longer life expectancy.

When we state the "RP-2000 healthy sex distinct tables projected to 2018", this is defined as using a static projection of mortality improvements to calendar year 2018 that were made to a base mortality table. In the case of MERF, the base mortality table was the RP-2000 Combined Healthy with White Collar adjustments and the projection was made from year 2000 (which is the anchor date for the RP-2000 mortality tables) to year 2018 using the recommended projection scale AA. With this static projection, one set of male and female mortality tables is produced such that all mortality improvements from calendar years 2000 to 2018 are recognized immediately.

Regarding the selection of the white collar adjustment, we followed the recommendation that Mercer has provided to PERA for mortality tables. When we asked Mercer to explain how they decided to apply this adjustment for the PERA group (who are noted as public employees), they responded with "We considered no collar, blue collar, and white collar, and found white collar to be the best fit." The definition of this type of adjustment is as follows:

• Under the Society of Actuaries (SOA) the Retirement Plans Experience Committee (RPEC) defined collar type based on information from the data contributors about whether participants were hourly or salaried and union or non-union. If more than 70 percent of the participants were hourly or union then the type was set as blue collar. If more than 70 percent of the

participants were salaried and non-union then the type was set as white collar. If the type could not be determined, either by these rules or by contacting the submitting actuary, it was set as mixed collar."

In addition, we recommend a change to the healthy pre-retirement mortality assumption to equal the same table being proposed for the healthy post-retirement mortality rates (non-disabled retirees).

The results of our analysis for healthy post-retirement mortality are shown below and on the following page:

Post-Retirement Mortality (non-disabled) – Males				
	Actual deaths	Expected deaths	A/E Ratio	Proposed Expected
Age				Death
50-54	0	1	0%	1
55-59	10	8	125%	4
60-64	14	17	82%	10
65-69	13	25	52%	16
70-74	28	39	72%	24
75-79	66	72	92%	55
80-84	118	98	120%	94
85-89	110	89	124%	101
90-94	57	39	146%	51
95-99	15	10	150%	14
100-104	3	2	150%	2
105-109	1	1	100%	1
Totals	435	401		373
A/E Ratio		108%		117%

Post-Retirement Mortality (non-disabled) – Females					
	Actual deaths	Expected deaths	A/E Ratio	Proposed Expected	
Age				Death	
50-54	0	1	0%	0	
55-59	1	3	33%	2	
60-64	0	6	0%	4	
65-69	10	13	77%	8	
70-74	17	29	59%	16	
75-79	26	62	42%	38	
80-84	66	106	62%	75	
85-89	108	129	84%	108	
90-94	93	95	98%	91	
95-99	32	33	97%	33	
100-104	7	4	175%	3	
Totals	360	481		378	
A/E Ratio		75%		95%	

Post-Retirement Mortality (non-disabled) – Males and Females Combined					
	Actual deaths	Expected deaths	A/E Ratio	Proposed Expected	
Age				Death	
50-54	0	2	0%	1	
55-59	11	11	100%	6	
60-64	14	23	61%	14	
65-69	23	38	61%	24	
70-74	45	68	66%	40	
75-79	92	134	69%	93	
80-84	184	204	90%	169	
85-89	218	218	100%	209	
90-94	150	134	112%	142	
95-99	47	43	109%	47	
100-104	10	6	167%	5	
105-109	1	1	100%	1	
Totals	795	882		751	
A/E Ratio - Total		90%		106%	
A/E Ratio - Core Ages		77%		105%	

DISABLED MORTALITY RATES

This is a minor assumption, and it has little impact on the liabilities. The current assumption is the Average of male and female rates of 1986 Projected Experience Table with a one-year age setback. There were 34 male deaths and 11 female deaths among the disabled retirees during the five-year study period. This produced A/E ratios of 200% and 138% respectively. For this assumption, we would also like to see A/E ratios within an acceptable range – generally 105% - 115%. In addition, we recommend updating the table to a more current table, and adjusting the rates to fit the MERF experience. Therefore, we recommend increasing the rates for males at all ages, while increasing the rates for females at the core ages and decreasing the rates at older ages. The results of this analysis are shown below and on the following page:

Disabled Mortality – Males					
	Actual deaths	Expected deaths	A/E Ratio	Proposed Expected	
Age				Death	
45-49	0	0	0%	1	
50-54	2	0	0%	3	
55-59	3	1	300%	4	
60-64	4	1	400%	4	
65-69	2	2	100%	7	
70-74	7	3	233%	4	
75-79	7	3	233%	5	
80-84	2	3	67%	3	
85-89	5	3	167%	1	
90-94	2	1	200%	0	
Totals	34	17		32	
A/E Ratio		200%		106%	

