

PC-203A  
Commonwealth of Pennsylvania  
Public Employee Retirement Commission  
P. O. Box 1429  
Harrisburg, PA 17105-1429

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# 2005

## ACT 205 ACTUARIAL VALUATION REPORT: NONUNIFORMED PENSION PLAN WITHOUT DEFINED BENEFITS

FILING DEADLINE: March 31, 2006

### Section I - Identification of Municipality

INSTRUCTIONS: Print or type requested information in the space provided.

**Note:** In Part A, home rule municipalities should check the box and enter the number of their previous municipal classification.

- A. Type of Municipality ..... Item No. (1)  
(Check appropriate box below and enter corresponding number.)
- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> City (2)    | <input type="checkbox"/> Township (1 <sup>st</sup> ) (4) |
| <input type="checkbox"/> Borough (3) | <input type="checkbox"/> Township (2 <sup>nd</sup> ) (5) |
| <input type="checkbox"/> Town (3)    | <input type="checkbox"/> Authority (6)                   |
|                                      | <input type="checkbox"/> COG/Regional Entity (7)         |

B. Name of Municipality \_\_\_\_\_ (2)

C. Name of County \_\_\_\_\_ (3)

### Section II - Identification of Pension Plan and Specification of Valuation Date

INSTRUCTIONS: Print or type requested information in space provided.

A. Name of Pension Plan \_\_\_\_\_ (4)

B. Date on which pension plan was established ..... / ..... / ..... (5)  
Mo. Da. Yr.

C. Valuation date for demographic, financial and actuarial data ..... / ..... / **2005** (6)  
(Use 1/1/2005 unless otherwise specified in plan document prior to 12/31/1982.) Mo. Da. Yr.

**Section III - Specification of Instructions**

INSTRUCTIONS: Determine which one of the situation descriptions provided in Part A below applies to the pension plan identified in Section II. Check the applicable box and follow the corresponding instructions for completion of the remaining sections of the report form.

A. Pension Plan Situation Descriptions with Corresponding Instructions (7)

Situation No. 1: Municipality maintains a pension fund to provide pension or retirement benefits for municipal employees of the type indicated, where there is **NO FIXED** or defined contribution amount or percentage specified in an ordinance, resolution or plan document and the benefit is usually provided through discretionary purchases of insurance or annuity contracts. (Not IRA's, SEP-IRA's or deferred compensation plans.)

Instructions: Forward the original reporting form to the person or persons qualified to complete Section IV, Section V and Section VI. After Section IV, Section V and Section VI are completed, review each section for completeness. Ensure that Schedule A and Schedule B are completed and attached to the reporting form. Then complete Section VII and return the original reporting form to the Commission. **Retain a copy of the completed reporting form for audit compliance purposes.**

Situation No. 2: Municipality maintains a pension fund to provide pension or retirement benefits for municipal employees of the type indicated, but **NO ACTIVE, VESTED OR RETIRED** employees exist at the present time.

Instructions: Forward the original report form to the person or persons qualified to complete Section V. After Section V is completed, review Section V for completeness. Ensure that Schedule B is completed and attached to the reporting form. Then complete Section VII and return the original reporting form to the Commission. **Retain a copy of the completed reporting form for audit compliance purposes.**

Situation No. 3: Municipality provides pension or retirement benefits for municipal employees of the type indicated through participation in a multi-employer, jointly trustee, Taft-Hartley Act collectively bargained (**UNION ADMINISTERED**) pension plan.

Instructions: Forward the original reporting form to the person or persons qualified to complete Section IV, Section V and Section VI. After Section IV, Section V and Section VI are completed, review each section for completeness. (Do not complete Schedule A and Schedule B.) Then complete Section VII and return the original reporting form to the Commission. **Retain a copy of the completed reporting form for audit compliance purposes.**

Situation No. 4: Municipality provides pension or retirement benefits for municipal employees of the type indicated through a **FIXED**, defined contribution amount or percentage specified in an ordinance, resolution or plan document, where the amount of pension or retirement benefits is determined by the monies accumulated in the individual employee accounts at retirement. (Not IRA's, SEP-IRA's or deferred compensation plans.)

Instructions: Forward the original reporting form to the person or persons qualified to complete Section IV, Section V and Section VI. After Section IV, Section V and Section VI are completed, review each section for completeness. Ensure that Schedule A and Schedule B are completed and attached to the reporting form. Then complete Section VII and return the original reporting form to the Commission. **Retain a copy of the completed reporting form for audit compliance purposes.**

**Section IV - General Information**

INSTRUCTIONS: Respond to each question by entering "yes" or "no" in the space provided.

