



**CENTRAL FALLS
POST RETIREMENT BENEFITS PLAN**

Actuarial Valuation Report - Funding
June 30, 2015

TABLE OF CONTENTS

<u>Section</u>	<u>Item</u>	<u>Page</u>
SECTION I	OVERVIEW	2
SECTION II	SUMMARY	4
SECTION III	MEDICAL PREMIUMS	5
SECTION IV	REQUIRED SUPPLEMENTARY INFORMATION.....	6
SECTION V	NET OPEB OBLIGATION	7
SECTION VI	SCHEDULE OF EMPLOYER CONTRIBUTIONS	8
SECTION VI	DEPARTMENT RESULTS	9
SCHEDULE A	ACTIVE DISTRIBUTION	11
SCHEDULE B	RETIREE DISTRIBUTION.....	12
SCHEDULE C	ACTUARIAL ASSUMPTIONS AND METHODS	13
SCHEDULE D	SUMMARY OF PROGRAM PROVISIONS	18
SCHEDULE E	CONSIDERATIONS OF HEALTHCARE REFORM	19
SCHEDULE F	GLOSSARY OF TERMS.....	20

SECTION I - OVERVIEW

The City of Central Falls has engaged Sherman Actuarial Services, LLC (SAS) to prepare an actuarial valuation of their post-retirement benefits program as of June 30, 2015. This valuation was performed using employee census data, enrollment data, premiums, participant contributions and plan provision information provided by personnel of the City of Central Falls. SAS did not audit these data, although they were reviewed for reasonability. The results of the valuation are dependent on the accuracy of the data.

The purposes of the valuation are to analyze the current funded position of the City's post-retirement benefits program, determine the level of contributions necessary to assure sound funding and provide reporting and disclosure information for financial statements, governmental agencies and other interested parties. This valuation report contains information required by the Governmental Accounting Standards Board's Statements Nos. 43 and 45, respectively entitled "Financial Reporting for Postemployment Benefit Plans Other Than Pension Plans" and "Accounting and Financial Reporting by Employers for Postemployment Benefits Other Than Pensions."

According to GASB principles, if the benefits are not prefunded, the rate earned by the General Asset Account must be used to select the discount rate used to measure the plan. To measure on that basis we have used a discount rate of 4%. If the benefits are to be fully prefunded, then a discount rate based on the long term expected rate of return on the OPEB trust should be selected. Since the City is budgeting an extra \$100,000 toward the OPEB obligation in a qualified trust with an asset allocation expected to generate a 7.5% return, we assumed a 7.5% discount rate for this actuarial valuation. These figures should be reflected in the City's financial statements.

Section II provides a summary of the principal valuation results. Section VI provides a projection of expense and funding amounts.

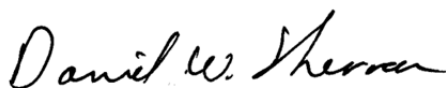
While the actuary believes that the assumptions are reasonable for financial reporting purposes, it should be understood that there is a range of assumptions that could be deemed reasonable that would yield different results. Moreover, while the actuary considers the assumption set to be reasonable based on prior plan experience, it should be understood that future plan experience may differ considerably from what has been assumed.

The report was prepared under the supervision of Daniel Sherman, an Associate of the Society of Actuaries and a Member of the American Academy of Actuaries, who takes responsibility for the overall appropriateness of the analysis, assumptions and results. Daniel Sherman is deemed to meet the General Qualification Standard and the basic education and experience requirement in the pension area. Based on over twenty years of performing FAS 106 valuations of similar complexity, Mr. Sherman is qualified by experience in retiree medical valuation. Daniel Sherman has met the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein.

The costs and actuarial exhibits presented in this report have been prepared in accordance with Generally Accepted Accounting Practices and the requirements of GASB 45. I am available to answer questions about this report.

