

Questions marked with an \* are required

## OEBS GASB 45 Survey

City County Insurance Services is helping OEBS members determine their liability, if any, under Statement 45 of the Governmental Accounting Standards Board (GASB). GASB 45 applies to financial accounting for "other" post-employment benefits -- benefits other than pensions.

It is anticipated that educational entity employers will have a liability to recognize under GASB 45 if either of the following conditions applies:

- 1) The employer has a program under which it pays all or part of the medical, or life insurance premiums for retirees or their spouses.
- 2) The employer has fully or partially experience rated medical or dental premiums through a non-OEBS insurance carrier, or is a large enough component of the OEBS pool to merit valuation.

OEBS, through CIS, has engaged the actuarial consulting firm of Milliman to measure GASB 45 liabilities for participating employers. This question is designed to find out about the post-retirement benefits offered by your entity. Your responses will be used in determining your entity's non-PERS benefit liability, if any, under GASB 45.

Questions in the following sections are printed in regular typeface; *comments and instructions are printed in italics.*

## Contact Information

Name of your entity: \*

Name of the person we should contact with any questions about this survey

Phone Number \*

Email address: \*

### Medical/Dental/Life Coverage and Retiree Benefits

Which of the following best describes your entity's medical/dental/life coverage for your employees? \*

- All of our medical/dental/life coverage is with OEGB.
- Some of our coverage is with OEGB, some is with other carriers.

Please provide a brief description of your entity's non-OEGB insurance coverages. OEGB will contact you for further details.

Do any of the non-OEGB coverages have premium rates that are based up Employer's claims experience or employee demographics (age, gender, etc.)

- Yes
- No

**Does your entity pay (either directly or through reimbursement) for all or of the health care premiums for your retirees or their surviving spouses?**

- Yes, we pay all or part of the premium for ALL of our retirees/spouses.
- Yes, we pay all or part of the premium for SOME of our retirees/spouses.
- No, we do not pay ANY of the premium for retirees/spouses. The retiree pays amount.

### **Post-retirement medical benefits**

***This section asks about arrangements under which the employer pays for reimburses retirees and/or spouses for all or part of the health care pre***

***If your entity has different arrangements for different groups of employe such as licensed and classified staff, please complete the questions below one of the arrangements, and then respond "yes" to the question, "Does . entity have any additional arrangements?"***

***Please answer the questions as best you can. If you feel additional attach or exhibits would help us, you'll find a link at the end of each section to u documents.***

### **Post-Retirement Health Care Arrangement #1**

***If no formal plan name exists, please provide a common term of referenc the arrangement (e.g. "Licensed employees medical plan")***

**Name of Arrangement \***

**What group of employees is covered by this employer-paid post-retirement health care arrangement? (e.g., union or job classification)**

**Approximately how many employees are in this group?**

**How many years must an employee serve with your entity to receive post-retirement health care premium reimbursement under this arrangement?**

**Is the group eligible for post-retirement health care premium reimbursement restricted based on date of hire (e.g., only pre-1995 hires may participate so, describe the restriction.**

**A retiree will receive health care premium reimbursement from the employer under this arrangement if the retiree elects medical or dental coverage under any of the following insurance carriers (check all that apply):**

- OEGBB
- PERS
- Other Carriers (list)

**Must a retiree currently eligible to receive a pension benefit (from PERS or another employer-sponsored plan) to receive health care premium reimbursement under this arrangement?**

- Yes
- No

**Is a retiree who received an optional lump sum pension payment under PERS but would otherwise be eligible for a PERS pension benefit, be eligible to health care premium reimbursement under this arrangement?**

- Yes
- No

**Must an employee retire from active service while immediately eligible for benefit under Oregon Pers in order to receive health care premium reimbursement under this arrangement?**

- Yes
- No

**Are employees who retire early due to disability eligible to receive health premium reimbursement under this arrangement?**

- Yes
- No

**Do surviving spouses receive health care premium reimbursements if an employee dies after retirement?**

- Yes
- No

**If yes, under what conditions?**

**Do surviving spouses receive health care premium reimbursements if an employee dies prior to retirement?**

- Yes
- No

**If yes, under what conditions?**

**Please describe any other restrictions on employees' eligibility to receive care premium reimbursement under this arrangement.**

