

Commission on Government Forecasting and Accountability
Police and Fire Pension Fund Study
Public Act 96-1495

Basic Information:

1. Name of Police or Fire Fund:
2. Name of Individual Filling Out this Form:
3. Job Description of Individual:

Contact Information:

1. Contact Name:
2. Phone Number:
3. Fax Number:
4. Email Address:

Fund Information:

1. Please list assets, accrued liabilities, and the funding ratio of your pension fund as of the most recently completed actuarial valuation:

Date of most recently-completed actuarial valuation

Assets:

Liabilities:

Funding Ratio:

2. Does your municipality make the annual employer contribution based upon one of the following?

Department of Insurance Independent Actuary

If your annual contribution rate is not based upon the recommendation of the Dept. of Insurance or an Independent Actuary, how does your municipality determine the amount of the annual employer contribution?

3. Please list the amounts that the employer has contributed to the pension fund for the past ten fiscal years. If your pension fund contracts with an independent actuary, please also list the actuarially-recommended employer contribution amounts for the past ten fiscal years. If you do not have information for ten consecutive fiscal years, please fill in the information for as many of the ten most recent fiscal years as shown below.

	Contribution Amount	Actuary or Department of Insurance Amount Recommended	Other Recommendation
FY2002			
FY2003			
FY2004			
FY2005			
FY2006			
FY2007			
FY2008			
FY2009			
FY2010			
FY2011			

4. Please list your fund's rate of investment return for each of the past 10 fiscal years (the rate or return listed should be net-of-fees, if possible). Please use the investment adviser rate of return, and if that is not available, the actuarial rate of return.

FY2002
FY2003
FY2004
FY2005
FY2006
FY2007
FY2008
FY2009
FY2010
FY2011

5. Please list your fund's actuarially-assumed rate of return for each of the past 10 fiscal years (if the rate of return has not changed during the ten-year period shown below, please enter the amount in the FY 2011 field only)

FY2002

FY2003

FY2004

FY2005

FY2006

FY2007

FY2008

FY2009

FY2010

FY2011@ the FY2011 assumed rate of return the same as all preceding years shown here? esVo

6. For the most recently completed fiscal year, please list the source(s) of revenue from which the municipality made its annual required contribution.

Source:

7. Is your municipality subject to the Property Tax Extension Limitation Law? Please check YES or NO in the appropriate button.

YES:

NO:

8. If you answered “yes” to Question 7, briefly summarize the impact that the Property Tax Extension Limitation Law has had on the municipality’s ability to make its annual required contribution to the pension fund.