

NDPERS BOARD MEETING

Agenda

Bismarck Location:
ND Association of Counties
1661 Capitol Way
Fargo Location:
BCBS, 4510 13th Ave S

July 17, 2014

Time: 8:30 AM

I. MINUTES

- A. June 19, 2014
- B. July 2, 2014

II. PRESENTATION

- A. Fiduciary Responsibilities and Liability – Jan (Information)

III. GROUP INSURANCE

- A. Colorectal Cancer Screening Survey – BCBS (Information)
- B. Self-Insured Request for Proposal – Sparb (Information)
- C. Superior Vision Renewal – Kathy (Board Action)
- D. ACA Update – Sparb (Information)
- E. BCBS Reviews – Sparb (Information)
- F. BCBS Call Center Update – Sparb (Information)

IV. RETIREMENT

- A. GASB Update – Sparb (Information)
- B. Investment Returns – Sparb (Information)

V. MISCELLANEOUS

- A. Board Committee Assignments – Sparb (Board Action)
- B. PERSLink Member Self Service Statistics – Sparb (Information)

VI. HARDSHIPS/APPEALS

- A. Deferred Compensation Hardship Case # - Kathy (Board Action)

Any individual requiring an auxiliary aid or service must contact the NDPERS ADA Coordinator at 328-3900, at least 5 business days before the scheduled meeting.



**North Dakota
Public Employees Retirement System**
400 East Broadway, Suite 505 • Box 1657
Bismarck, North Dakota 58502-1657

Sparb Collins
Executive Director
(701) 328-3900
1-800-803-7377

FAX: (701) 328-3920 • EMAIL: NDPERS-info@nd.gov • www.nd.gov/ndpers

Memorandum

TO: PERS Board
FROM: Sparb
DATE: July 10, 2014
SUBJECT: Fiduciary/Liability Presentation

Jan will present information relating to fiduciary responsibilities and liability as a trustee at the July Board meeting.

You will receive a copy of the presentations at the Board meeting.



North Dakota
Public Employees Retirement System
400 East Broadway, Suite 505 • Box 1657
Bismarck, North Dakota 58502-1657

Sparb Collins
Executive Director
(701) 328-3900
1-800-803-7377

FAX: (701) 328-3920 • EMAIL: NDPERS-info@nd.gov • www.nd.gov/ndpers

Memorandum

TO: PERS Board

FROM: Sparb

DATE: Colorectal Cancer Screening Survey

SUBJECT: July 10, 2014

Jesse Tran from the ND Department of Health and Mike Carlson from BCBS will be at the Board meeting to review the White Paper with the Board.

Collaboration between NDPERS, NDDoH and BCBSND to evaluate barriers to Colorectal Cancer Screenings for the NDPERS population

Collaborators: NDPERS, NDDoH & BCBSND

Health care costs are increasing rapidly due, in part, to unhealthy lifestyles and a focus on acute care rather than preventive or maintenance care. Benefit plan administrators see the impact of rising premiums to cover increased spending. Research has shown that health promotion and prevention programs improve health and productivity. Blue Cross Blue Shield of North Dakota (BCBSND) partnered with the North Dakota Public Employee Retirement System (NDPERS) and the North Dakota Department of Health (NDDoH) to develop a survey tool to assess the barriers to compliance for Colorectal Cancer screenings. The NDDoH was able to provide grant dollars to cover the expenses related to the survey. Over a 5-week time period, the survey was mailed to any NDPERS members with a North Dakota residence who, according to data residing in BCBSND systems and based upon United States Preventative Services Task Force (USPSTF) guidelines, were not in current compliance with any valid screening procedure for Colorectal Cancer. Overall, the response rate and subsequent findings show multiple opportunities in education and health plan benefit structure exist. The results are also to be considered a standard sample representation of the state of North Dakota demographics that fall within guidelines for Colorectal Cancer screening services.

Problem Significance

Costs are increasing, premiums are becoming unaffordable, healthy lifestyles are in question, and benefit plan administrators are engaging in these concerns and are taking a proactive approach to find solutions and make a difference amongst their members. In response to the rising costs, more and more administrators are adopting annual health risk assessments, offering incentives for participation in lifestyle management programs, and examining what are the specific barriers that exist for their members. Studies have shown that health promotion and disease prevention programs improve employee health and productivity and reduce long-term health care costs. With additional benefits such as reduced absenteeism, higher productivity, wise use of health care benefits, and increased morale and loyalty, it's not surprising more employers are choosing to implement workplace wellness programs within their companies.

Examination

The NDPERS population consists of 27,123 active and retired contracts. Total covered lives, including spouses and dependents, are 62,235. BCBSND identified 7,068 individual members that were filtered upon the following criteria:

The objective of this survey was to determine target areas such as costs and lack of understanding health benefits that could assist in increasing compliance.

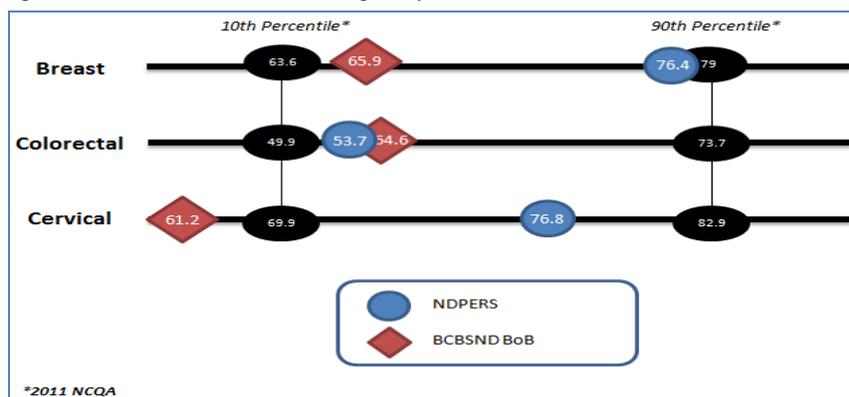
within the ages of 50 to 75, active as of

04/30/2011, Active and Early Retiree populations only and with a North Dakota residence as a primary address.

