

Kentucky Retirement Systems PRESENTATION TO

Public Pension Oversight Board

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AGENDA

Background
The KRS Non-Haz Funding Problem
The Quasi Agency Conundrum
Three Options for Consideration
The KRS Recommendations

CEASING PARTICIPATION IN KERS AND CERS HB 62 - 2015

- Applies to certain agencies
- Well-defined process taking up to 18 months
 - Application and deposit
 - Board initial approval
 - Conduct actuarial valuation at assumed interest rate
 - Employees can elect to leave their balance with KRS
 - Agency Go/No-Go
 - Must set up new plan for employees who leave KRS
 - Final KRS Board approval
- Employer lump sum or 20-year installment

HB 351 - 2017

Objective: Employers who leave KRS sufficiently cover their Retired Lives Unfunded Liability

- Changed the assumed interest rate to the higher of:
 - 30-year treasury

OR

- Actuarial assumed interest rate less 3.50%
- Allowed for employer lump sum only
 - No installment; mitigates risk of payment defaults

HB 362 - 2018

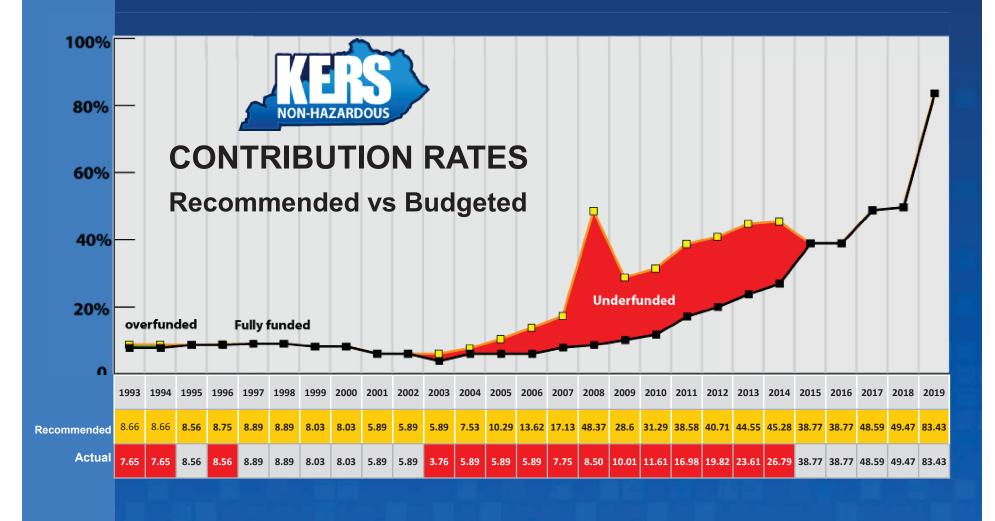
- Froze the KERS Non-Haz Quasi rate at 49.47% for FY 2019 (passed)
 - 83.43% in FY 2020
- Allowed for (up to) 12% phase-in for CERS employers (passed)
 - Up to 28.08% over no more than 10 years
- Permitted up to a 40-year interest-free loan (removed)
 - Potential subsidy of up to \$2 Bil (\$1.7 Bil KERS Non-Haz alone)
 - Remaining agency contribution rates would increase by 6-8%

1. The contribution rate is based on a percentage of the payroll

Agency outsourcing

- Departing employees not replaced
- Retirements exceeding new hires
- Payrolls are declining

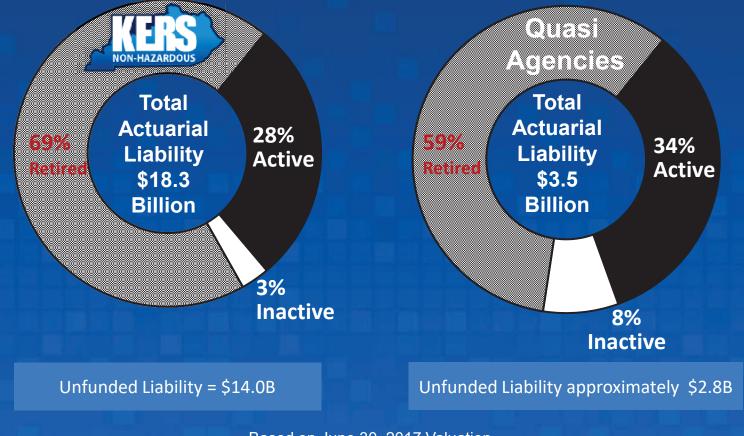
Causing contribution rates to increase



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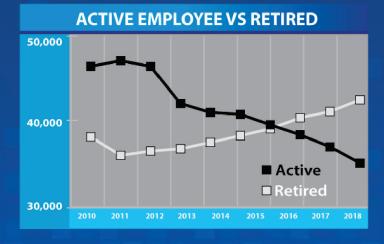
Pension and Insurance Liability

2. The majority of the unfunded liability is to cover retiree benefit payments



Based on June 30, 2017 Valuation





- Retiree numbers are increasing
- Reducing future benefits does not reduce the Retired Lives Liability

Actives who will retire over next 10+ years from Tier 1

21	Projected Retirements	0 - 5 years	6 - 10 years	11 - 15 years	16 - 20 years	21 - 25 years	26 - 30 years	30+ years	Total
F	KERS NHZ	6,530	5,762	4,808	1,962	286	24	-	19,372

3. Bankruptcies cause two major problems

- 1. We lose the contributions from the employers and employees
- 2. Their unfunded liability may have to be covered by the remaining agencies...

