system and should be reported as such on this form.	OPEB System Name (not division) 5
union employees. However, these would be only one	OPEB System Name (not division) 4
different divisions of the same system for union and non-	OPEB System Name (not division) 3
only enter one system. For example, one could have	OPEB System Name (not division) 2
If your OPEB system is separated by divisions, you would	OPEB System Name (not division) 1 City of Crystal Falls Retiree Health Care Plan
	Contact Telephone Number 906-875-3212
original Excel file. Do not submit a scanned image or PDF	CAO (or designee) Email Address citymanager@crystaffalls.org
LocalRetirementReporting@michigan.gov, Return this	Title If not CAO City Manager
Questions: For questions, please email	Contact Name (Chief Administrative Officer) Gerard Valesano
	Fiscal Year (four-digit year only, e.g. 2019) 2019
	Fiscal Year End Month September
michigan.gov/LocalRetirementReporting.	Unit Type City
complete and submit this form, visit	Enter Six-Digit Muntepole 362020
Instructions: For a list of detailed instructions on how to	Enter Local Unit Name CITY OF CRYSTAL FALLS

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Does this system tripger "underfunded status" as defined by PA 202 of 20172	Did the local government pay the normal cost for employees hired after June 30, 2018?	Did the local government pay the retiree insurance premiums for the year?	Summary Report	All systems combined ADC/Governmental fund revenues	Actuarially Determined Contribution (ADC) using uniform assumptions	Funded ratto using uniform assumptions	Enter retirement health care system's actuarial accrued liabilities using uniform assumptions	Enter retirement health care system's actuarial value of assets using uniform assumptions	Uniform Assumptions	Health care Inflation assumption - Long-Term Trand Rate	Health care inflation assumption for the next year	Is each division within the system closed to new employees?	Amortization period utilized for funding the system's unfunded actuarial accrued liability, if any	Amortization method utilized for funding the system's unfunded actuarial accrued liability, if any	Enter discount rate	Assumed Rate of Investment Return	Actuarial Assumptions	The state of the s	Enter actual rate of return - prior 10-year period	and the second s	Enter actual rate of return - prior 5-year period	ALL MADORITY MADE OF LANDRESS PETERS OF BASES PARTY PARTY AND	Enter actual rate of return - prior 1-year period	Investment Performance	Provide the amount of premiums paid on behalf of the retirants	Indicate number of retirees and beneficiaries	Indicate number of inactive members	Indicate number of active members	Membership	All systems combined ADC/Governmental fund revenues	Governmental Fund Revenues	Do the financial statements include an ADC calculated in compliance with Numbered Letter 2018-3?	Actuarially determined contribution (ADC)	Funded ratio	Enter retirement health care system's liabilities (total OPEB liability)	Enter retirement health care system's assets (system fiduciary net position ending)	Financial Information	Provide the name of your retirement health care system	is this unit a primary unit (County, Township, City, Village)?	Une Descriptive Information
Primary unit triggers: Less than 40% funded <u>AND</u> greater than 12% ARC/Governmental fund revenues. Non-Primary	Accounting Records	Accounting Records		Calculated	Most Recent Actuarial Funding Valuation	Calculated	Most Recent Actuarial Funding Valuation	Most Recent Actuarial Funding Valuation		Most Recent Actuarial Funding Valuation	Most Recent Actuarial Funding Valuation	Most Recent Actuarial Funding Valuation	Most Recent Actuarial Funding Valuation	Most Recent Actuarial Funding Valuation	Most Recent Actuarial Funding Valuation	Most Recent Actuarial Funding Valuation		Investment Provider	Most Recent Actuarial Funding Valuation or System	Investment Provider	Most Recent Actuarial Funding Valuation or System	Investment Provider	Most Recent Actuarial Funding Valuation or System	THE RESIDENCE OF THE PARTY OF T	Most Recent Audit Report or Accounting Records	Most Recent Actuarial Funding Valuation	Most Recent Actuarial Funding Valuation	Wost Recent Actuarial Funding Valuation	THE PERSON NAMED IN COLUMN 1	Calculated	Most Recent Audit Report	Most Recent Audit Report	Most Recent Audit Report	Calculated	Most Recent Audit Report	Most Recent Audit Report		Calculated from above	Calculated	Source of Data
	N/A	YES		0.0%						4.50%	8.25%	Yes			6.00%	6,00%						4.66%			150,647	18	+1	15		0.0%	1,684,154	NO		11.6%	1,943,787	224,871	A STANCE OF STREET, STANCE OF	City of Crystal Falls Retiree Health Care	YES	System 1
																	A PERSON NAMED IN																						YES	System 2
																	THE PERSON NAMED IN							A Comment of the Party of the P															YES	System 3
																	Name and Address of the Owner, where							The state of the state of					STATE OF THE SECOND								THE PARTY.		YES	System 4
5																	201																						YES	System 5

Requirements (For your information, the following are requirements of P.A. 202 of 2017)
Local units most the current year report on their website or in a public place
The local unit of government must electronically submit the form to its governing body.
Local units must have had an actuarial experience study conducted by the plan actuary for each retirement
system at least every 5 years
Local units must have had a peer actuarial audit conducted by an actuary that is not the plan actuary OR
replace the plan actuary at least every 8 years.