**If you have additional information (such as contractual language describing benefits provisions) in electronic form that will help OEGBB/Milliman under the arrangement (e.g., contract language, information given to retirees, etc), please attach it here, or, mail a hard copy to Will Clark-Shim, Milliman, Inc, SW 5th Ave., Portland, OR, 97204, or e-mail documents to Milliman Consulting**

 


***The following questions apply to health care premium payments or reimbursements for retirees prior to medicare eligibility at age 65.***

	\$ amount of premium (specify)	% of premium (specify)
How much of a retiree's pre-Medicare monthly healthcare premium is paid by the employer? <i>(Fill in one or both of the options.) *</i>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>

**Is the employer's payment above based upon one of the Employer's retiree medical coverage options -- for example, the least-expensive OEGBB single premium?**

- Yes
- No

**Please describe which retiree medical coverage option and level of cover: (e.g., tiered/composite, single, employee/spouse, employee/children, family is used.**

**Has the amount/percent of payment by your entity changed over time?**

- Yes  
 No

**If so, please provide a 10-year history of the change in payment, if available**

**Until what date does the pre-Medicare retiree payment apply?**

**Is the amount of payment by your entity expected to increase or decrease in the future?**

- Yes  
 No

**If yes, please describe what considerations any future changes may be based upon.**

**Does the payment by the entity vary by whether or not a retiree elects dental coverage?**

- Yes  
 No

**Please describe how the amount paid varies if dental is elected.**

**Does the payment by the entity vary by whether or not a retiree elects spouse or dependent coverage?**

- Yes  
 No

**Please describe how the amount paid varies if spouse or dependent coverage is elected.**

**Does the payment by the entity vary if the retiree dies and the surviving spouse continues coverage?**

- Yes  
 No

**Please describe how the amount paid varies if the retiree dies and the surviving spouse continues coverage.**

**Does the payment by the entity vary if the retiree left employment due to disability?**

Yes

No

**Please describe how the amount paid varies if the retiree left employment to a work-related disability.**

**Please describe how the amount paid varies if the retiree left employment to a non-work-related disability.**

**Does the payment by the entity vary by whether a retiree elects coverage OEGB, PERS, or another insurance carrier?**

Yes

No

**Please describe how the amount paid varies by whether the retiree elects coverage under OEGB, PERS, or another insurance carrier.**

**If you feel any additional explanation is needed to describe how the payment by the entity toward retiree premium is calculated, please provide it here**

**Are these health care premium reimbursements paid directly to retirees, or are they paid to insurance carrier(s) or OEBS on retirees behalf? Please check that apply:**

- Paid to OEBS     
  Paid to PERS     
  Paid to other insurance carrier     
  Paid directly to retiree

**Are these health care premium reimbursements made even if the retiree has health care coverage through an insurance carrier outside of the Employer offerings? (e.g. through a spouse's employer)**

- Yes  
 No

**How often are health care premium reimbursements paid to or on behalf of retirees?**

**In your opinion, approximately what percentage of eligible retirees elect medical coverage and therefore receive health care premium reimbursements?**

**Does the above percentage differ based upon retiree age? (e.g. – more retirees elect coverage after age 65)**

**If you think there are any significant or widely used features of this health care premium reimbursement which are not addressed above, please describe them here:**

**Do these financial arrangements apply to retirees enrolled in Medicare in same way as they apply to pre-Medicare retirees? \***

- Yes
- No

***The following questions apply to health care premium reimbursements for retirees AFTER Medicare eligibillity at age 65.***

	\$ amount of premium (specify)	% of premium (spe
How much of a retiree's Medicare supplement monthly healthcare premium is paid by the employer? <i>(Fill in one or both of the options.) *</i>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>

**Is the employer's payment above based upon one of the Employer's retiree medical coverage options -- for example, the least-expensive OEBS single premium?**

- Yes
- No

**Please describe which retiree medical coverage option and level of cover: (e.g., employee, employee spouse, employee children, family, or composi used.**

**Has the amount/percent of payment by your entity changed over time?**

- Yes  
 No

**If so, please provide a 10-year history of the change in payment, if available.**

**Until what date does the post-Medicare retiree payment apply?**

**Is the amount of payment by your entity expected to increase or decrease in the future?**

- Yes  
 No

**If yes, please describe what considerations any future changes may be based upon.**

**Does the payment by the entity vary by whether or not a retiree elects dental coverage?**

- Yes   
No

**Please describe how the amount paid varies if dental is elected.**

**Does the payment by the entity vary by whether or not a retiree elects spouse or dependent coverage?**

Yes

No

**Please describe how the amount paid varies if spouse or dependent coverage is elected.**

**Does the payment by the entity vary if the retiree dies and the surviving spouse continues coverage?**

Yes

No

**Please describe how the amount paid varies if the retiree dies and the surviving spouse continues coverage.**

**Does the payment by the entity vary if the retiree left employment due to disability?**

Yes

No

Please describe how the amount paid varies if the retiree left employment to a work-related disability.