....further driving up the Plan's contribution rates.

The Quasi Agency Conundrum

- They can't afford the 83.43% contribution rate
- They can't afford a cessation under HB 351
- The State wants their services to continue
- Most agencies want to stay in KRS

The Quasi Agency Conundrum KRS QUASI-GOVERNMENTAL ENTITIES OVERVIEW (based on KRS Documentation and LRC Report #419)

- Quasi-governmental entities are not defined in statute, but are otherwise defined as entities that are created by government to service the public interests but maintain a legally separate status.
- Board members often are appointed by government officials, and government officials may serve on a governing board.
- Depending on the preferred definition of a "quasi," there are up to approximately 600 agencies in KRS within the KERS and CERS retirement plans.
- Classifications include airport boards, ambulance services, community action agencies, health departments, fire departments, housing authorities, libraries, regional mental health services, abuse victims, utility boards, and other special purpose agencies.
- KRS was established in 1956. Quasi agencies entered KRS thorough executive order, an order from the county's fiscal court or school board, and received final approval from the KRS Board of Trustees.

KERS NON-HAZ

Count of Eligible Agency Classification

Count of Eligible				
Agency Classification	Total			
Health Departments	61			
Non-P1 State Agencies	37			
Regional Mental Health Units	13			
Universities	7			
Grand Total	118			

Health Departments 61

ALLEN CO HEALTH DEPT ANDERSON CO HEALTH DEPT ASHLAND BOYD CO HEALTH DP BARREN RVR DIST HLTH DEPT BELL CO HEALTH DEPT BOURBON CO HEALTH CENTER BOYLE CO HEALTH DEPT BRACKEN CO HEALTH DEPT BREATHITT CO HEALTH DEPT BRECKINRIDGE CO HEALTH BD BUFFALO TRACE HEALTH DEPT BULLITT CO HEALTH DEPT CALLOWAY CO HEALTH DEPT CARTER CO HEALTH DEPT CHRISTIAN CO HEALTH DEPT CLARK CO HEALTH DEPT CUMBERLAND VLY DIST HEALT ESTILL CO HEALTH DEPT FLEMING CO HEALTH DEP FLOYD CO HEALTH CENTER FRANKLIN CO HEALTH DEPT GARRARD COUNTY HEALTH DPT GATEWAY DIST HEALTH DEPT GRAVES CO HEALTH CENTER GRAYSON COUNTY HEALTH DEPT GREEN RVR DIST HLTH DEPT GREENUP CO HLTH DEPT HARLAN CO HEALTH DEPT HOPKINS CO HEALTH DEPT JESSAMINE CO HEALTH DEPT

JOHNSON CO HEALTH DEPT KNOX CO HEALTH DEPT KY RIVER DIST HEALTH DEPT LAKE CUMBERLAND DISTRICT LAUREL CO HEALTH DEPT LAWRENCE CO HEALTH DEPT LEWIS CO HEALTH DEPT LEX FAYETTE CO HLTH DEPT LINCOLN CO HEALTH DEPT LINCOLN TRL DIST HLTH DEP LITTLE SANDY DIST HEALTH¹ MADISON CO HEALTH DEP MAGOFFIN CO HEALTH DEPT MARSHALL CO HEALTH DEPT MARTIN CO HEALTH DEPT MERCER CO HEALTH DEPT MONROE CO HEALTH DEPT MONTGOMERY CO HEALTH DEPT MUHLENBERG CO.HEALTH DEPT N CENTRAL DIST HLTH DEPT NORTHERN KY DIST HI TH DEP OLDHAM CO HEALTH DEPT PENNYRILE DIST HLTH DEPT PIKE CO HEALTH DEPT POWELL CO HEALTH DEPT PURCHASE DIST HLTH DEPT THREE RIVERS DIST HITH TODD CO HEALTH DEPT WEDCO DIST HEALTH DEPT WHITLEY CO HEALTH DEPT WOODFORD CO HEALTH DEPT

