

ASBSD GASB 45 SERVICES AGREEMENT

This AGREEMENT, dated this _____ day of _____, 20____, is entered into by and between Associated School Boards of South Dakota (ASBSD) and _____ a governmental entity (Entity).

IT IS AGREED:

1. The Entity certifies it is and shall remain in good standing with their appropriate association.
 - a. Associated School Boards of South Dakota,
 - b. South Dakota Municipal League, or
 - c. South Dakota Association of Counties.

2. Scope of Services will include the following:
 - a. Itemize the cost of GASB 45 related benefits
 - b. Calculation of Other Post Employment Benefits (OPEB) expenses on the accrual basis of accounting for Implicit or Implicit and Explicit retiree subsidies. (as applicable)
 - c. Project the future benefit payment costs
 - d. Determination of the present value of projected benefit payments
 - e. Calculation of the actuarial accrued liability for OPEB associated with past service costs
 - f. Determination of an acceptable actuarial allocation method to assign costs to specific accounting periods
 - g. Provide a future cash flow analysis for the Entity
 - h. Provide an actuarial certification of liabilities in a valuation report suitable for use by the Entity's auditor in preparation of its financial statements. (Does not apply to simplified AMM valuation)

3. The Entity hereby appoints ASBSD as its contracting agent, recognizing that actuarial services will be performed by Gallagher Benefits Services, Inc (GBS).

4. The standard fee for the initial valuation report will be \$ _____. This includes a standard GASB 45 valuation report, a conference call meeting with the Entity before the work begins, and a conference call meeting to review the draft report. (This extended services does not apply to the simplified AMM valuation).
 - a. Standard Report Fees: (One group only. Additional fees will apply for groups of two or more).

i. Implicit subsidy only	\$6,000
ii. Implicit and explicit subsidies	\$7,000
iii. Implicit and explicit subsidies and separate Medicare Plan	\$8,000
iv. Simplified AMM self-service valuation (<100 members)	\$2,000

 - b. Optional Services:

i. Optional onsite meeting to present the final report (plus travel expenses)	\$1,500
ii. Optional additional scenarios: per scenarios	\$ 750
iii. Optional off-year "roll-forward" report: per report	\$3,000
iv. Financial footnote disclosure	\$1,500

5. Entity agrees to remit payment to ASBSD within 30 days of being invoiced following the delivery of the final actuarial report.

6. Entity shall assume total responsibility for information received or omitted. ASBSD will not be liable for any damages or for any loss, regardless of the legal theory under which such liability is asserted, and regardless of whether they have been advised of the possibility of such liability, loss or damage.

IN WITNESS WHEREOF, the Entity and ASBSD have each caused this Agreement to be executed by their duly authorized representatives.

ASBSD

Entity

Signature

Signature

Title

Title

Date

E-mail Address and Phone Number

Name of Entity

Return to:

ASBSD
Attn: Bill Lynch
P.O. Box 1059
Pierre, S. D. 575012

Billing Address

City, State, Zip

Date

**Associated School Boards of South Dakota
GASB 45 Compliance Services
Entity Information**

Entity _____

Primary Contact Person _____

Primary Contact E-mail _____

Compliance Deadline – Please check one

Phase I Entity _____ (original compliance deadline 06/30/2008)

Phase II Entity _____ (original compliance deadline 06/30/2009)

Phase III Entity _____ (original compliance deadline 06/30/2010)

*Districts with 200 members or more must have a valuation every 2 years
Districts with fewer than 200 members must have a valuation every 3 years*

NUMBER OF MEMBERS _____

To determine the number of members in your plan, include all:

- i. Active Employees;
- ii. Terminated employees who have accumulated benefits but are not yet receiving them;
- iii. Retired that are currently receiving benefits; and
- iv. Eligible employees that are not active.

Consult your Entity's auditor if you are unsure or need clarification

Please return this completed form with your Participation Agreement to:

**ASBSD
ATTN: Bill Lynch
P.O. Box 1059
Pierre, S. D. 57501**