The NDPERS population has experienced a flat trend line in colorectal cancer screening compliance. Over the last three year span (2010 to 2012) the average compliance rate was at 51% (Figure 1 shows 2012 Compliance Data).

The NDDoH approached BCBSND to determine what supporting role could be provided in order to assist with the evaluation to assess the factors that are preventing NDPERS members from receiving the services.

Figure 1. 2012 NDPERS Cancer Screening Compliance Rates for Breast, Colorectal & Cervical Cancers



To accomplish this, BCBSND, NDPERS administrators and representatives from the NDDoH worked together to develop a survey. Survey design, distribution channels, review of appropriate medical guidelines to recommend Colorectal Cancer screenings, and the appropriate question set were reviewed and agreed upon by the three

entities. Additionally, the NDPERS Worksite Wellness Coordinators played a role in the assessment, working with NDPERS members to educate them at their respective locations to notify them of the upcoming survey that identified members would be receiving.

Participation in the survey was voluntary. Each of the 7,068 identified individuals received a mailing via USPS that contained a cover letter (Attachment 1) and one page survey (Attachment 2) and a return postage paid envelope. Additionally, members were informed that completion of the survey could be completed online and the URL was provided. Confidentiality of each member's response was addressed within the cover letter and no request for personal identifier language was requested through either the paper or online survey.

Survey Results

1,228 members responded (17.4% response rate). 65 respondents (5.3%) completed the survey online out of the 1,228 total. Participants were 57.5% female (42.5% male was higher than expected), with an average age of 57.8 years. The respondent marital status was at 84.5%.

Nine respondents reported their age as less than 50, which was outside the selection criteria. Potential rationale for this phenomena is that spouse of the intended recipients actually mistakenly replied. The respondents' data was removed from the final dataset, resulting in 1,219 valid respondents.

603 members (49.8%) reported having a Colorectal Cancer screening in the past. Potential reasons for this high number are;

1. The member whom had a valid screening may have moved from a different health plan carrier to the NDPERS benefit plan with BCBSND as the plan carrier.
2. The member may have a valid screening outside the boundaries of the recommended guidelines, rendering that screening out of date.
3. The member may have recently had a valid screening and the corresponding record was not in the BCBSND systems prior to the dataset extrapolation.
4. More Providers have since been integrated into our systems which have geographic presence in NDPERS population dense regions.

Of the 1,219 total respondents, 855 (70.0%) provided some type of response to the open-ended question, "What is the most significant reason that has kept you from getting screened for colorectal cancer?" (Figure 2 below)

Copyrighted by Blue Cross Blue Shield of North Dakota

Figure 2. Reasons for Screening Avoidance

Top reasons why the respondents would avoid a screening (70.1% or n = 855 respondents provided a reason, percentages out of total who provided a reason)		
Cost	340	39.8%
Prepping for the procedure	141	16.5%
No history of colon cancer	103	12.0%
Doctor never brought it up or explained it / lack of knowledge	76	8.9%
Time or inconvenience	85	9.9%
Fear of complications	52	6.1%
Not against it – no valid reason why	30	3.5%
Other	18	2.1%
Lack of Trust in HCP	14	1.6%
No health care provider	6	0.7%
Dealing with other family concerns	8	0.9%
Worried it might find cancer	6	0.7%
I don't go or don't like to go to the doctor	4	0.5%
It's some type of scam	4	0.5%
No one to accompany me / trouble scheduling ride home	4	0.5%
Already been screened or am scheduled to be	84	9.8%
Total providing a reason	855	100.0%

The respondents were generally aware of the benefits of early detection and knew what types of screenings were available. Coinsurance and/or deductibles (i.e., the “cost” of the procedure) was either a significant barrier or not a barrier at all. Very few believed the procedure was only “somewhat” affordable. One explanation for this may have to do with the value each respondent placed on the procedure. For those with no history and no symptoms, the cost may seem prohibitive. But, for those at risk or who have lost a family member to this type of cancer, it may be considered a necessary

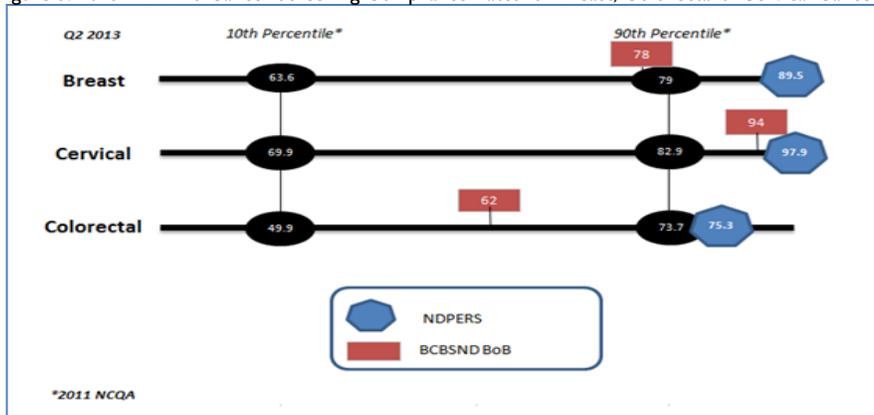
expense. Most were aware of the risk factors associated with colorectal cancer and were highly confident in that knowledge. The remainder knew some of the risk factors and were less confident they knew them all.

The sample was relatively evenly split between those who were worried about the inconvenience of the preparation and those who were not. Those who were worried did not express extremely high levels of concern. The same results were found when examining those who were worried the preparation and testing would be embarrassing. Overwhelmingly, the cost of travel was not a major concern in getting a screening.