¹ Merged with other health departments

Non P1 - 37	
ASST OF COMMONWEALTH ATTY	NURSING HOME OMBUDSMAN
B.R.A.S.S.	ΟΑSIS
BARREN RIVER CHILD ADVOCA	PENNYRILE CHILD ADV CTR
BETHANY HOUSE ABUSE SHELT	PURCHASE AREA SACAC
BLUEGRASS RAPE CRISIS CTR	SAFE HARBOR
BUFFALO TR CHILD ADV INC	SANCTUARY INC
CHILD ADV CTR OF GRN RVR	SPRINGHAVEN INC
CHILD WATCH ADVOCACY CTR	WOMEN AWARE
CSG HEADQUARTERS	
CUMBERLAND V C A CENTER	
D.O.V.E.S.	
FRANKLIN CO COUNCIL AGING	
GATEWAY CHILD ADVOCACY	
HIGHSCHOOL ATHLETIC ASSOC	
HOPE HARBOR INC	
JUDI'S PLACE FOR KIDS, INC.	
KACAC ²	
КАЅАР	
KDVA	
KENTUCKY HOUSING CORP	
KET FOUNDATION	
KY ASSOC OF REGIONAL PROG	
KY BAR ASSOCIATION	
KY HIGHER ED STUD LN CORP	
KY OFFICE OF BAR ADMISSIO	
KY RIVER CHILD ADVOCACY	
LAKE CUMB CHILD ADV CTR	
LINCOLN ADVOCACY SUPPORT ³	
MUN ELEC POW ASSOC OF KY	

Mental Health - 13 ADANTA/BEHAVIORAL HLTH SR BLUEGRASS.ORG COMMUNICARE INC COMPREHEND INC REG MHMR B CUMBERLAND RIVER MHMR GREEN RVR REG MHMR BD KY RIVER COMM CARE INC⁴ LIFESKILLS INC MOUNTAIN COMP CARE CENTER NORTHERN KY REG MHMR BD PENNYROYAL REG MHMR BD SEVEN CO SERVICES INC⁴ WESTERN KY REG MHMR ADV

Universities - 7 EASTERN KY UNIV

KCTCS KENTUCKY STATE UNIVERSITY MOREHEAD STATE UNIVERSITY MURRAY STATE UNIV NORTHERN KY UNIVERSITY WESTERN KENTUCKY UNIV

² Ceased participation

³ Changed name to Silverleaf Trauma Recovery Services

⁴ Inactive

OPTION 1

Require Quasi agencies to pay the bi-annum budget actuarial contribution rate (FY 2019 rate 83.43%)

Advantage:

All the employers pay the same rate

Disadvantages:

- Will likely cause bankruptcies
- Remaining employers required to pay the unfunded liability of bankrupt agencies or request general funds appropriations
- State may lose their services if the agencies go bankrupt
- Would likely result in less total contributions compared to all agencies paying 49.47%

OPTION 2

Keep the contribution rate at 49.47%. Convert the contribution to a fixed dollar payment

Advantage:

- Allows most or all agencies to continue to operate
 - Many have indicated to KRS they can survive at that rate
 - Eliminates the risk of a declining payroll. (We have not reviewed their financial statements).

Disadvantages:

- Requires approximately \$132 million additional funding (based on FY 2018 payroll).
 - Shortfall has to be made up by someone
- We might be able to get a higher amount (e.g.55%)
- They could still go bankrupt

	Agency	Health Department	Non P1	Regional Mental Health	Universities	Total
	(1)	(2)	(3)	(4)	(5)	(6)
1	Reported Payroll	\$105	\$45	\$108	\$130	\$388
2	Contribution at 83.43%	\$88	\$37	\$90	\$109	\$324
3	Contribution at 49.47%	<u>52</u>	<u>22</u>	<u>54</u>	<u>64</u>	<u>192</u>
4	Contribution Assistance (2-3)	\$36	\$15	\$36	\$45	\$132
5	Existing GF Appropriations (bi-annum budget)	26	1	24	0	<u> </u>
6	Total Quasi Assistance	\$61	\$16	\$60	\$45	\$182

OPTION 3 – SUBJECT TO FURTHER LITIGATION OUTCOMES

Keep the contribution rate at 49.47% but require a "Soft Freeze" of benefits

Move all employees to Tier 3 as of July 1, 2019 for prospective benefits and continued service credit

Advantage:

- May save the State up to an annual estimated \$17 million versus Option 2
- Represents a shared sacrifice

Disadvantages:

- May cost more than Option 2 if many agency Tier 1 employees decide to retire and are not replaced in the KERS Non-Haz plan
- Retirements could cause workforce management problems
- Less certain of the outcome
- Inviolable contract issues

KRS Recommendations

1. Keep the provisions of HB 62 and HB 351

- Do not allow Quasis to leave KRS under any more favorable terms than currently in the statutes
- KRS can not take the risk of unfavorable long-term actuarial experience
 - Lower investment earnings
 - Longer mortality experience

KRS Recommendations

2. Keep the contribution rate at 49.47%. Convert the contribution to a fixed dollar payment (Option 2).

- Least risk of bankruptcy
- Least risk of payroll decline
- Most certainty of outcome
- FY 2019 Quasi shortfall and future underfunding must be remedied
 - Direct General Fund Appropriation(s) FY 2020,

OR

Higher state agency contribution rates (FY 2021 and beyond)