Respectfully Submitted,

SHERMAN ACTUARIAL SERVICES, LLC



Daniel Sherman, ASA, MAAA

January 13, 2016

Date

SECTION II - SUMMARY

a) Funding Policy	No Pre-funding	Full Pre-funding		
b) Discount Rate	4.0%	7.5%		
c) Actuarial valuation date	June 30, 2013	June 30, 2015	Difference	
d) Actuarial Value of Assets	\$ 0	\$ 0	\$ 0	0
Actuarial Accrued Liability				
Active participants	\$ 997,825	\$ 589,560	\$ -408,265	
Retired participants	11,002,721	3,379,990	-7,622,731	
e) Total AAL	\$ <u>12,000,546</u>	\$ <u>3,969,550</u>	\$ <u>-8,030,996</u>	
f) Unfunded Actuarial Liability "UAL" [e - d]	\$ 12,000,546	\$ 3,969,550	\$ -8,030,996	
g) Funded ratio [d / e]	0.0%	0.0%	0.0%	
h) Annual covered payroll	6,214,955	5,872,102		
i) UAL as percentage of covered payroll	193.1%	67.6%		
j) Normal Cost for fiscal year end	\$ 113,742	\$ 54,602	\$ -59,140	
k) Amortization of UAL *	\$ 458,570	\$ 229,908	\$ -228,662	
l) Interest to end of fiscal year	\$ 0	\$ 0	\$ 0	
m) Annual Required Contribution "ARC" for fiscal year [j + k + l]	\$ 572,312	\$ 284,510	\$ -287,802	
n) Expected benefit payments	\$ 356,303	\$ 190,305	\$ -165,997	

* Amortization over 30 years with 3% increasing payments

SECTION III - MEDICAL PREMIUMS**Monthly Premiums effective June 30, 2015**

Health benefits are available to employees and retirees through two plans. The following are gross monthly rates per subscriber for plans in which current City employees and/or retirees are enrolled:

Healthmate C2C (individual)	\$ 439.89
Healthmate C2C (family)	\$ 1,070.72

Retirees contribute towards their coverage in the amount of 20% of stated premiums.

SECTION IV - REQUIRED SUPPLEMENTARY INFORMATION

Schedule of Funding Progress on a Pay-as-You-Go Basis

Actuarial Valuation Date	(a) Actuarial Value of Assets	(b) Actuarial Accrued Liability (AAL)	(b) - (a) Unfunded AAL (UAL)	(a) / (b) Funded Ratio	(c) Covered Payroll	[(b)-(a)]/(c) UAL as Percentage of Covered Payroll
June 30, 2010	0	32,011,503	32,011,503	0.00%	n/a	n/a
December 31, 2011	0	14,112,791	14,112,791	0.00%	3,620,778	389.77%
June 30, 2013	0	12,000,546	12,000,546	0.00%	6,214,955	193.09%
June 30, 2015	0	3,969,550	3,969,550	0.00%	5,872,102	67.60%

The discount rate was changed from 4% to 7.5% effective June 30, 2015.

SECTION V - NET OPEB OBLIGATION

GASB Statement No. 45 requires the development of Annual OPEB Cost and Net OPEB Obligation (NOO). This development is shown in the following table.

Development of OPEB Cost and Net OPEB Obligation (NOO)

Year Ending <u>June 30</u>	(a) Annual Required <u>Contribution</u>	(b) Interest on <u>NOO</u>	(c) Amortization of <u>NOO</u>	(d) Annual OPEB Cost <u>(a)+(b)-(c)</u>	(e) <u>Contribution</u>	(f) Change in NOO <u>(d)-(e)</u>	(g) <u>NOO Balance</u>
2013							2,702,591
2014	586,612	108,104	103,273	591,443	288,540	302,903	3,005,494
2015	356,192	120,220	114,847	361,565	222,119	139,446	3,144,940
2016	293,864	235,871	182,148	347,587	290,305	57,282	3,202,222
2017	303,536	240,167	188,627	355,076	306,556	48,520	3,250,742