Please describe how the amount paid varies if the retiree left employment to a non-work-related disability.

Does the payment by the entity vary by whether a retiree elects coverage OEGB, PERS, or another insurance carrier?

Yes

No

Please describe how the amount paid varies by whether the retiree elects coverage under OEGB, PERS, or another insurance carrier.

Does your entity have any additional arrangements?

Yes

No

**Post-Retirement Health Care Arrangement #2**

*If no formal plan name exists, please provide a common term of reference for the arrangement (e.g. "Licensed employee medical plan")*

Name of Arrangement

**What group of employees is covered by this employer-paid post-retirement health care arrangement? (e.g., union or job classification)**

**Approximately how many employees are in this group?**

**How many years must an employee serve with your entity to receive post-retirement health care premium reimbursement under this arrangement?**

**Is the group eligible for post-retirement health care premium reimbursement restricted based on date of hire (e.g., only pre-1995 hires may participate so, describe the restriction.**

**A retiree will receive health care premium reimbursement from the employer under this arrangement if the retiree elects medical or dental coverage under any of the following insurance carriers (check all that apply):**

OEGB  PERS  Other Carriers (list)

**Must a retiree currently eligible to receive a pension benefit (from PERS or another employer-sponsored plan) to receive health care premium reimbursement under this arrangement?**

- Yes  
 No

**Is a retiree who received an optional lump sum pension payment under PERS but would otherwise be eligible for a PERS pension benefit, be eligible to health care premium reimbursement under this arrangement?**

- Yes  
 No

**Must an employee retire from active service while immediately eligible for benefit under Oregon Pers in order to receive health care premium reimbursement under this arrangement?**

- Yes
- No

**Are employees who retire early due to disability eligible to receive health premium reimbursement under this arrangement?**

- Yes
- No

**Do surviving spouses receive health care premium reimbursements if an employee dies after retirement?**

- Yes
- No

**If yes, under what conditions?**

**Do surviving spouses receive health care premium reimbursements if an employee dies prior to retirement?**

- Yes
- No

**If yes, under what conditions?**

**Please describe any other restrictions on employees' eligibility to receive care premium reimbursement under this arrangement.**

**If you have additional information (such as contractual language describing benefits provisions) in electronic form that will help OEGB/Milliman under the arrangement (e.g., contract language, information given to retirees, etc), please attach it here, or, mail a hard copy to Will Clark-Shim, Milliman, Inc, SW 5th Ave., Portland, OR, 97204, or e-mail documents to [GASB45OEGBMembers@Milliman.com](mailto:GASB45OEGBMembers@Milliman.com)**

   


***The following questions apply to health care premium reimbursements for retirees prior to Medicare eligibility at age 65.***

	\$ amount of premium (specify)	% of premium (specify)
How much of a retiree's Medicare supplement monthly healthcare premium is paid by the employer? <i>(Fill in one or both of the options.) *</i>	<input type="text"/>	<input type="text"/>

**Is the employer's payment above based upon one of the Employer's retiree medical coverage options -- for example, the least-expensive OEGB single premium?**

- Yes
- No

**Please describe which retiree medical coverage option and level of coverage (e.g., single, employee spouse, employee children, family, composite) is used.**