- A. Is Social Security coverage provided for the active members of the pension plan identified in Section II? ..... (8)
- B. Do any active members of the pension plan identified in Section II participate in any other pension plan or plans that receive funding from the municipality? ..... (9)
- C. Do any of the active members of the pension plan identified in Section II work on average less than 35 hours per week? ..... (10)
- D. Does the pension plan identified in Section II include active members who are not employees of the municipality identified in Section I? ..... (11)
- E. Do retired members of the pension plan identified in Section II receive any benefit, such as insurance coverage, that is provided wholly or partially by the municipality and not funded through the pension plan identified in Section II? ..... (12)

Section V - Financial Data as of \_\_\_\_\_, 2005 (Valuation Date)

INSTRUCTIONS: Enter valuation date specified in Section II, Part C, in the space provided above and on page one and two of Schedule B. Proceed to complete Schedule B and then complete Part A. Print or type the data requested, rounded to the nearest dollar. Enter zero, if applicable. Do not leave blanks or refer to exhibits. Complete Part B, if applicable. Then complete the certification in Part C.

Note: The asset values provided in Part A of this section and in Schedule B must include all the assets of the pension plan regardless of custodial arrangements involving administrative agencies.

Note: If Situation No. 3 in Section III is checked, complete only numbers 7 and 8, and enter "NA" in the space provided for all other items. Data requested applies only to employees of the municipality identified in Section I.

A. Summary of Financial Data

Table with 11 rows of financial data items and their corresponding dollar amounts in parentheses. Items include Market Value of Assets, Cash Surrender Value, Total Fund Assets, Investment Income, Realized Capital Gains/Losses, Dividends on Insurance/Annuity Contracts, Member Contributions, Municipal Contributions, Transfers Made in Lieu of Municipal Contributions, Annual Insurance or Annuity Premium Payments, and Administrative Expenses.

INSTRUCTIONS: If Situation No. 4 in Section III is checked, print or type the data requested in Part B in the space provided. If Situation No. 4 in Section III is not checked, do not complete Part B.

B. Specification of Contribution Rates (Check appropriate box and enter requested information.)

Form with checkboxes and input fields for contribution rates. Includes options for percentage of payroll (Municipal rate, Member rate) and flat dollar amount (Annual Municipal contribution, Annual Member contribution).

Section V - Financial Data (Cont'd)

C. Certification of Financial Data

I hereby certify that I have prepared and reviewed the financial data entered in Part A and Part B, if applicable, of this section and in Schedule B; and I further certify that the information provided is to the best of my knowledge true and accurate.

(Signature)

(Date)

(Name)

(Title)

(Telephone)

Section VI - Demographic Data as of \_\_\_\_\_, 2005 (Valuation Date)

INSTRUCTIONS: Enter valuation date specified in Section II, Part C, in the space provided above and on each page of Schedule A. Print or type the data requested in Part A, rounded to the nearest dollar, in the space provided. Enter zero, if applicable. Do not leave blanks or refer to exhibits. Complete Schedule A. Then complete the certification in Part B below.

Note: If Situation No. 3 in Section III is checked, the data requested applies only to employees of the municipality identified in Section I.

A. Summary of Demographic Data

- 1. Number of active members as of above valuation date (13)
2. Total annual payroll of active members as of above valuation date \$ (14)
3. Number of members terminated with vested or deferred benefit as of above valuation date (15)
4. As of the above valuation date, number of persons receiving:
a. Retirement benefits (16)
b. Disability benefits (17)
c. Surviving spouse benefits (18)
d. Surviving child benefits (19)
e. Total (a+b+c+d) (20)
5. As of the above valuation date, total annual benefits payable as:
a. Retirement benefits \$ (21)
b. Disability benefits \$ (22)
c. Surviving spouse benefits \$ (23)
d. Surviving child benefits \$ (24)
e. Total (a+b+c+d) \$ (25)

B. Certification of Demographic Data

I hereby certify that I have prepared and reviewed the demographic data entered in Part A of this section and in Schedule A; and I further certify that the information provided is to the best of my knowledge true and accurate.

(Signature)

(Date)

(Name)

(Title)

(Telephone)

**Section VII - Certification of Report by the Chief Administrative Officer of the Municipality**

INSTRUCTIONS: Review the instructions for the completion of this report specified in Section III, the information entered in each of the applicable sections of the reporting form and the information provided in the applicable schedules. Then complete the certification below and return the original reporting form to the Commission. **Retain a copy of the completed reporting form for audit compliance purposes.**

**Note:** To be completed by the person officially designated as the Chief Administrative Officer of the municipality under Act 205 of 1984.

I hereby certify that to the best of my knowledge the information provided in this report is complete, true and accurate.