SECTION VI - SCHEDULE OF EMPLOYER CONTRIBUTIONS

The Government Accounting Standards Board's Statement No. 45 "Accounting and Financial Reporting by Employers for Postemployment Benefits Other Than Pensions" outlines various requirements of a funding schedule that will amortize the unfunded actuarial liability and cover normal costs. Amortization of the unfunded actuarial liability is to be based on a schedule that extends no longer than 30 years. The contribution towards the amortization of the unfunded actuarial liability may be made in level payments or in payments increasing at the same rate as salary increases. There is no requirement to actually fund the Annual Required Contribution, however.

In the amortization schedules shown on the following pages, the amortization of the unfunded accrued liability is increasing at 3.0% for 30 years. The normal cost is expected to increase at the same rate as the assumed ultimate health care trend rate. The contributions were computed assuming that the contribution is paid at the end of the fiscal year. Projected benefit payments/employer contributions reflect only the benefit for those individuals now employed or retired, not any future entrants.

Paragraph 12 of GASB 45 stipulates that valuations must be performed at least biennially. The following projections are intended only to illustrate long-term implications of Prefunding versus Pay-as-You-Go.

SECTION VI - SCHEDULE OF EMPLOYER CONTRIBUTIONS

Full Pre-funding – 7.5%

Fiscal Year <u>Ending In</u>	<u>Normal Cost</u>	Amortization <u>of UAL</u>	<u>ARC</u>	Estimated <u>Premium Cost</u>
2015	54,602	229,908	284,510	222,119
2016	57,059	236,805	293,864	190,305
2017	59,627	243,909	303,536	206,556
2018	62,310	251,227	313,537	221,969
2019	65,114	258,763	323,877	238,803
2020	68,044	266,526	334,570	251,400
2021	71,106	274,522	345,628	262,693
2022	74,306	282,758	357,064	275,912
2023	77,650	291,240	368,890	289,868
2024	81,144	299,978	381,122	305,167
2025	84,795	308,977	393,772	322,806
2026	88,611	318,246	406,857	339,626
2027	92,598	327,794	420,392	362,301
2028	96,765	337,627	434,392	385,977
2029	101,119	347,756	448,875	404,882
2030	105,669	358,189	463,858	428,440
2031	110,424	368,935	479,359	448,631
2032	115,393	380,003	495,396	470,153
2033	120,586	391,403	511,989	490,437
2034	126,012	403,145	529,157	522,992
2035	131,683	415,239	546,922	562,039
2036	137,609	427,696	565,305	604,002
2037	143,801	440,527	584,328	649,098
2038	150,272	453,743	604,015	697,560
2039	157,034	467,355	624,389	749,641
2040	164,101	481,376	645,477	805,610
2041	171,486	495,817	667,303	865,758
2042	179,203	510,692	689,895	930,397
2043	187,267	526,013	713,280	999,862
2044	195,694	541,793	737,487	1,074,513
2045	204,500	-	204,500	1,154,737

SECTION VII – DEPARTMENT RESULTS

Number of Participants included in valuation

	<u>Fire & Police</u>	<u>General Employees</u>	<u>Total</u>
Actives	84	37	121
Retired & Spouses	41	0	41
Total	<hr/> 125	<hr/> 37	<hr/> 162

Accrued Liability @ 7.5%

Active	521,089	68,471	589,560
Retired	3,379,990	0	3,379,990
Total	<hr/> 3,901,079	<hr/> 68,471	<hr/> 3,969,550

Annual Required Contribution

Normal Cost	49,083	5,519	54,602
Amortization of UAL	225,942	3,966	229,908
Total	<hr/> 275,025	<hr/> 9,485	<hr/> 284,510