**Has the amount/percent of payment by your entity changed over time?**

- Yes  
 No

**If so, please provide a 10-year history of the change in payment, if available.**

**Until what date does the pre-Medicare retiree payment apply?**

**Is the amount of payment by your entity expected to increase or decrease in the future?**

- Yes  
 No

**If yes, please describe what considerations any future changes may be based upon.**

**Does the payment by the entity vary by whether or not a retiree elects dependent coverage?**

Yes

No

**Please describe how the amount paid varies if dental is elected.**

**Does the payment by the entity vary by whether or not a retiree elects spousal or dependent coverage?**

Yes

No

**Please describe how the amount paid varies if spouse or dependent coverage is elected.**

**Does the payment by the entity vary if the retiree dies and the surviving spouse continues coverage?**

Yes

No

**Please describe how the amount paid varies if the retiree dies and the surviving spouse continues coverage.**

**Does the payment by the entity vary if the retiree left employment due to disability?**

Yes No 

**Please describe how the amount paid varies if the retiree left employment to a work-related disability.**

**Please describe how the amount paid varies if the retiree left employment to a non-work-related disability.**

**Does the payment by the entity vary by whether a retiree elects coverage OEGB, PERS, or another insurance carrier?**

Yes No 

**Please describe how the amount paid varies by whether the retiree elects coverage under OEGB, PERS, or another insurance carrier.**

**If you feel any additional explanation is needed to describe how the payment by the entity toward retiree premium is calculated, please provide it here**

**Are these health care premium reimbursements paid directly to retirees, or**

**they paid to insurance carrier(s) on retirees' behalf? Please check all that**

- Paid to OEBS
- Paid to PERS
- Paid to other insurance carrier
- Paid directly retiree

**Are these health care premium reimbursements made even if the retiree has health care coverage through an insurance carrier outside of the Employer offerings? (e.g. through a spouse's employer)**

- Yes
- No

**How often are health care premium reimbursements paid to or on behalf of retirees?**

**In your opinion, approximately what percentage of eligible retirees elect medical coverage and therefore receive health care premium reimbursements?**

**Does the above percentage differ based upon retiree age? (e.g. – more retirees elect coverage after age 65)**

**If you think there are any significant or widely used features of this health care premium reimbursement which are not addressed above, please describe them here:**

**Do these financial arrangements apply to post-Medicare retirees in the same way as they apply to pre-Medicare retirees?**

- Yes  
 No

***The following questions apply to health care premium reimbursements for retirees AFTER Medicare eligibility at age 65.***

	\$ amount of premium (specify)	% of premium (specify)
How much of a retiree's Medicare supplement monthly healthcare premium is paid by the employer? <i>(Fill in one or both of the options.) *</i>	<input type="text"/>	<input type="text"/>

**Is the employer's payment above based upon one of the Employer's retiree medical coverage options -- for example, the least-expensive OEGBB single premium?**

- Yes  
 No

**Please describe which retiree medical coverage option and level of coverage used. (e.g., employee, employee spouse, employee children, family, or composition used.)**

**Has the amount/percent of payment by your entity changed over time?**

- Yes

No

**If so, please provide a 10-year history of the change in payment, if available**

**Until what date does the post-Medicare retiree payment apply?**

**Is the amount of payment by your entity expected to increase or decrease in the future?**

- Yes  
 No

**If yes, please describe what considerations any future changes may be based upon.**

**Does the payment by the entity vary by whether or not a retiree elects dental coverage?**

- Yes   
No

**Please describe how the amount paid varies if dental is elected.**

**Does the payment by the entity vary by whether or not a retiree elects sp or dependent coverage?**

Yes

No

**Please describe how the amount paid varies if spouse or dependent cover elected.**

**Does the payment by the entity vary if the retiree dies and the surviving s continues coverage?**

Yes

No

**Please describe how the amount paid varies if the retiree dies and the su spouse continues coverage.**

**Does the payment by the entity vary if the retiree left employment due to disability?**

Yes

No

**Please describe how the amount paid varies if the retiree left employmen to a work-related disability.**

Please describe how the amount paid varies if the retiree left employment to a non-work-related disability.

Does the payment by the entity vary by whether a retiree elects coverage OEGB, PERS, or another insurance carrier?

Yes

No

Please describe how the amount paid varies by whether the retiree elects coverage under OEGB, PERS, or another insurance carrier.

Does your entity have any additional arrangements?