Disabled Mortality – Females					
	Actual deaths	Expected deaths	A/E Ratio	Proposed Expected	
Age				Death	
45-49	0	0	0%	0	
50-54	0	0	0%	1	
55-59	0	0	0%	0	
60-64	0	0	0%	1	
65-69	2	0	0%	1	
70-74	2	1	200%	2	
75-79	1	2	50%	3	
80-84	2	3	67%	2	
85-89	4	2	200%	0	
Other	0	0	0%	0	
Totals	11	8		10	
A/E Ratio		138%		110%	

SECTION IV

SUMMARY OF RECOMMENDATIONS FOR MERF

Summary of Recommendations for MERF

We recommend that the Board formally accept this report and adopt the following recommended assumptions effective with the June 30, 2010 actuarial valuation.

- We recommend decreasing the rates for the healthy post-retirement mortality assumption (non-disabled) for both males and females
- We recommend changing the healthy pre-retirement mortality assumption (nondisabled) for both males and females to match the table being proposed for the healthy post-retirement mortality assumption (non-disabled) for males and females
- We recommend updating the disabled mortality assumption for both males and females

SECTION V

ACTUARIAL IMPACT OF RECOMMENDATIONS FOR MERF

Actuarial Impact of Recommendations for MERF as of July 1, 2009 Actuarial Valuation

Baseline - New Asset Method	Impact - New Asset Method	Delta from
MERF Assumptions & Methods	MERF Recommended Mortality	Baseline
\$1,152,674	\$1,131,208	
\$91,517,794	\$97,614,739	
10,193,733	10,908,393	
1,356,965,523	1,424,938,886	
57,741,358	55,851,985	
34,680,611	37,907,924	
\$1,551,099,019	\$1,627,221,927	\$76,122,908
		7.89 \$9,648,024
	Baseline - New Asset Method MERF Assumptions & Methods \$1,152,674 \$91,517,794 10,193,733 1,356,965,523 57,741,358 34,680,611 \$1,551,099,019	Baseline - New Asset Method MERF Assumptions & Methods Impact - New Asset Method MERF Recommended Mortality \$1,152,674 \$1,131,208 \$91,517,794 \$97,614,739 10,193,733 10,908,393 1,356,965,523 1,424,938,886 57,741,358 55,851,985 34,680,611 37,907,924 \$1,551,099,019 \$1,627,221,927

* Increases under 1998 and 1999 legislation are not included in this liability, because the costs are excluded from state - provided funding.

SECTION VI SUMMARY OF ASSUMPTIONS AND METHODS INCORPORATING THE RECOMMENDED ASSUMPTIONS

Summary of Assumptions and Methods Incorporating the Recommended Assumptions

Mortality Rates:

Healthy Retiree:	RP-2000 healthy sex distinct tables projected to 2018 with a white collar adjustment
Disabled:	RP-2000 disabled sex distinct tables with a white collar adjustment, reduced by 20%
Active:	RP-2000 healthy sex distinct tables projected to 2018 with a white collar adjustment

Rates other than Retirement:

Shown below for selected ages.

				Ra	te %			
	Healthy Pos Mor	st-Retirement rtality	Disa Mor	ıbled tality	Ac Moi	ctive rtality		
Age	Male	Female	Male	Female	Male	Female	Withdrawal	Disability
20	0.02	0.02	1.81	0.60	0.02	0.02	21.00	0.21
25	0.02	0.02	1.81	0.60	0.02	0.02	11.00	0.21
30	0.03	0.02	1.81	0.60	0.03	0.02	5.00	0.23
35	0.05	0.04	1.81	0.60	0.05	0.04	1.50	0.30
40	0.08	0.05	1.81	0.60	0.08	0.05	1.00	0.41
45	0.11	0.08	1.81	0.60	0.11	0.08	1.00	0.61
50	0.14	0.12	2.32	0.92	0.14	0.12	1.00	0.93
55	0.23	0.22	2.84	1.32	0.23	0.22	1.00	1.60
60	0.43	0.44	3.36	1.75	0.43	0.44	1.00	0
65	0.86	0.80	4.01	2.24	0.86	0.80	0	0
70	1.47	1.40	5.01	3.01	1.47	1.40	0	0
Retir	ement Rates:			100%	at age 61.			
Inter	est:			Pre-Re	etirement –	6.00% per ar	num	
				Post-R	Retirement -	– 5.00% per a	innum	
Salary Increases:				Total (half y 4.00%	reported pa year of 4.00 annually fo	y for prior ca %, compound or each future	lendar year increa ded) to prior fiscal year.	sed 1.98% year and
Administrative Expenses:			Prior y expens projec	year admini ses) increas ted annual	istrative expensed by 4.00% payroll.	nses (excluding in expressed as a per	vestment rcentage of	