SCHEDULE A – ACTIVE DISTRIBUTION

Age/Service Distribution as of June 30, 2015

Attained Age	<5	5-9	10-14	15-19	20-24	25-29	30-34	35+	Total
< 20	0	0	0	0	0	0	0	0	0
20-24	3	0	0	0	0	0	0	0	3
25-29	14	1	0	0	0	0	0	0	15
30-34	12	8	4	0	0	0	0	0	24
35-39	7	7	3	0	0	0	0	0	17
40-44	3	5	8	6	0	0	0	0	22
45-49	1	1	7	1	2	2	0	0	14
50-54	2	2	3	1	4	1	0	0	13
55-59	0	1	0	1	0	4	0	0	6
60-64	2	0	1	1	1	0	1	1	7
65-69	0	0	0	0	0	0	0	0	0
70+	0	0	0	0	0	0	0	0	0
Total Employees	44	25	26	10	7	7	1	1	121

SCHEDULE B – RETIREE DISTRIBUTION

Retiree Distribution as of June 30, 2015

Number of Employees			
Attained Age	Female	Male	Total
< 20	0	0	0
20-24	0	0	0
25-29	0	0	0
30-34	0	0	0
35-39	0	0	0
40-44	0	0	0
45-49	0	2	2
50-54	0	5	5
55-59	1	3	4
60-64	0	8	8
65-69	0	2	2
70-74	1	1	2
75-79	0	2	2
80-84	0	0	0
85-89	0	1	1
90-94	0	0	0
95+	0	0	0
Total	2	24	26

SCHEDULE C - ACTUARIAL ASSUMPTIONS AND METHODS

Interest:

Full Pre-funding: 7.50% per year, net of investment expenses

Actuarial Cost Method:

Projected Unit Credit. Benefits are attributed ratably to service from date of hire until full eligibility date. Full eligibility date is assumed to be first eligibility for retiree medical benefits.

Healthcare Cost Trend Rate:

<u>Year</u>	<u>Inflation Rate</u>
2015	6.5%
2016	6.0%
2017	5.5%
2018	5.0%
2019 & after	4.5%

Amortization Period:

30-year level percent of pay assuming 3.0% aggregate annual payroll growth, closed basis for Full Pre-funding. The amortization period is 30 years for all future valuations.

Participation:

70% of future retirees are assumed to participate in the retiree medical plan.

Marital Status:

85% of male employees and 65% of female employees are assumed to have a covered spouse at retirement. Wives are assumed to be three years younger than their husbands.

Pre-Age 65 Retirees

Current retirees who are under age 65 are assumed to remain in their current medical plan until age 65.

Current active employees who are assumed to retire prior to age 65 are valued with a weighted-average premium. This weighted-average premium is based on the medical plan coverage of current retirees under age 65.

Post-Age 65 Retirees

Current retirees over age 65 remain in their current medical plan until death for purposes of measuring their contributions. It is assumed that all current retirees under 65 will participate in the same proportion as current retirees over 65. Per capita costs were developed from the City developed monthly costs. Amounts to be received in the future for the Medicare Part D Retiree Drug Subsidy are not reflected in the valuation.

Termination Benefit:

No benefits will payable for terminations prior to retirement eligibility.

Medical Plan Costs:

The City is treated as community rated and therefore, the expected claims costs does not include the implicit subsidy. It is assumed that future retirees participate in the same manner as current retirees. Employee cost sharing is based on 20% of current unadjusted rates. Future cost sharing is based on the weighted average of the current cost sharing of retirees and beneficiaries.

Service Retirement – Police and Fire

Based on expected experience, the assumed annual retirement rates are illustrated at the following ages and years of service:

