



January 7, 2020

Scope of Work

DFA, LLC (DFA) will provide Sylvan Union School District with an actuarial report as of July 1, 2019, setting forth all District liabilities of the postretirement health benefit program, including a projection of District expenditures under the plan. Our report will contain the following information:

- Determination of postretirement benefit obligations and components of expense in accordance with the Statement No. 75 of the Governmental Accounting Standards Board for fiscal year beginning July 1, 2019;
- Alternative amounts for prefunding the obligations as a percent of covered employee payroll;
- Reconciliation of Total OPEB Liability with the prior actuarial report;
- Roll-forward of Net OPEB Liability to GASB 75 measurement date;
- Summary of plan provisions, actuarial assumptions, and certification.

The Scope of Work also includes assistance in the preparation (or review) of the GASB 75 footnote disclosures at the time the District prepares its financial statements for fiscal years ending June 30, 2020 and June 30, 2021.

Fees

Our flat fee, for services listed above (including telephone support to explain and discuss the report) will be as follows:

| | |
|---|---------|
| Actuarial Report as of July 1, 2019 | \$5,000 |
| GASB 75 footnote information for fiscal year ending June 30, 2020 | \$1,000 |
| GASB 75 footnote information for fiscal year ending June 30, 2021 | \$1,000 |
| Total Fee | \$7,000 |

The fee is all-inclusive based on the scope of the project outlined above. The fee does not include the cost (including any direct expenses) of an on-site presentation. An on-site presentation is not anticipated at this time.

Sylvan Union School District
GASB 75 DISCLOSURE DATA REQUEST

January 7, 2020

Dear Lisa:

We are requesting the information required for the July 1, 2019, GASB 75 disclosure valuation of the retiree health insurance program.

We have included a workbook of Excel sheets that contains the information we need to value the GASB 75 liabilities and prepare the required disclosure.

The workbook includes the following tabs:

- Legend
Please use as a guide to complete the workbook. Modify as necessary to correspond with the data included in the census.
- Employee and Retiree participant membership data tabs
Please update the lists with the requested information, using the format provided. The exhibit attached to this letter summarizes the format and data requested in the workbook.
- Premium structure
Schedule of premiums for both retirees and active employees, for each applicable coverage (e.g., medical, pharmacy, dental, or vision) for the current and most recent prior plan years.
- Additional information on benefit
 - Relevant sections of collective bargaining agreements (Retirees' Health Insurance) (via separate pdf attachments).
 - Documents governing health benefits of all non-represented groups (e.g., Management, Classified, Certificated, Confidential, Board) (via separate pdf attachments).
 - Current employee booklets, open enrollment materials for retirees, etc., memoranda of understanding (via separate pdf attachments).
 - GASB 45 disclosures from most recent audited financial statements.
 - Aggregate payroll delineated by participant group listed in the Legend of the census workbook.
 - Projected Total contribution for the fiscal year ending June 30, 2019.
 - Projected Amount of assets for the fiscal year ending June 30, 2019.
 - Summary of benefit changes since the most recent actuarial valuation.
 - Comments – any other information that client thinks relevant to valuation.

Please email the updated workbook and attachments to Carlos Diaz: cdiaz@dfa-actuaries.com.

After you have had a chance to review this information, please let us know if you have any questions.

Regards,

Carlos Diaz

Format and Data Requested in Workbook

Employees (Active Members)Division or Bargaining Unit¹

Status Active

A – Active in Med Plan

N – Eligible but not Participating in Med Plan

T – No longer Active in Med Plan

R – Retired & Covered in Med Plan

ID Number²

Last Name

First Name and Middle Initial

Sex

Date of Birth (MM/DD/YYYY)

Date of Hire (MM/DD/YYYY)

Full Time Equivalent

Medical Plan¹Medical Coverage¹ (i.e. single, employee + spouse, employee + family)

Monthly Medical Premium - employee

Monthly Medical Premium - employer

Retirees (Inactive Members)Division or Bargaining Unit¹

Status Retired

R – Retired & Covered in Medical Plan

N – Retired but not Participating in Med Plan

T – No longer Active in Medical Plan

C – Status change (coverage)

ID Number²

Last Name

First Name and Middle Initial

Sex

Date of Birth (MM/DD/YYYY)

Date of Hire (MM/DD/YYYY)

Date of Retirement (MM/DD/YYYY)

Spouse Date of Birth if covered (MM/DD/YYYY)

Number of non-spousal Dependents

Medical Plan¹Medical Coverage¹ (i.e. single, employee + spouse, employee + family)

Monthly Medical Premium – employee

Monthly Medical Premium – employer

¹ Please provide a legend to fully explain wording.² This should be a unique ID number that is not reassigned, or we can use the last 4 digits of the member's social security number.