Over one-third of the sample were concerned the screening would find cancer but only slightly so. Most were very confident cancer would not be found. The majority believed they could get time away from work to have the screening done, and those who didn't considered this only a small barrier. Around 42% were slightly concerned the screening would be painful, but most were confident it would not be.

Subsequent to the survey and as part of regular reporting by BCBSND to the NDPERS Board of Directors and Administrators, new compliance rates for Colorectal Cancer screenings were provided in September of 2013. Of note, the compliance rate for the same age & gender NDPERS demographic population had improved by 22%. The rationale stated above in this section additionally hold true for this increase.

Figure 3. 2013 NDPERS Cancer Screening Compliance Rates for Breast, Colorectal & Cervical Cancers



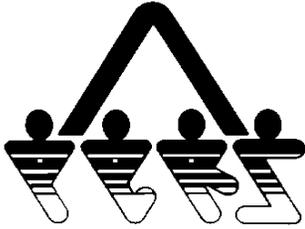
Analysis of Findings

The survey findings do provide hypothetical opportunities to mitigate barriers to the NDPERS population in becoming compliant with Colorectal Cancer screenings. Changes to the NDPERS medical benefit plan to provide 100% coverage would address 27.7% of the barriers as reported by respondents. Data and cost analysis of this structural change to the NDPERS medical benefit plan should be provided to NDPERS administrators by BCBSND so that the full financial effect of this change is understood prior to any design changes.

Slightly more than ten percent of the respondents (11.4%) had concerns about the preparation for the procedure. Investigation into communication strategies regarding procedure preparation and risk of non-compliance should be conducted. Clear and easy-to-understand communication materials that articulate the common experience and the risks of noncompliance may reduce concerns among the eligible population. A multi-partner work group with representation from the Benefit Plan Administrators, department of health, health plans, employer groups and the provider community can ensure that an all encompassing point of view is considered.

Roughly 10% of the respondents felt that if they had no family history of colorectal cancer, then the screening was not needed. Education on the importance of proactive prevention may alleviate misconceptions.

Opportunities to educate the member/patient exist from multiple avenues, and they should all be explored. Additionally, financial considerations should be examined to remove the largest reported barrier, out of pocket expense for the member.



North Dakota
Public Employees Retirement System
400 East Broadway, Suite 505 • Box 1657
Bismarck, North Dakota 58502-1657

Sparb Collins
Executive Director
(701) 328-3900
1-800-803-7377

FAX: (701) 328-3920 • EMAIL: NDPERS-info@nd.gov • www.nd.gov/ndpers

Memorandum

TO: PERS Board

FROM: Sparb

DATE: July 10, 2014

SUBJECT: Self Insured Request for Proposal

Deloitte is finalizing the first draft of the self-insured request for proposal. We will have it to you early next week.



**North Dakota
Public Employees Retirement System**
400 East Broadway, Suite 505 • Box 1657
Bismarck, North Dakota 58502-1657

Sparb Collins
Executive Director
(701) 328-3900
1-800-803-7377

FAX: (701) 328-3920 • EMAIL: NDPERS-info@nd.gov • www.nd.gov/ndpers

Memorandum

TO: PERS Board
FROM: Kathy
DATE: July 10, 2014
SUBJECT: Superior Vision Renewal

At the July 2, 2014 special Board meeting you reviewed the revised renewal proposal from Superior Vision. The proposal was for a 2% decrease in rates. The Board approved to accept the revised bid and as a counter, directed staff to ask Superior to consider locking in the rates for a three-year period rather than for the proposed two-year period.

Superior has agreed to lock in the rates for a three-year period from January 1, 2015 through December 31, 2017. Following are the current rates and the new rates for the next three years:

	Current	Revised Rates
Emp Only	\$4.92	\$6.64
Emp + Spouse	\$9.84	\$13.28
Emp + Child(ren)	\$8.96	\$12.10
Emp + Family	\$13.88	\$18.74

Board Action Requested



SUPERIOR VISION

See yourself healthy.

Vision Benefits Renewal (Revised 2)

July 9, 2014

Ms. Kathy Allen
North Dakota Public Employees Retirement System
400 E. Broadway, Ste. 505
Bismarck, ND 58505

**Re: North Dakota Public Employees Retirement System
Policy #29854**

Dear Ms. Allen,

We would like to thank you and your group, **North Dakota Public Employees Retirement System**, for the continuing support of our vision plan. As you are aware, the renewal rate guarantee will expire on **12/31/2014**.

The renewal rates will be as follows, with a three year rate guarantee:

	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Renewal Rates *	\$6.64	\$13.28	\$12.10	\$18.74

Renewal Period: January 1, 2015 – December 31, 2017

**The premium rates outlined above are inclusive of any applicable Health Insurance Taxes under the Patient Protection and Affordable Care Act (“ACA”); that go into effect January 1, 2014.*

Please confirm receipt of the above rates by signing and returning a copy of this letter via fax or email.

Superior Vision is honored to partner with you to provide the Superior Vision Plan and we appreciate the trust you have placed in us.

Yours in Superior Service,

Ron Kemper, Senior Strategic Account Manager
Fax (916) 859-6264, rkemper@superiorvision.com

Renewal acknowledged/accepted by: _____

Title: _____ Date: _____



**North Dakota
Public Employees Retirement System**
400 East Broadway, Suite 505 • Box 1657
Bismarck, North Dakota 58502-1657

Sparb Collins
Executive Director
(701) 328-3900
1-800-803-7377

FAX: (701) 328-3920 • EMAIL: NDPERS-info@nd.gov • www.nd.gov/ndpers

Memorandum

TO: PERS Board
FROM: Sparb
DATE: July 10, 2014
SUBJECT: ACA Update

An ACA Training Session for all employers was held on July 10, at the Bismarck Civic Center. There were approximately 150 in attendance.

Attached is the notice and agenda from that meeting.