Investment Expenses:	Investment expenses for the fiscal year ending June 30, 1992 are being amortized as follows:				
	Beginning Balance	Annual Payment	Years Remaining		
	\$2,849,000	\$207,000	11		
Allowance for Combined Service Annuity:	Liability for active mem liabilities for former me increased by 30.0% to a participants having eligi	bers are increased bers (not in paym count for the effect bility for a Combin	by 0.2% and ent status) are t of some ed Service Annuity.		
Return of Contributions:	All members withdrawing after becoming eligible for a deferred benefit were assumed to take the larger of their contributions accumulated with interest or the value of their deferred benefit.				
Unknown Data For Participants:	Same as those exhibited characteristics.	by participants wit	h similar known		
Percent Married:	67% of active members	are assumed to be r	narried.		
Age of Spouse:	Females are assumed to be three years younger than males.				
Benefit Increases After Retirement:	Payment of increases based on the excess of Retirement Benefi Fund earnings over 5.00% is accounted for by using a 5.00% post-retirement interest assumption.				
Asset Valuation Method:	RBF Reserve: Market V Non-RBF Assets: Mar Date less i.) 80% of the twelve month period end Excess Return/(Return S ending one year before the Return/ (Return Shortfa two years before the Va Return/ (Return Shortfa three years before the V calculation, "Excess Ret by which the actual retu held in MERF's Retiren expected return on those rate employed in the Jul year.	Value ket Value of Assets Excess Return/(Ret ding on the Valuatio Shortfall) in the twe the Valuation Date; luation Date; 20% of luation Date; 20% of luation Date. For turn/ (Return Shortf rn on the Market Va nent Benefit Fund is e assets based on the y 1 actuarial valuation	on the Valuation urn Shortfall) in the on Date; 60% of the lve month period 40% of the Excess nth period ending of the Excess nth period ending purposes of this all)" is the amount alue of Assets, not is less than the e assumed interest ion of the fiscal		
Actuarial Cost Method:	Entry Age Normal Actu at the time the participan Cost and Actuarial Acco individual basis and are payroll, with Normal Co	arial Cost Method. nt commenced empl ued Liability are ca expressed as a leve ost determined as if	Entry Age is the age loyment. Normal lculated on an l percentage of the current benefit		

accrual rate had always been in effect.

Payment on the Unfunded Actuarial Accrued Liability:	A level dollar amount each year to the statutory amortization date, adjusted for timing of expected receipt. Employers are assumed to contribute 73% of billed contribution amounts on a monthly basis during the plan year. The remaining 27% of contributions are assumed to be deferred to payment in
	subsequent plan years.

SECTION VII

SUMMARY OF ANALYSIS UNDER RECOMMENDATIONS FOR PERA (MERCER STUDY)

Summary of Analysis under Recommendations for PERA (Mercer Study)

An experience study was recently completed for the Minnesota PERA by Mercer (PERA's actuary) and the following mortality assumptions were provided to PERA as recommendations:

Mortality Rates:	
Healthy Post-Retirement:	 RP-2000 healthy sex distinct tables projected using generational mortality with a white collar adjustment: Males: No setback Females: Setback two years
Disabled:	 RP-2000 disabled sex distinct tables with a white collar adjustment: Males: Setback four years Females: Set forward seven years

The history in the development and selection of the RP-2000 mortality table by actuaries, per the SOA, is provided below:

"The RP-2000 table is the only table [out of the GAM-83, GAM-94, UP-94, and RP-2000] based solely on retirement plan mortality experience. It was developed by the SOA specifically for current liability calculations."

"Similarly, in its issuance of the RP-2000 report, the committee that developed the table said that given the long history of mortality improvement, pension valuations should take mortality improvement trends into account, preferably by using a generational table but, if not, by a comparable static projection."

We have analyzed these assumptions recommended for PERA against the MERF experience over the five-year study period, and summarized our results on the following pages:

Post-Retirement Mortality (non-disabled) – Males					
	Actual deaths	Expected deaths	A/E Ratio	Proposed Expected	
Age				Death	
50-54	0	1	0%	1	
55-59	10	8	125%	5	
60-64	14	17	82%	11	
65-69	13	25	52%	18	
70-74	28	39	72%	29	
75-79	66	72	92%	63	
80-84	118	98	120%	103	
85-89	110	89	124%	108	
90-94	57	39	146%	54	
95-99	15	10	150%	14	
100-104	3	2	150%	3	
105-109	1	1	100%	1	
Totals	435	401		410	
A/E Ratio		108%		106%	