Yes

No

**Post-Retirement Health Care Arrangement #3**

*If no formal plan name exists, please provide a common term of reference for the arrangement (e.g. "Licensed employee medical plan")*

Name of Arrangement

**What group of employees is covered by this employer-paid post-retirement health care arrangement? (e.g., union or job classification)**

**Approximately how many employees are in this group?**

**How many years must an employee serve with your entity to receive post-retirement health care premium reimbursement under this arrangement?**

**Is the group eligible for post-retirement health care premium reimbursement restricted based on date of hire (e.g., only pre-1995 hires may participate), so, describe the restriction.**

**A retiree will receive health care premium reimbursement from the employer under this arrangement if the retiree elects medical or dental coverage under any of the following insurance carriers (check all that apply):**

OEGB  PERS  Other Carriers (list)

**Must a retiree currently eligible to receive a pension benefit (from PERS or another employer-sponsored plan) to receive health care premium reimbursement under this arrangement?**

- Yes  
 No

**Is a retiree who received an optional lump sum pension payment under PERS but would otherwise be eligible for a PERS pension benefit, be eligible to health care premium reimbursement under this arrangement?**

- Yes  
 No

**Must an employee retire from active service while immediately eligible for**

**benefit under Oregon Pers in order to receive health care premium reimbursement under this arrangement?**

- Yes
- No

**Are employees who retire early due to disability eligible to receive health premium reimbursement under this arrangement?**

- Yes
- No

**Do surviving spouses receive health care premium reimbursements if an employee dies after retirement?**

- Yes
- No

**If yes, under what conditions?**

**Do surviving spouses receive health care premium reimbursements if an employee dies prior to retirement?**

- Yes
- No

**If yes, under what conditions?**

**Please describe any other restrictions on employees' eligibility to receive care premium reimbursement under this arrangement.**

**If you have additional information (such as contractual language describing benefits provisions) in electronic form that will help OEGB/Milliman under the arrangement (e.g., contract language, information given to retirees, etc), please attach it here, or, mail a hard copy to Will Clark-Shim, Milliman, Inc, SW 5th Ave., Portland, OR, 97204, or e-mail documents to [GASB45OEGBMembers@Milliman.com](mailto:GASB45OEGBMembers@Milliman.com)**

   


***The following questions apply to health care premium reimbursements for retirees prior to Medicare eligibility at age 65.***

	\$ amount of premium (specify)	% of premium (specify)
How much of a retiree's Medicare supplement monthly healthcare premium is paid by the employer? <i>(Fill in one or both of the options.) *</i>	<input type="text"/>	<input type="text"/>

**Is the employer's payment above based upon one of the Employer's retiree medical coverage options -- for example, the least-expensive OEGB single premium?**

- Yes
- No

**Please describe which retiree medical coverage option and level of cover: (e.g., single, employee spouse, employee children, family, or composite) used.**

**Has the amount/percent of payment by your entity changed over time?**

- Yes  
 No

**If so, please provide a 10-year history of the change in payment, if available.**

**Until what date does the pre-Medicare retiree payment apply?**

**Is the amount of payment by your entity expected to increase or decrease in the future?**

- Yes  
 No

**If yes, please describe what considerations any future changes may be based upon.**

**Does the payment by the entity vary by whether or not a retiree elects de**

**coverage?**

Yes

No

**Please describe how the amount paid varies if dental is elected.**

**Does the payment by the entity vary by whether or not a retiree elects sp or dependent coverage?**

Yes

No

**Please describe how the amount paid varies if spouse or dependent cover elected.**

**Does the payment by the entity vary if the retiree dies and the surviving s continues coverage?**

Yes

No

**Please describe how the amount paid varies if the retiree dies and the su spouse continues coverage.**

**Does the payment by the entity vary if the retiree left employment due to**

**disability?**Yes No 

**Please describe how the amount paid varies if the retiree left employment to a work-related disability.**

**Please describe how the amount paid varies if the retiree left employment to a non-work-related disability.**

**Does the payment by the entity vary by whether a retiree elects coverage OEGB, PERS, or another insurance carrier?**

Yes No 

**Please describe how the amount paid varies by whether the retiree elects coverage under OEGB, PERS, or another insurance carrier.**

**If you feel any additional explanation is needed to describe how the payment by the entity toward retiree premium is calculated, please provide it here**

**Are these health care premium reimbursements paid directly to retirees, or are they paid to insurance carrier(s) on retirees' behalf? Please check all that apply.**

- Paid to OEBS       Paid to PERS       Paid to other insurance carrier       Paid directly to retiree

**Are these health care premium reimbursements made even if the retiree has health care coverage through an insurance carrier outside of the Employer's offerings? (e.g. through a spouse's employer)**

- Yes  
 No

**How often are health care premium reimbursements paid to or on behalf of retirees?**

**In your opinion, approximately what percentage of eligible retirees elect medical coverage and therefore receive health care premium reimbursements?**