**North Dakota
Public Employees Retirement System**
400 East Broadway, Suite 505 • Box 1657
Bismarck, North Dakota 58502-1657

Sparb Collins
Executive Director
(701) 328-3900
1-800-803-7377

FAX: (701) 328-3920 • EMAIL: NDPERS-info@nd.gov • www.nd.gov/ndpers

Memorandum

TO: PERS Board
FROM: Sparb
DATE: July 10, 2014
SUBJECT: BCBS Reviews

At a recent meeting we discussed the issue relating a recent article in the Fargo Forum about the possibility that BCBS was processing certain claims incorrectly. One of the questions that came up at that meeting was the types of reviews that are done on BCBS. For your information the following is that information as provided by BCBS:

External Reviews

- **SSAE 16 or SOC-1 Audit (formally known as SAS70)** – on an annual basis NMIC contracts with an external auditor to review key internal controls related to claims processing, enrollment, billing, finance and information technology. Since 2010, NMIC has received an unqualified or “clean” auditor opinion on this report.
- **Healthy Steps Program Review** – on an annual basis the North Dakota Department of Health contracts with a third party to review BCBSND’s compliance with federal CHIPRA requirements related to administration of the Healthy Steps Program. BCBSND has continually improved its compliance scores related to this review since it began in 2011.
- **URAC Accreditation** – BCBSND received full URAC Health Plan and Health Plan for Exchange accreditation in 2014.
- **Annual Financial Statements Audits** – on an annual basis NMIC contracts with a third party to complete a full financial statement audit. This audit includes a review of the underlying controls and processes (i.e. premium receipts, claims processing, etc.) that flow through the financial statements.
- **ND Department of Insurance Examinations** – on an on-going basis NMIC is subject to ND DOI examinations. These can take the form of targeted or general exams and focus on NMIC’s adherence to regulatory requirements (market conduct) or adherence to statutory financial reporting requirements as defined by the state and the NAIC.

- **Other** – given NMIC’s service of certain federal programs (i.e. the Federal Employee’s Program and CMS) it is subject to on-going external reviews of key processes and financial reporting related to the services provided to these entities.

Internal Reviews

- **Model Audit Rule Testing** – on an annual basis the Internal Audit department tests key controls to ensure that financial reporting is completed accurately and free of material errors. This involves reviewing controls in a number of areas including claims processing, quality assurance, actuarial, provider reimbursement, enrollment, premium handling and finance. A certification on the results of this testing is required to be submitted to the ND DOI on an annual basis.
- **Risk Based Audits** – on an annual basis the Internal Audit department completes a number of risk-based internal audits. The subject matter of these reviews can vary but are based on what the organization deems as highest priority from a risk perspective.
- **Quality Assurance** – the Quality Assurance department completes claims reviews on an on-going basis to ensure that NMIC/BCBSND is meeting service level requirements related to claims processing accuracy, timeliness and other key service level metrics. The service level expectations are defined by the BCBSA or customer requirements.



**North Dakota
Public Employees Retirement System**
400 East Broadway, Suite 505 • Box 1657
Bismarck, North Dakota 58502-1657

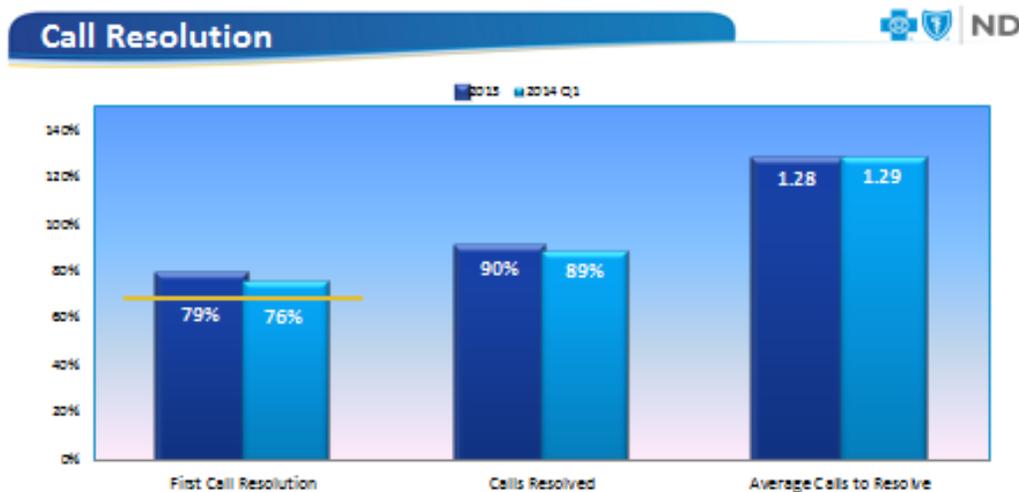
Sparb Collins
Executive Director
(701) 328-3900
1-800-803-7377

FAX: (701) 328-3920 • EMAIL: NDPERS-info@nd.gov • www.nd.gov/ndpers

Memorandum

TO: PERS Board
FROM: Sparb
DATE: July 9, 2014
SUBJECT: Member Satisfaction Survey

At the last meeting we reviewed with BCBS its Member Satisfaction Survey. On slide 5 (below) there was a question concerning “calls resolved”. As the slide shows 90% of all calls were resolved. The question was if that means that 10% were not resolved?



First Call Resolution

Percentage of customers who had their issue resolved in one call. Goal – 74%

Calls Resolved

Percentage of customers whose issue was resolved.

Average Calls to Resolve

Average number of calls needed to resolve the issue.