<u>Age</u>	<u>20 – 24</u>	<u>25</u>	<u>26</u>	<u>27</u>	<u>28</u>	<u>29</u>	<u>30+</u>
46	0.05	0.14	0.16	0.18	0.20	0.20	0.35
47	0.05	0.14	0.16	0.18	0.20	0.20	0.35
48	0.05	0.14	0.16	0.18	0.20	0.20	0.35
49	0.05	0.14	0.16	0.18	0.20	0.20	0.35
50	0.05	0.14	0.16	0.18	0.20	0.20	0.35
51	0.05	0.14	0.16	0.18	0.20	0.20	0.35
52	0.05	0.14	0.16	0.18	0.20	0.20	0.35
53	0.05	0.14	0.16	0.18	0.20	0.20	0.35
54	0.05	0.14	0.16	0.18	0.20	0.20	0.35
55	0.05	0.14	0.16	0.18	0.20	0.20	0.35
56	0.05	0.14	0.16	0.18	0.20	0.20	0.35
57	0.12	0.14	0.16	0.18	0.20	0.20	0.35
58	0.12	0.14	0.16	0.18	0.20	0.20	0.35
59	0.12	0.14	0.16	0.18	0.20	0.20	0.35
60	0.12	0.14	0.16	0.18	0.20	0.20	0.35
61	0.12	0.14	0.16	0.18	0.20	0.20	0.35
62	0.12	0.14	0.16	0.18	0.20	0.20	0.35
63	0.12	0.14	0.16	0.18	0.20	0.20	0.35
64	0.12	0.14	0.16	0.18	0.20	0.20	0.35
65	1.00	1.00	1.00	1.00	1.00	1.00	1.00

Service Retirement – General Employees

General Employees							
Males				Females			
Service (00/30)		Age (58/10)		Service (00/30)		Age (58/10)	
Service	Ret. Rate	Age	Ret. Rate	Service	Ret. Rate	Age	Ret. Rate
30	30.0%	58	12.0%	30	30.0%	58	12.0%
31	30.0%	59	10.0%	31	25.0%	59	10.0%
32	25.0%	60	10.0%	32	10.0%	60	10.0%
33	25.0%	61	10.0%	33	10.0%	61	10.0%
34	25.0%	62	30.0%	34	10.0%	62	20.0%
35	25.0%	63	20.0%	35	15.0%	63	15.0%
36	25.0%	64	20.0%	36	20.0%	64	15.0%
37	25.0%	65	20.0%	37	25.0%	65	20.0%
38	35.0%	66	25.0%	38	25.0%	66	25.0%
39	50.0%	67	25.0%	39	25.0%	67	25.0%
40	100.0%	68	25.0%	40	100.0%	68	25.0%
		69	30.0%			69	25.0%
		70	30.0%			70	20.0%
		71	30.0%			71	20.0%
		72	30.0%			72	20.0%
		73	30.0%			73	20.0%
		74	30.0%			74	20.0%
		75	100.0%			75	100.0%

Annual Rate of Withdrawal Prior to Retirement

Based on the Rhode Island MERS termination rates for General Employees, Fire and Police. The assumed annual rates of withdrawal may best be illustrated by the following rates at the following years of service:

<u>General Employees</u>			
<u>Service</u>	<u>Male</u>	<u>Female</u>	<u>Fire and Police Rates</u>
0	0.1750	0.1800	0.1000
5	0.0552	0.0584	0.0354
10	0.0260	0.0255	0.0191
15	0.0201	0.0159	0.0090
20	0.0175	0.0112	0.0000

Annual Rate of Mortality

It is assumed that both pre-retirement and post retirement mortality are represented by the 2011 IRS Static Mortality Table for males and females. Mortality for disabled members is represented by the RP-2000 Disabled Mortality Table.

Annual Rate of Disability Prior to Retirement

Based on an analysis of experience, the assumed annual rates of disability may best be illustrated by the following rates at the following ages:

<u>General Employees</u>			
<u>Attained Age</u>	<u>Male</u>	<u>Female</u>	<u>Fire and Police</u>
20	0.00000	0.00000	0.0010
30	0.00105	0.00042	0.0030
40	0.00209	0.00094	0.0030
50	0.00580	0.00232	0.0125

SCHEDULE D - SUMMARY OF PROGRAM PROVISIONS

Retirement Medical Insurance: Retirees may choose Healthmate C2C and pay a 20% share of their post-retirement medical costs. Retirees and beneficiaries over the age of 65 as of August 2, 2011 may continue to participate in the plan until death. All other retirees, beneficiaries and active employees are eligible for participation until age 65.