**Does the above percentage differ based upon retiree age? (e.g. – more retirees elect coverage after age 65)**

**If you think there are any significant or widely used features of this health care premium reimbursement which are not addressed above, please describe them here:**

**Do these financial arrangements apply to post-Medicare retirees in the same way as they apply to pre-Medicare retirees?**

- Yes  
 No

***The following questions apply to health care premium reimbursements for retirees AFTER Medicare eligibility at age 65.***

	\$ amount of premium (specify)	% of premium (specify)
How much of a retiree's Medicare supplement monthly healthcare premium is paid by the employer? <i>(Fill in one or both of the options.) *</i>	<input type="text"/>	<input type="text"/>

**Is the employer's payment above based upon one of the Employer's retiree medical coverage options -- for example, the least-expensive OEGBB single premium?**

- Yes  
 No

**Please describe which retiree medical coverage option and level of coverage used. (e.g., employee, employee spouse, employee children, family, or composition used.)**

**Has the amount/percent of payment by your entity changed over time?**

- Yes

No

**If so, please provide a 10-year history of the change in payment, if available**

**Until what date does the post-Medicare retiree payment apply?**

**Is the amount of payment by your entity expected to increase or decrease in the future?**

- Yes  
 No

**If yes, please describe what considerations any future changes may be based upon.**

**Does the payment by the entity vary by whether or not a retiree elects dental coverage?**

- Yes   
No

**Please describe how the amount paid varies if dental is elected.**

**Does the payment by the entity vary by whether or not a retiree elects sp or dependent coverage?**

Yes

No

**Please describe how the amount paid varies if spouse or dependent cover elected.**

**Does the payment by the entity vary if the retiree dies and the surviving s continues coverage?**

Yes

No

**Please describe how the amount paid varies if the retiree dies and the su spouse continues coverage.**

**Does the payment by the entity vary if the retiree left employment due to disability?**

Yes

No

**Please describe how the amount paid varies if the retiree left employmen to a work-related disability.**

Please describe how the amount paid varies if the retiree left employment to a non-work-related disability.

Does the payment by the entity vary by whether a retiree elects coverage OEGB, PERS, or another insurance carrier?

Yes

No

Please describe how the amount paid varies by whether the retiree elects coverage under OEGB, PERS, or another insurance carrier.

Does your entity have any additional arrangements?

Yes

No

**Post-Retirement Health Care Arrangement #4**

*If no formal plan name exists, please provide a common term of reference for the arrangement (e.g. "Licensed employee medical plan")*

**Name of Arrangement**

**What group of employees is covered by this employer-paid post-retirement health care arrangement? (e.g., union or job classification)**

**Approximately how many employees are in this group?**

**How many years must an employee serve with your entity to receive post-retirement health care premium reimbursement under this arrangement?**

**Is the group eligible for post-retirement health care premium reimbursement restricted based on date of hire (e.g., only pre-1995 hires may participate), so, describe the restriction.**

**A retiree will receive health care premium reimbursement from the employer under this arrangement if the retiree elects medical or dental coverage under any of the following insurance carriers (check all that apply):**

OEGB  PERS  Other Carriers (list)

**Must a retiree currently eligible to receive a pension benefit (from PERS or another employer-sponsored plan) to receive health care premium reimbursement under this arrangement?**

- Yes  
 No

**Is a retiree who received an optional lump sum pension payment under PERS but would otherwise be eligible for a PERS pension benefit, be eligible to receive health care premium reimbursement under this arrangement?**

- Yes  
 No

**Must an employee retire from active service while immediately eligible for**

**benefit under Oregon Pers in order to receive health care premium reimbursement under this arrangement?**

- Yes
- No

**Are employees who retire early due to disability eligible to receive health premium reimbursement under this arrangement?**

- Yes
- No

**Do surviving spouses receive health care premium reimbursements if an employee dies after retirement?**

- Yes
- No

**If yes, under what conditions?**

**Do surviving spouses receive health care premium reimbursements if an employee dies prior to retirement?**

- Yes
- No

**If yes, under what conditions?**

**Please describe any other restrictions on employees' eligibility to receive care premium reimbursement under this arrangement.**

**If you have additional information (such as contractual language describing benefits provisions) in electronic form that will help OEGB/Milliman under the arrangement (e.g., contract language, information given to retirees, etc), please attach it here, or, mail a hard copy to Will Clark-Shim, Milliman, Inc, SW 5th Ave., Portland, OR, 97204, or e-mail documents to [GASB45OEGBMembers@Milliman.com](mailto:GASB45OEGBMembers@Milliman.com)**