Concerning the above BCBS indicated the following:

This could be anything from they needed to contact someone else – like NDPERS or they were waiting for something to be done or even they had a complaint and the complaint still stands. Calls resolved differs from Action Alerts in that in an action alert the caller indicated they were dissatisfied and the call wasn't resolved

Concerning action alerts we also discussed the following at the last meeting:





**North Dakota
Public Employees Retirement System**
400 East Broadway, Suite 505 • Box 1657
Bismarck, North Dakota 58502-1657

Sparb Collins
Executive Director
(701) 328-3900
1-800-803-7377

FAX: (701) 328-3920 • EMAIL: NDPERS-info@nd.gov • www.nd.gov/ndpers

Memorandum

TO: PERS Board
FROM: Sparb
DATE: July 10, 2014
SUBJECT: GASB Meeting Update

On June 26 we had our GASB working group meeting at the Civic Center. We had 35 representatives from political subdivisions, auditors or other organizations present. We also had about 10 staff from PERS/TFFR present. The meeting went very well. We are going to do a follow-up survey of those who attended. The next major step will be the statewide meeting in November.



**North Dakota
Public Employees Retirement System**
400 East Broadway, Suite 505 • Box 1657
Bismarck, North Dakota 58502-1657

Sparb Collins
Executive Director
(701) 328-3900
1-800-803-7377

FAX: (701) 328-3920 • EMAIL: NDPERS-info@nd.gov • www.nd.gov/ndpers

Memorandum

TO: PERS Board
FROM: Sparb
DATE: July 10, 2014
SUBJECT: Investment Returns

The following is a preliminary estimate of the investment returns for our funds:

PERS	15.8%
Job Service	13.4%
Retiree Health	16.2%

Last year we had Segal prepare estimates of the funded status of the plan going forward based upon various levels of return. Attached are charts for our plans showing the projected funded status with an 8% return this year and a 16% return. As you will note the return of 16% for this year makes a significant difference in our long term funded statuses based upon Market Value of Assets (MVA) and Actuarial Value (AVA) of assets.



North Dakota Public Employees Retirement System

Projections from July 1, 2013 Valuation

Brad Ramirez, FSA, MAAA, EA, FCA
Tammy Dixon, FSA, MAAA, EA

July 2014

#5322895

 Segal Consulting

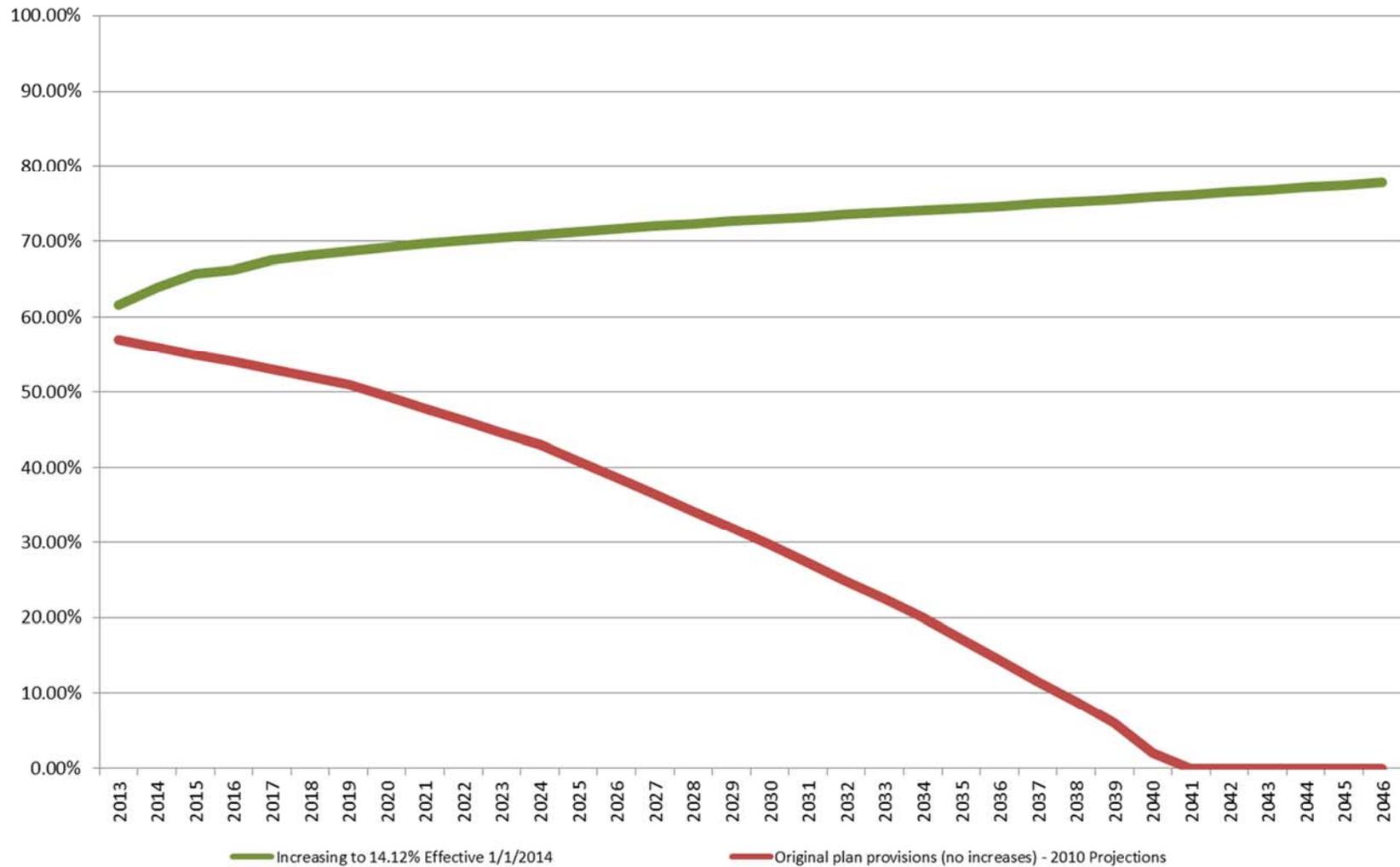
Projections

- Projections of estimated funded ratios for 30 years
 - Based on investment return scenarios of 8% and 16% for 2013/2014
 - Assume Fund earns 8% per year thereafter
 - All other experience is assumed to emerge as expected
 - 10% of new entrants will elect DC Plan participation