\_\_\_\_\_  
(Signature of Chief Administrative Officer)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name of Chief Administrative Officer) (Print or type)

(\_\_\_\_\_)\_\_\_\_\_  
(Telephone)

Inquiries regarding completion or submission of the reporting form may be directed to:

**Commonwealth of Pennsylvania  
Public Employee Retirement Commission**

Mailing Address

P. O. Box 1429  
Harrisburg, PA 17105-1429

Phone: (717) 783-6100  
Fax: (717) 787-9531  
E-mail: perc@state.pa.us

**Part I - Distribution of Active Members by Age and Service**

AGE		YEARS OF SERVICE											
		1	2	3	4-5	6-10	11-15	16-20	21-25	26-30	30+		
Under 20	No. of Members												
	Payroll (\$000)												
20-24	No. of Members												
	Payroll (\$000)												
25-29	No. of Members												
	Payroll (\$000)												
30-34	No. of Members												
	Payroll (\$000)												
35-39	No. of Members												
	Payroll (\$000)												
40-44	No. of Members												
	Payroll (\$000)												
45-49	No. of Members												
	Payroll (\$000)												
50-54	No. of Members												
	Payroll (\$000)												
55-59	No. of Members												
	Payroll (\$000)												
60-64	No. of Members												
	Payroll (\$000)												
65 & Over	No. of Members												
	Payroll (\$000)												
TOTAL MEMBERS													
TOTAL ANNUAL PAYROLL													

<sup>1</sup> January 1, 2005, valuation data must be used unless otherwise specified in your plan document prior to December 31, 1982.

INSTRUCTIONS: Print or type the requested information in the space provided. Round to the nearest dollar. Enter zero, if applicable. Refer to attachments or exhibits only to explain or support data entered on the schedule.

Section I - Statement of Net Assets Available for Benefits as of the Valuation Date

A. Assets:	Item No.
1. Cash .....	\$ _____ (1)
2. Accrued Interest and Dividends Receivable .....	\$ _____ (2)
3. Other Receivables (Specify)	
_____ .....	\$ _____ (3)
_____ .....	\$ _____ (4)
_____ .....	\$ _____ (5)
4. Investments at Market Value (Specify)	
_____ .....	\$ _____ (6)
_____ .....	\$ _____ (7)
_____ .....	\$ _____ (8)
_____ .....	\$ _____ (9)
_____ .....	\$ _____ (10)
5. Insurance/Annuity Cash Surrender Value (Individual Policies) .....	\$ _____ (11)
6. Other Assets (Specify)	
_____ .....	\$ _____ (12)
_____ .....	\$ _____ (13)
_____ .....	\$ _____ (14)
Total Assets .....	\$ _____ (15)
B. Current Liabilities:	
1. Accounts Payable and Accrued Administrative Expenses .....	\$ _____ (16)
2. Other Current Liabilities (Specify)	
_____ .....	\$ _____ (17)
_____ .....	\$ _____ (18)
_____ .....	\$ _____ (19)
Total Current Liabilities .....	\$ _____ (20)
C. Net Assets Available for Benefits (Market Value) as of valuation date .....	\$ _____ (21)
D. Balance in Forfeited Non-Vested Employer Contribution Account .....	\$ _____ (22)

Section II - Statement of Revenues, Expenses and Change in Fund Assets for the Year Ended on the Valuation Date

Note: This schedule reflects the financial activity for the year preceding the valuation date and establishes the asset value on the valuation date.

	Item No.
A. Net Assets at Beginning of Year (Market Value) [1/1/2004] <sup>2</sup> .....	\$ _____ (1)
B. Revenues:	
Member Contributions .....	\$ _____ (2)
Total Municipal Contributions .....	\$ _____ (3)
a. State Aid Portions \$ _____      b. Local Portion \$ _____	
Transfers of Any Unallocated Monies in Lieu of Municipal Contributions .....	\$ _____ (4)
Interest Earnings .....	\$ _____ (5)
Dividend Income .....	\$ _____ (6)
Realized Capital Gains .....	\$ _____ (7)
Other Revenues or Credits (Specify)	
_____	\$ _____ (8)
_____	\$ _____ (9)
Total Revenues .....	\$ _____ (10)
C. Expenses:	
Total Benefit Payments (Lump Sum) .....	\$ _____ (11)
Total Benefit Payments (Monthly) .....	\$ _____ (12)
Annuity Purchases (Lump Sum) .....	\$ _____ (13)
Insurance Premiums .....	\$ _____ (14)
Refund of Member Contributions .....	\$ _____ (15)
Administrative Expenses .....	\$ _____ (16)
Realized Capital Losses .....	\$ _____ (17)
Other Expenses or Debits (Specify)	
_____	\$ _____ (18)
_____	\$ _____ (19)
Total Expenses .....	\$ _____ (20)
D. Net Change in Market Value of Assets (Unrealized Capital Gains or Losses) .....	\$ _____ (21)
E. Net Assets at End of Year (Market Value) [12/31/2004] <sup>3</sup> .....	\$ _____ (22)

<sup>1</sup> A January 1, 2005, valuation date must be used unless otherwise specified in your plan document prior to December 31, 1982.

<sup>2</sup> Value must be as of 1/1/2004 if January 1, 2005, valuation date is applicable.

<sup>3</sup> Value must be as of 12/31/2004 if January 1, 2005, valuation date is applicable.