   


***The following questions apply to health care premium reimbursements for retirees prior to Medicare eligibility at age 65.***

	\$ amount of premium (specify)	% of premium (specify)
How much of a retiree's Medicare supplement monthly healthcare premium is paid by the employer? <i>(Fill in one or both of the options.) *</i>	<input type="text"/>	<input type="text"/>

**Is the employer's payment above based upon one of the Employer's retiree medical coverage options -- for example, the least-expensive OEGB single premium?**

- Yes
- No

**Please describe which retiree medical coverage option and level of cover: (e.g., employee, employee spouse, employee children, family, or composition used.**

**Has the amount/percent of payment by your entity changed over time?**

- Yes  
 No

**If so, please provide a 10-year history of the change in payment, if available.**

**Until what date does the pre-Medicare retiree payment apply?**

**Is the amount of payment by your entity expected to increase or decrease in the future?**

- Yes  
 No

**If yes, please describe what considerations any future changes may be based upon.**

**Does the payment by the entity vary by whether or not a retiree elects de**

**coverage?**

Yes

No

**Please describe how the amount paid varies if dental is elected.**

**Does the payment by the entity vary by whether or not a retiree elects sp or dependent coverage?**

Yes

No

**Please describe how the amount paid varies if spouse or dependent cover elected.**

**Does the payment by the entity vary if the retiree dies and the surviving s continues coverage?**

Yes

No

**Please describe how the amount paid varies if the retiree dies and the su spouse continues coverage.**

**Does the payment by the entity vary if the retiree left employment due to**

**disability?**Yes No 

**Please describe how the amount paid varies if the retiree left employment to a work-related disability.**

**Please describe how the amount paid varies if the retiree left employment to a non-work-related disability.**

**Does the payment by the entity vary by whether a retiree elects coverage OEGBB, PERS, or another insurance carrier?**

Yes No 

**Please describe how the amount paid varies by whether the retiree elects coverage under OEGBB, PERS, or another insurance carrier.**

**If you feel any additional explanation is needed to describe how the payment by the entity toward retiree premium is calculated, please provide it here**

**Are these health care premium reimbursements paid directly to retirees, or are they paid to insurance carrier(s) on retirees' behalf? Please check all that apply.**

- Paid to OEBS  
 Paid to PERS  
 Paid to other insurance carrier  
 Paid directly to retiree

**Are these health care premium reimbursements made even if the retiree has health care coverage through an insurance carrier outside of the Employer's offerings? (e.g. through a spouse's employer)**

- Yes  
 No

**How often are health care premium reimbursements paid to or on behalf of retirees?**

**In your opinion, approximately what percentage of eligible retirees elect medical coverage and therefore receive health care premium reimbursements?**

**Does the above percentage differ based upon retiree age? (e.g. – more retirees elect coverage after age 65)**

**If you think there are any significant or widely used features of this health care premium reimbursement which are not addressed above, please describe them here:**

**Do these financial arrangements apply to post-Medicare retirees in the same way as they apply to pre-Medicare retirees?**

- Yes  
 No

***The following questions apply to health care premium reimbursements for retirees AFTER Medicare eligibility at age 65.***

	\$ amount of premium (specify)	% of premium (specify)
How much of a retiree's Medicare supplement monthly healthcare premium is paid by the employer? <i>(Fill in one or both of the options.) *</i>	<input type="text"/>	<input type="text"/>

**Is the employer's payment above based upon one of the Employer's retiree medical coverage options -- for example, the least-expensive OEGBB single premium?**

- Yes  
 No

**Please describe which retiree medical coverage option and level of coverage used. (e.g., employee, employee spouse, employee children, family, or composition used.)**

**Has the amount/percent of payment by your entity changed over time?**

- Yes

No

**If so, please provide a 10-year history of the change in payment, if available**

**Until what date does the post-Medicare retiree payment apply?**

**Is the amount of payment by your entity expected to increase or decrease in the future?**

- Yes  
 No

**If yes, please describe what considerations any future changes may be based upon.**

**Does the payment by the entity vary by whether or not a retiree elects dental coverage?**

- Yes   
No

**Please describe how the amount paid varies if dental is elected.**

**Does the payment by the entity vary by whether or not a retiree elects sp or dependent coverage?**

Yes

No

**Please describe how the amount paid varies if spouse or dependent cover elected.**

**Does the payment by the entity vary if the retiree dies and the surviving s continues coverage?**

Yes

No

**Please describe how the amount paid varies if the retiree dies and the su spouse continues coverage.**

**Does the payment by the entity vary if the retiree left employment due to disability?**

Yes

No

**Please describe how the amount paid varies if the retiree left employmen to a work-related disability.**

Please describe how the amount paid varies if the retiree left employment to a non-work-related disability.