Spousal Coverage: Current and future retirees may elect to include their spouses as part of their post-retirement benefits.

Administrative Costs: The City pays administrative costs for each member of the plan as part of the monthly premium.

Retirement Eligibility: Fire and Police: 25 years of service.
All Others: Upon retirement from the Municipal Employees Retirement System of Rhode Island.

Disability Eligibility: Fire and Police: Total and permanent.
All Others: 5 years of service.

SCHEDULE E - CONSIDERATIONS OF HEALTH CARE REFORM

Early Retiree Reinsurance Program ("ERRP") - Effective June 1, 2011: Due to the short-term nature of the payments expected to be received under this program, we do not reflect this program in long-term GASB 45 liabilities.

Removal of Lifetime Maximum: The elimination of the lifetime maximums would have no impact on the retiree health plan obligations since, as far as we are aware, the plan has no lifetime maximums.

Medicare Advantage Plans - Effective January 1, 2011: The law provides for reductions to the amounts that would be provided to Medicare Advantage plans starting in 2011. Since the City does not offer these plans, the reductions would have no impact.

Expansion of Child Coverage to Age 26: Since few retirees cover children on retiree health plans, this provision will likely have a relatively small effect on the gross benefit cost. We have reflected an estimate of the amount of additional cost by assuming a higher healthcare trend rate.

Medicare Part D Subsidy - Shrinking Medicare Prescription Drug "Donut Hole"- Starting January 1, 2011: RDS payments are not reflected as an ongoing offsetting item in GASB 45 valuations, and so no direct impact is reflected. RDS actuarial equivalence testing does not reflect the new donut hole shrinking Part D benefits. Thus, the changes to Medicare Part D have no impact on the calculations.

Excise Tax on High-Cost Employer Health Plans (aka Cadillac Tax) - Effective January 1, 2018: There is considerable uncertainty about how the tax would be applied, and considerable latitude in grouping of participants for tax purposes. We have estimated that there would be no Cadillac tax applicable.

Other: We have not identified any other specific provision of health care reform that would be expected to have a significant impact on the measured obligation. As additional guidance on the legislation is issued, we will continue to monitor any potential impacts.

SCHEDULE F - GLOSSARY OF TERMS

Actuarial Accrued Liability

That portion, as determined by a particular Actuarial Cost Method, of the Actuarial Present Value of OPEB benefits and expenses which is not provided for by future Normal Costs and therefore is the value of benefits already earned.

Actuarial assumptions

Assumptions as to the occurrence of future events affecting OPEB costs, such as: mortality, withdrawal, disablement and retirement; changes in compensation and Government provided OPEB benefits; rates of investment earnings and asset appreciation or depreciation; procedures used to determine the Actuarial Value of Assets; characteristics of future entrants for Open Group Actuarial Cost Methods; and other relevant items.

Actuarial cost method

A procedure for determining the Actuarial Present Value of OPEB benefits and expenses and for developing an actuarially equivalent allocation of such value to time periods, usually in the form of a Normal Cost and an Actuarial Accrued Liability.

Actuarial experience gain or loss

A measure of the difference between actual experience and that expected based upon a set of Actuarial Assumptions, during the period between two Actuarial Valuation dates, as determined in accordance with a particular Actuarial Cost Method.

Amortization (of unfunded actuarial accrued liability)

That portion of the OPEB plan contribution which is designed to pay interest on and to amortize the Unfunded Actuarial Accrued Liability or the Unfunded Frozen Actuarial Accrued Liability.

Annual OPEB cost

An accrual-basis measure of the periodic cost of an employer's participation in a defined benefit OPEB plan.

