

Leoni Township

6/30/2019 census request

1. Please provide the most recent actuarial valuation report completed
2. Please provide a summary of the plan provisions; eligibility: age and years of service to qualify for retiree life insurance, etc. benefits, what portion of the benefits are paid by the employer
3. Please provide all premiums for the retirees: medical, dental, vision, life insurance as applicable. For self-insured plans, please also provide detail on any other payments provided to retirees such as HRA amounts. All premium amounts should be available.

Section 115 OPEB Trust If you have set up a trust for prefunding the plan, please let us know as there is some additional information we'll need to request

Total retiree benefit payments/claims net of retiree contribution:

| | |
|-----------|-------------|
| 6/30/2018 | \$22,547 |
| 6/30/2019 | \$23,002.00 |

Gross wages for all the employees included in the plan (used several places in the report to present the data):

| | |
|-----------|--------------|
| 6/30/2019 | \$274,669.00 |
|-----------|--------------|

Gross annual wages for employees hired after 6/30/2018 (used to calculate the minimum contribution for new hires):

| | |
|-----------|-------------|
| 6/30/2019 | \$36,531.00 |
|-----------|-------------|

ement benefits, benefits: detail medical, dental, vision,

elf-insured plans please provide illustrative premiums.
s should be for the period 7/1/2019 to 6/30/2020 if

liability as a percentage of payroll)

nder Public Act 202)

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Active employees

| Employee Number | First Name | Last Name | Gender | Date of Birth |
|------------------------|-------------------|------------------|---------------|----------------------|
| <i>example: 1</i> | <i>Jane</i> | <i>Smith</i> | <i>F</i> | <i>1/1/1960</i> |
| | Jessica | Bird | F | 2/7/1985 |
| | Joseph | Chambers | M | 1/11/1955 |
| | Kelsy | Cox | F | 11/4/1992 |
| | Shelly | Dunckel | F | 9/12/1967 |
| | Cynthia | Linderman | F | 4/26/1959 |
| | Kerry | Pickett | F | 6/21/1971 |
| | Taylor | Potter | F | 1/18/1990 |
| | Thomas | Prescott | M | 1/18/1960 |
| | Gilbert | Prestin | M | 2/3/1998 |
| | Pamela | Trammell | F | 10/12/1958 |

*INCLUDED IN MEDICAL

| Date of Hire | Medical premium | Dental premium | Vision Premium *INCLUDED IN MEDICAL |
|---------------------|------------------------|-----------------------|--|
| <i>7/1/2000</i> | <i>\$ 1,234.56</i> | <i>\$ 45.50</i> | <i>\$ 20.00</i> |
| 5/26/2015 | 336.81 | 0 \$ | - |
| 1/2/2018 | 813.12 | 0 \$ | - |
| 1/16/2017 | 289.13 | 0 \$ | - |
| 11/20/2012 | 519.95 | 0 \$ | - |
| 12/19/2016 | 718.69 | 0 \$ | - |
| 11/28/2018 | 438.48 | 0 \$ | - |
| 11/26/2018 | 306.17 | 0 \$ | - |
| 2/18/2008 | 703.58 | 0 \$ | - |
| 1/2/2018 | 273.91 | 0 \$ | - |
| 4/15/2019 | 748.52 | 0 \$ | - |

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Retirees

| Employee Number | First Name | Last Name | Gender | Date of Birth | Medical premium |
|------------------------|-------------------|------------------|---------------|----------------------|------------------------|
| <i>example: 1</i> | <i>John</i> | <i>Smith</i> | <i>M</i> | <i>7/1/1950</i> | <i>\$ 1,856.43</i> |
| | Sherman | Berkypile | M | 1/10/1955 | 1405.73 |
| | John | Hardesty | M | 9/14/1950 | 0 |
| | Judy Anne | Jones | F | 3/31/1929 | 160.00 |
| | Michael | Larocque | M | 7/1/1942 | 160.00 |
| | David | Phelps | M | 5/24/1934 | 160.00 |
| | Joan | Spicer | F | 3/31/1929 | 160.00 |
| | Robin | Holda | F | 6/2/1959 | 718.69 |

**INCLUDED WITH
DENTAL**

| Dental premium | Vision Premium | Monthly Life insurance Premium | Total Illustrative Premium | Retiree Portion of Illustrative Premium | Employer paid Spouse coverage? |
|-----------------------|-----------------------|---------------------------------------|-----------------------------------|--|---------------------------------------|
| \$ 90.00 | \$ 40.00 | \$ 5.40 | \$ 1,991.83 | \$ - | Y |
| 0 | | 0 | 1405.73 | 421.72 | Y |
| 50.58 | | 0 | 50.58 | 15.17 | N |
| 50.58 | | 0 | 210.58 | 63.17 | N |
| 50.58 | | 0 | 210.58 | 63.17 | N |
| 50.58 | | 0 | 210.58 | 63.17 | N |
| 50.58 | | 0 | 210.58 | 105.29 | N |
| 50.58 | | 0 | 718.69 | 359.35 | N |