Does the payment by the entity vary by whether a retiree elects coverage OEGB, PERS, or another insurance carrier?

Yes

No

Please describe how the amount paid varies by whether the retiree elects coverage under OEGB, PERS, or another insurance carrier.

### Post-Retirement Life Insurance Benefits

Does the employer pay for or reimburse some or all retirees for life insurance premiums? \*

Yes

No

Retiree Life Insurance Information [OEGB provides Life starting October 2009.]

**What group of employees is covered by this Employer-paid post-retirement insurance? (e.g. union or job classification)**

**Approximately how many employees are in this group?**

**How many years must an employee serve with the Employer to receive post-retirement life insurance?**

**Is the group eligible for post-retirement life insurance restricted based on date of hire? (e.g. only pre-1995 hires may participate)**

**Must an employee retire from active service to receive life insurance?**

- Yes  
 No

**Are employees who retire early due to disability eligible to receive life insurance?**

- Yes  
 No

**At what age, if any, does retiree life insurance coverage cease to be paid by employer?**

**Are there any other restrictions on eligibility to receive post-retirement life insurance?**

**What is the face value of the life insurance paid for by your entity based on your response? (Select one of the following. Additional questions will follow based on your response.)**

- % of final salary
- Fixed \$ amount
- Other Calculation - Please describe

**What is the % of final salary used to calculate the insurance amount?**

**Is the % of final salary above based upon an average of one or more year prior to retirement?**

- Yes
- No

**How many years of final salary are considered in calculating this average**

**Is the % of final salary above based upon the employee's rate of pay immediately prior to retirement?**

- Yes
- No

**Is the % of final salary used to calculate the death benefit expected to increase or decrease in the future?**

- Yes
- No

**Please describe what considerations any future changes may be based upon**

**What is the \$ amount of the insurance provided?**

**Until what date does the life insurance amount apply? (e.g. – provide end of current bargaining agreement or premium period)**

**Has the insurance amount increased over time?**

- Yes  
 No

**Please provide a 10-year history of the insurance amount if available:**

**Is the insurance amount expected to increase or decrease in the future?**

- Yes  
 No

**Please describe what considerations the future insurance amount may be based upon:**

**If you think there are any significant or widely used features of this life insurance benefit which are not addressed above, please describe them here:**

## Retirement Plan Coverage

Do all of your entity's active employees participate in Oregon PERS pension plans? \*

- Yes  
 No

Please describe the group of employees covered by the non-PERS retirement plan(s).

Please provide a summary description of your entity's non-PERS retirement plan(s). For example, a member handbook that describes the basic provisions of the plan(s) can be provided OR you may provide a complete copy of the most recent actuarial valuation of the plan(s). You may mail the information to Will Cl Shim, Milliman, Inc., 111 SW 5th Ave., Portland, OR, 97204, Tel 503.227.6666, Fax 503.227.7956, or e-mail it to Milliman Consultants.

You may also attach an electronic copy of the summary description here.

## Trust fund for GASB 45 liability

*The establishment of a trust fund for purposes of funding GASB 45 obligations may become a common practice for government employers. Funding GASB obligations with a separate trust fund typically lowers the liability measured under GASB 45. The next questions ask about your entity's interest in such a trust.*

**Has your entity established a trust fund for purposes of funding its GASB obligations?**

- Yes
- No

**Is your entity interested in potentially funding its obligations through a trust fund?**

- Yes
- No

**If you have any additional comments or questions about any aspects of the GASB 45 valuation, please provide them here.**

If you have questions regarding the content or questions in this survey, please write to [Milliman Consulting](#). However, we encourage you to "give it your best shot" in answering these questions. This survey is only one step in outlining the employer's benefits. There will be further opportunities to clear up unresolved items in the valuation process. If you have technical difficulties in operating this survey, please contact , [Michael Mischkot, CIS](#).