Post-Retirement Mortality (non-disabled) – Females					
	Actual deaths	Expected deaths	A/E Ratio	Proposed Expected	
Age				Death	
50-54	0	1	0%	0	
55-59	1	3	33%	1	
60-64	0	6	0%	3	
65-69	10	13	77%	6	
70-74	17	29	59%	14	
75-79	26	62	42%	34	
80-84	66	106	62%	65	
85-89	108	129	84%	90	
90-94	93	95	98%	78	
95-99	32	33	97%	30	
100-104	7	4	175%	3	
Totals	360	481		324	
A/E Ratio		75%		111%	

Age Actual deaths Expected deaths A/E Ratio Proposed Expected Death 45-49 0 0 0% 2 50-54 2 0 0% 4 55-59 3 1 300% 5 60-64 4 1 400% 5 65-69 2 2 100% 7 70-74 7 3 233% 4 75-79 7 3 233% 5 80-84 2 3 67% 3 85-89 5 3 167% 1 90-94 2 1 200% 0	Disabled Mortality – Males					
AgeDeath45-49000%250-54200%455-5931300%560-6441400%565-6922100%770-7473233%475-7973233%580-842367%385-8953167%190-9421200%0Totals341736		Actual deaths	Expected deaths	A/E Ratio	Proposed Expected	
45-49000%250-54200%455-5931300%560-6441400%565-6922100%770-7473233%475-7973233%580-842367%385-8953167%190-9421200%0Totals341736	Age				Death	
50-54200%455-5931300%560-6441400%565-6922100%770-7473233%475-7973233%580-842367%385-8953167%190-9421200%0Totals341736	45-49	0	0	0%	2	
55-5931300%560-6441400%565-6922100%770-7473233%475-7973233%580-842367%385-8953167%190-9421200%0Totals341736	50-54	2	0	0%	4	
60-6441400%565-6922100%770-7473233%475-7973233%580-842367%385-8953167%190-9421200%0Totals341736	55-59	3	1	300%	5	
65-6922100%770-7473233%475-7973233%580-842367%385-8953167%190-9421200%0Totals341736	60-64	4	1	400%	5	
70-74 7 3 233% 4 75-79 7 3 233% 5 80-84 2 3 67% 3 85-89 5 3 167% 1 90-94 2 1 200% 0 Totals 34 17 36	65-69	2	2	100%	7	
75-79 7 3 233% 5 80-84 2 3 67% 3 85-89 5 3 167% 1 90-94 2 1 200% 0 Totals 34 17 36	70-74	7	3	233%	4	
80-84 2 3 67% 3 85-89 5 3 167% 1 90-94 2 1 200% 0 Totals 34 17 36	75-79	7	3	233%	5	
85-89 5 3 167% 1 90-94 2 1 200% 0 Totals 34 17 36	80-84	2	3	67%	3	
90-94 2 1 200% 0 Totals 34 17 36	85-89	5	3	167%	1	
Totals 34 17 36	90-94	2	1	200%	0	
	Totals	34	17		36	
A/E Ratio 200% 94%	A/E Ratio		200%		94%	

Disabled Mortality – Females						
	Actual deaths	Expected deaths	A/E Ratio	Proposed Expected		
Age				Death		
45-49	0	0	0%	0		
50-54	0	0	0%	1		
55-59	0	0	0%	1		
60-64	0	0	0%	1		
65-69	2	0	0%	2		
70-74	2	1	200%	4		
75-79	1	2	50%	5		
80-84	2	3	67%	4		
85-89	4	2	200%	0		
Other	0	0	0%	0		
Totals	11	8		18		
A/E Ratio		138%		61%		

SECTION VIII

ACTUARIAL IMPACT OF ANALYSIS UNDER RECOMMENDATIONS FOR PERA (MERCER STUDY)

Actuarial Impact of Analysis under Recommendations for PERA (Mercer Study) as of July 1, 2009 Actuarial Valuation

	Baseline - New Asset Method	Impact - New Asset Method	Delta from
Summary of Results	MERF Assumptions & Methods	PERA Recommended Mortality	Baseline
Normal cost	\$1,152,674	\$1,184,299	
Actuarial accrued liability:			
Active members	\$91,517,794	\$99,343,859	
Inactive members with vested rights	10,193,733	11,210,575	
Annuitants in RBF	1,356,965,523	1,471,602,335	
Annuitants not in RBF - Disability Benefits	57,741,358	55,847,493	
Annuitants not in RBF - Survivor Benefits*	34,680,611	39,991,945	
TOTAL Actuarial Accrued Liability (AAL)	\$1,551,099,019	\$1,677,996,207	\$126,897,188
Present value of \$1.00 per year paid monthly through amortization date June 30, 2020 (11 years remaining from July 1, 2009)			7.89
AAL/Amortization Factor			\$16,083,294

* Increases under 1998 and 1999 legislation are not included in this liability, because the costs are excluded from state - provided funding.