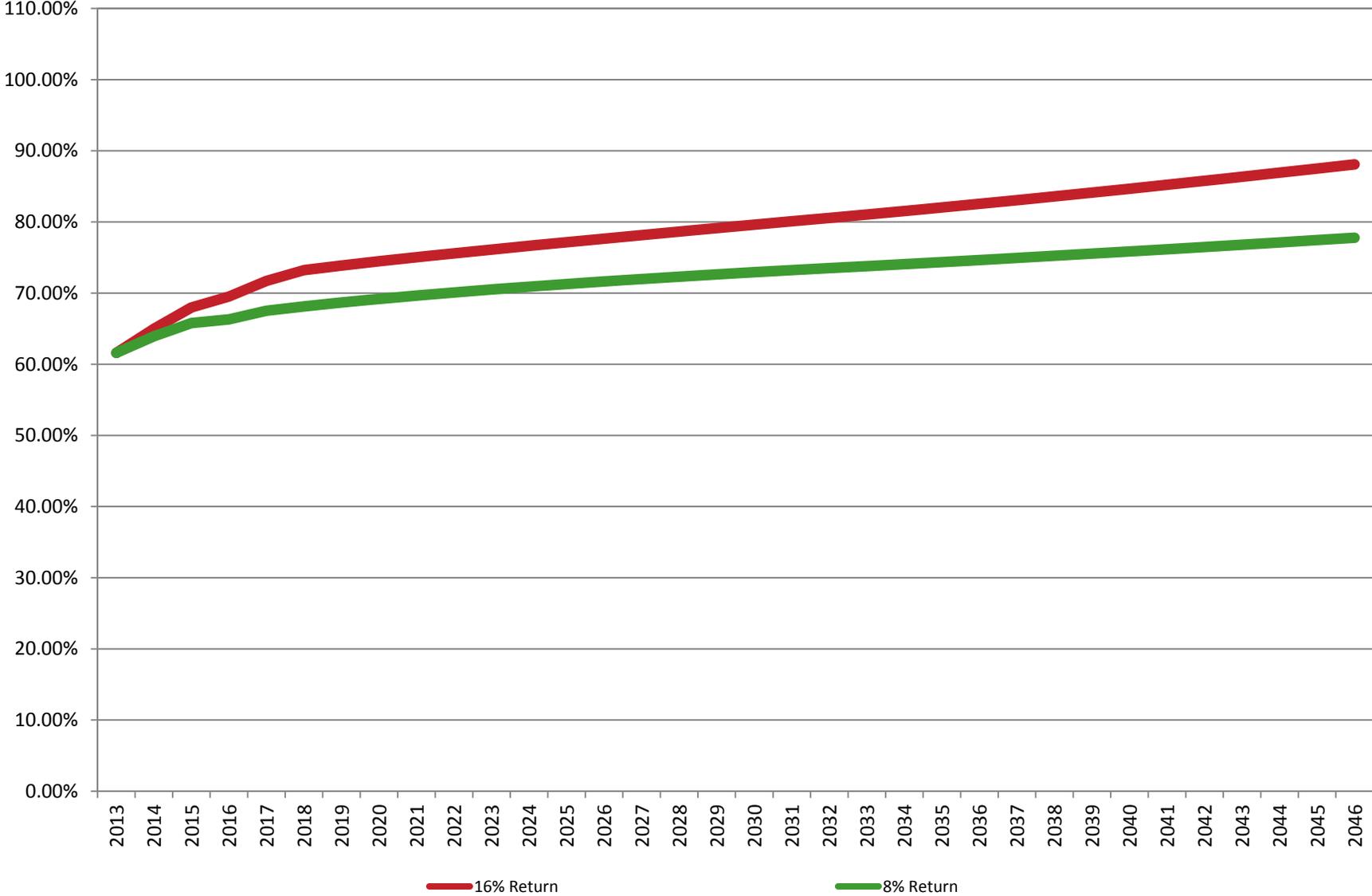
- Target Funded Ratios
 - Based on investment return scenarios of 8% and 16% for 2013/2014
 - Assume Fund earns indicated return thereafter
 - All other experience is assumed to emerge as expected

- Projections, by their nature, are not a guarantee of future results. The modeling projections are intended to serve as illustrations of future financial outcomes that are based on the information available to us at the time the modeling is undertaken and completed, and the agreed-upon assumptions and methodologies described herein. Emerging results may differ significantly if the actual experience proves to be different from these assumptions or if alternative methodologies are used. Actual experience may differ due to such variables as demographic experience, the economy, stock market performance and the regulatory environment.

Projected Funded Ratios (AVA Basis) – Main System Current Plan vs. Original Plan (2010 Projection)