Annual required contributions of the employer (ARC)

The employer's periodic expense to a defined benefit OPEB plan, calculated in accordance with the parameters. It is the value of the cash contributions for a funded plan and the value of the expense entry in the profit and loss section of the financial statements.

Closed amortization period (closed basis)

A specific number of years that is counted from one date and, therefore, declines to zero with the passage of time. For example, if the amortization period initially is thirty years on a closed basis, twenty-nine years remain after the first year, twenty-eight years after the second year, and so forth. In contrast, an open amortization period (open basis) is one that begins again or is recalculated at each actuarial valuation date. Within a maximum number of years specified by law or policy (for example, thirty years), the period may increase, decrease, or remain stable.

Covered payroll

Annual compensation paid to active employees covered by an OPEB plan. If employees also are covered by a pension plan, the covered payroll should include all elements included in compensation on which contributions to the pension plan are based. For example, if pension contributions are calculated on base pay including overtime, covered payroll includes overtime compensation.

Defined benefit OPEB plan

An OPEB plan having terms that specify the benefits to be provided at or after separation from employment. The benefits may be specified in dollars (for example, a flat dollar payment or an amount based on one or more factors such as age, years of service, and compensation), or as a type or level of coverage (for example, prescription drugs or a percentage of healthcare insurance premiums).

Funded ratio

The actuarial value of assets expressed as a percentage of the actuarial accrued liability.

SCHEDULE F - GLOSSARY OF TERMS

Funding policy

The program for the amounts and timing of contributions to be made by plan members, employer(s), and other contributing entities (for example, state government contributions to a local government plan) to provide the benefits specified by an OPEB plan.

Healthcare cost trend rate

The rate of change in per capita health claims costs over time as a result of factors such as medical inflation, utilization of healthcare services, plan design, and technological developments.

Investment return assumption (discount rate)

The rate used to adjust a series of future payments to reflect the time value of money.

Level dollar amortization method

The amount to be amortized is divided into equal dollar amounts to be paid over a given number of years; part of each payment is interest and part is principal (similar to a mortgage payment on a building). Because payroll can be expected to increase as a result of inflation, level dollar payments generally represent a decreasing percentage of payroll; in dollars adjusted for inflation, the payments can be expected to decrease over time.

Level percentage of projected payroll amortization method

Amortization payments are calculated so that they are a constant percentage of the projected payroll of active plan members over a given number of years. The dollar amount of the payments generally will increase over time as payroll increases due to inflation; in dollars adjusted for inflation, the payments can be expected to remain level.

Net OPEB Obligation

The cumulative difference since the effective date of this Statement between annual OPEB cost and the employer's contributions to the plan, including the OPEB liability (asset) at transition, if any, and excluding (a) short-term differences and (b) unpaid contributions that have been converted to OPEB-related debt. It will be included as a balance sheet entry on the financial statements.

Normal cost

That portion of the Actuarial Present Value of OPEB benefits and expenses which is allocated to a valuation year by the Actuarial Cost Method. It is the value of benefits to be accrued in the valuation year by active employees.

OPEB-related debt

All long-term liabilities of an employer to an OPEB plan, the payment of which is not included in the annual required contributions of a sole or agent employer (ARC) or the actuarially determined required contributions of a cost-sharing employer. Payments generally are made in accordance with installment contracts that usually include interest. Examples include contractually deferred contributions and amounts assessed to an employer upon joining a multiple-employer plan.

Other postemployment benefits

Postemployment benefits other than pension benefits. Other postemployment benefits (OPEB) include postemployment healthcare benefits, regardless of the type of plan that provides them, and all postemployment benefits provided separately from a pension plan, excluding benefits defined as termination offers and benefits.

Pay-as-You-Go

A method of financing an OPEB plan under which the contributions to the plan are generally made at about the same time and in about the same amount as benefit payments and expenses becoming due.

Required supplementary information (RSI)

Schedules, statistical data, and other information that are an essential part of financial reporting and should be presented with, but are not part of, the basic financial statements of a governmental entity.