Public Act 202 of 2017 Health Care (OPEB) Report

Enter Local Unit Name
Enter Six Digit Municipal Code
Fiscal Year (four-digit year only, e.g. 2017)
Contact Name (Chief Financial Officer)
Title if not CFO
Contact Email Address
Contact Telephone Number

CITY OF ESSEXVILLE
092030
2017
DANIEL J. HANSFORD
CMANAGER@ESSEXVILLE.ORG
989-893-7192

Instructions/Questions: For a list of detailed instructions on how to complete and submit

Line	Description	Source of Data	Statute Reference	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
				Retirement				
				Health				
				Insurance				
				Benefits				
1	Provide the name of your retirement health care system	Most Recent Actuarial Valu		Plan				
2	Enter retirement health care system's actuarial value of assets	Most Recent Audit Report	Sec. 5(4)(a)	-				
3	Enter retirement health care system's actuarial accrued liabilities	Most Recent Audit Report	Sec. 5(4)(a)	3,758,218				
4	Date (plan year ending) of valuation of system's assets and liabilities (e.g. 12/31/2016)	Most Recent Audit Report	Sec. 5(6)	12/31/16				
5	Annual required contribution (ARC)	Most Recent Audit Report	Sec. 5(4)(a)	548,267				
6	Governmental Fund Revenues	Most Recent Audit Report	Sec. 5(4)(a)	233,741				
7	Health Care Trigger Summary							
8	Is this unit a primary unit (County, Township, City, Village)?	From Municode		NO	NO	NO	NO	NO
9	Funded ratio	Calculated	Sec. 5(4)(a)	0.0%				
10	All plans combined ARC/Governmental fund revenues	Calculated	Sec. 5(4)(a)	234.6%	0.0%	0.0%	0.0%	0.0%
		Primary unit triggers: Less						
		than 40% funded AND						
		greater than 12%						
		ARC/Governmental fund						
		revenues. Non-Primary uni	t					
		triggers: Less than 40%						
11	Does this plan trigger "underfunded status" as defined by PA 202 of 2017?	funded	Sec. 5(4)(a)	YES	NO	NO	NO	NO

By emailing this report to the Michigan Department of Treasury, the local unit of government acknowledges that these statements are complete and accurate in all known respects. Act 202 of 2017 also requires the local unit of government to electronically submit the form to its governing body.