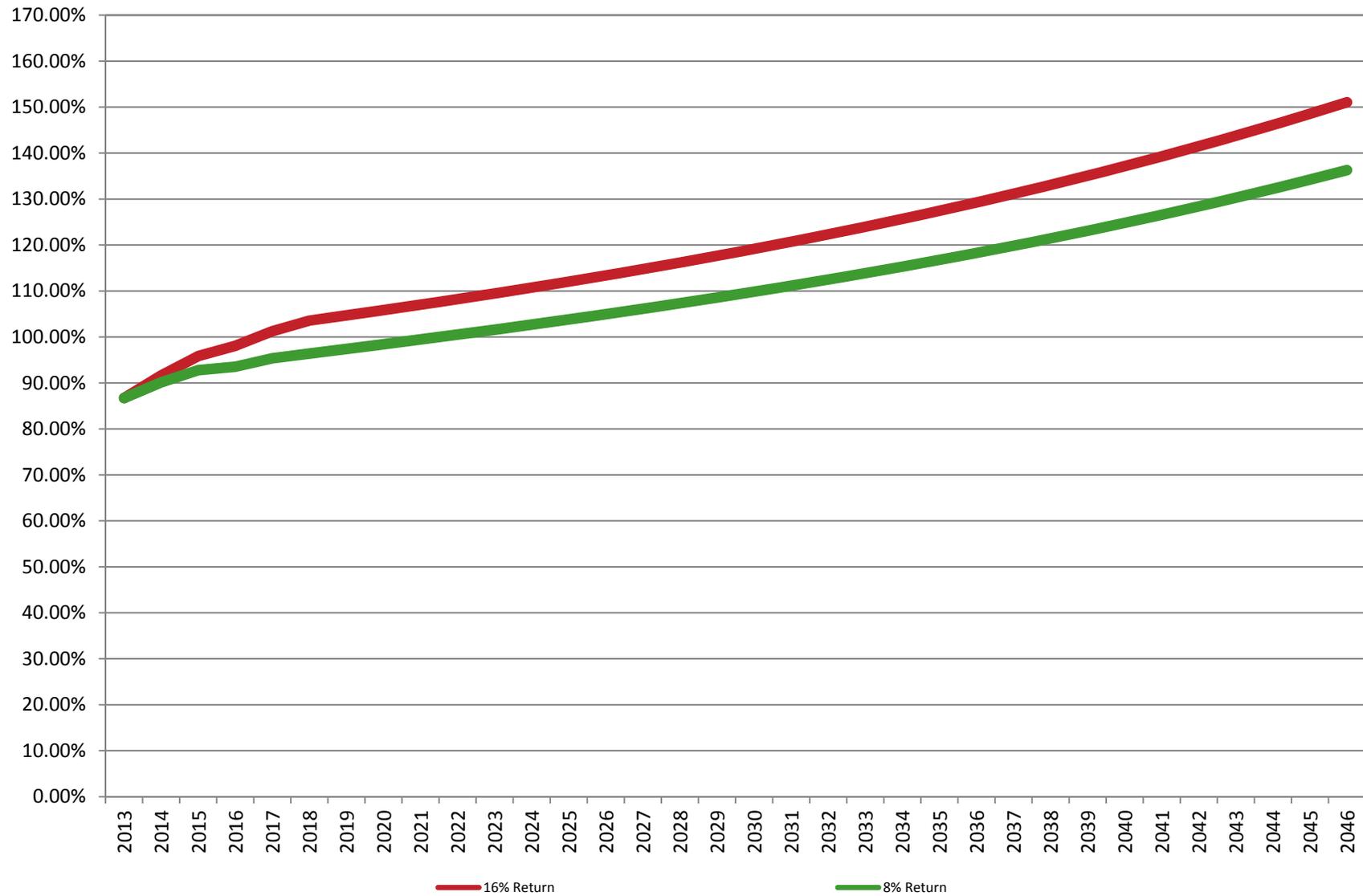
Projected Funded Ratios (AVA Basis) – Main System



Target Funded Ratios – Main System

Target Funded Ratio	Rate of Return Required for All Years Beginning on and after 2014/2015 To Achieve Target in 2033	
	Assumed 2013/2014 Return	
	16.0%	8.0%
70%	7.3%	7.7%
80%	7.9%	8.4%
90%	8.6%	9.1%
100%	9.1%	9.6%

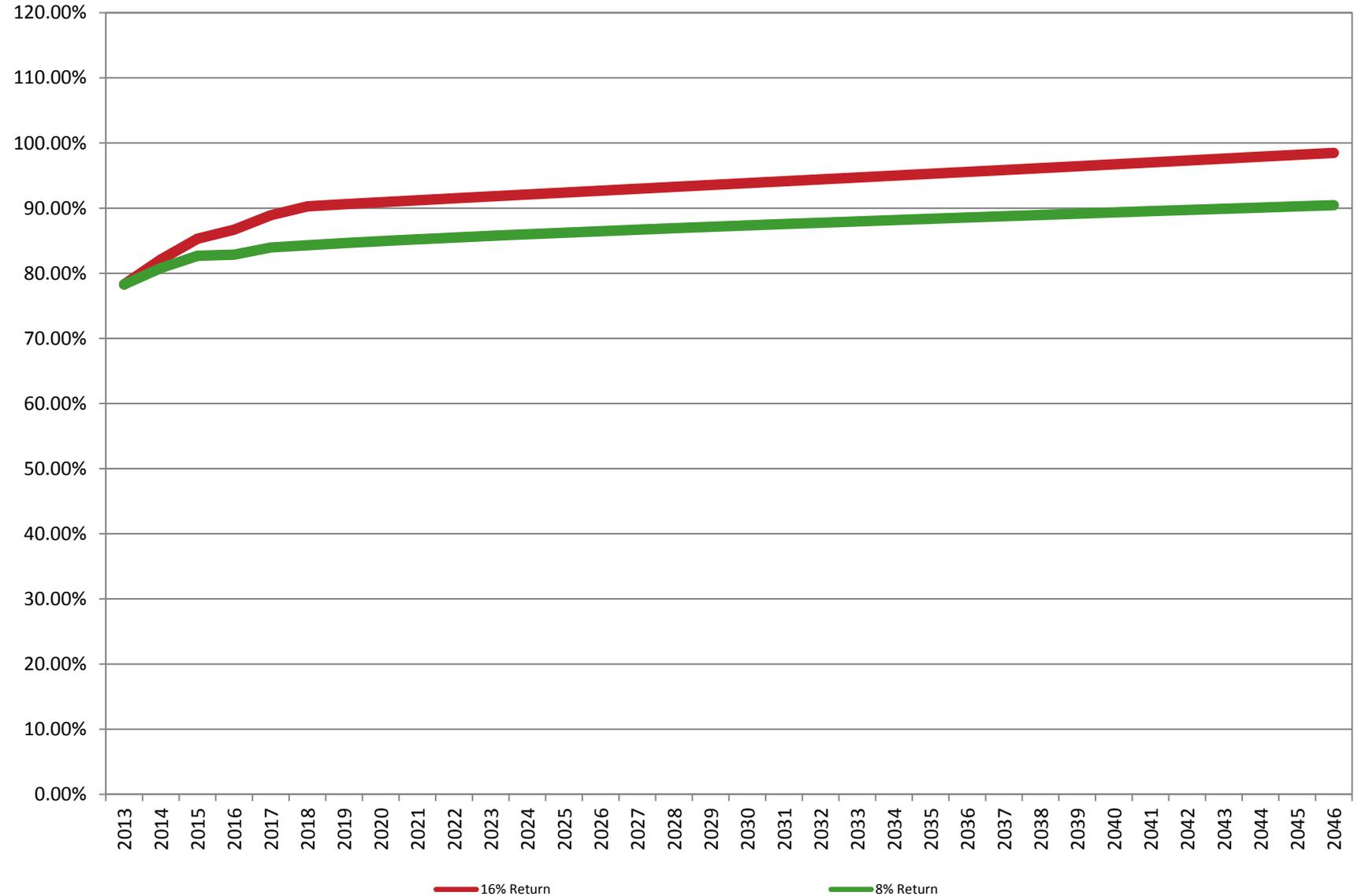
Projected Funded Ratios (AVA Basis) – Judges



Target Funded Ratios – Judges

Target Funded Ratio	Rate of Return Required for All Years Beginning on and after 2014/2015 To Achieve Target in 2033	
	Assumed 2013/2014 Return	
	16.0%	8.0%
70%	4.9%	5.4%
80%	5.6%	6.1%
90%	6.3%	6.7%
100%	6.8%	7.3%

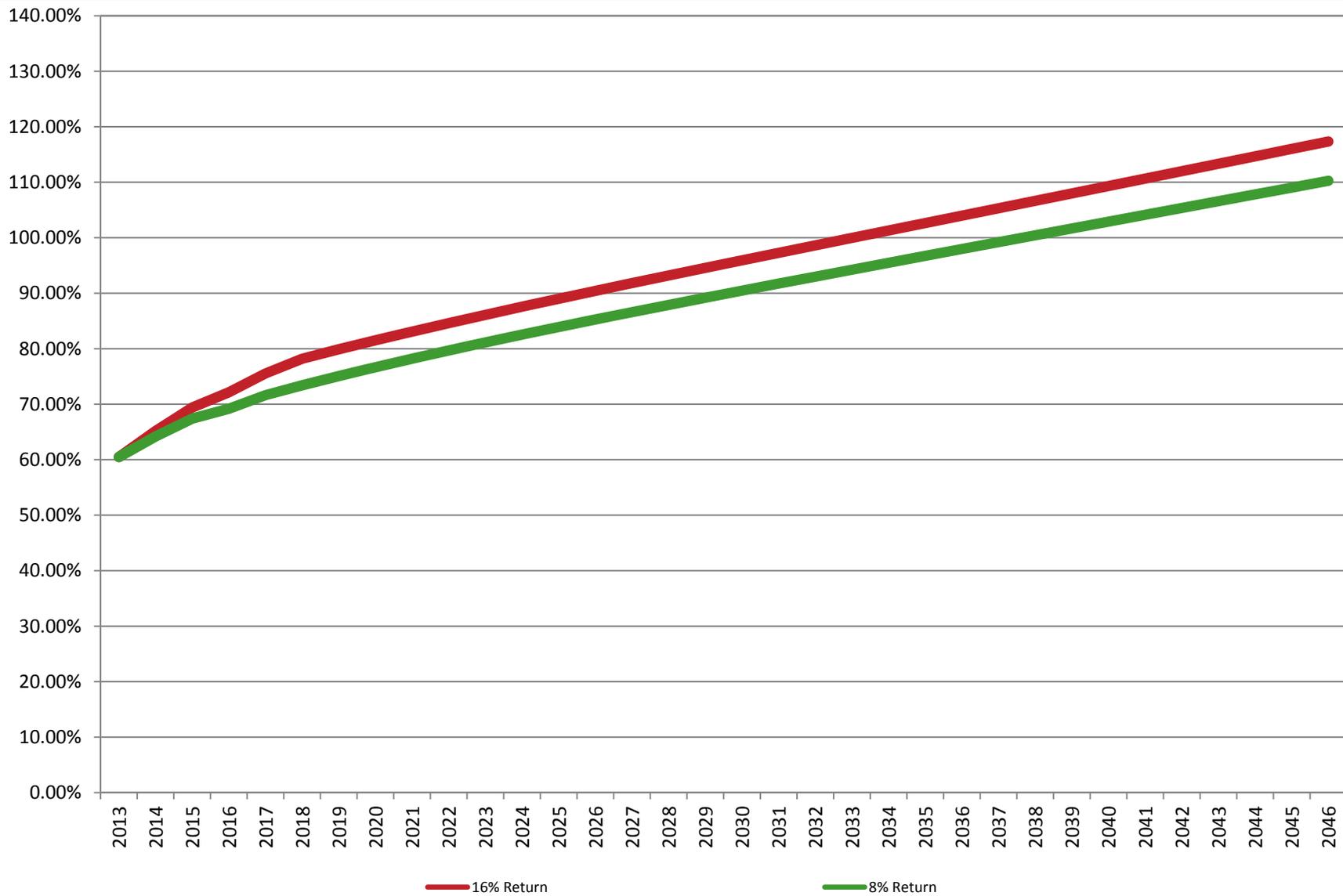
Projected Funded Ratios (AVA Basis) – National Guard



Target Funded Ratios – National Guard

Target Funded Ratio	Rate of Return Required for All Years Beginning on and after 2014/2015 To Achieve Target in 2033	
	Assumed 2013/2014 Return	
	16.0%	8.0%
70%	6.2%	6.7%
80%	7.0%	7.5%
90%	7.7%	8.1%
100%	8.3%	8.8%

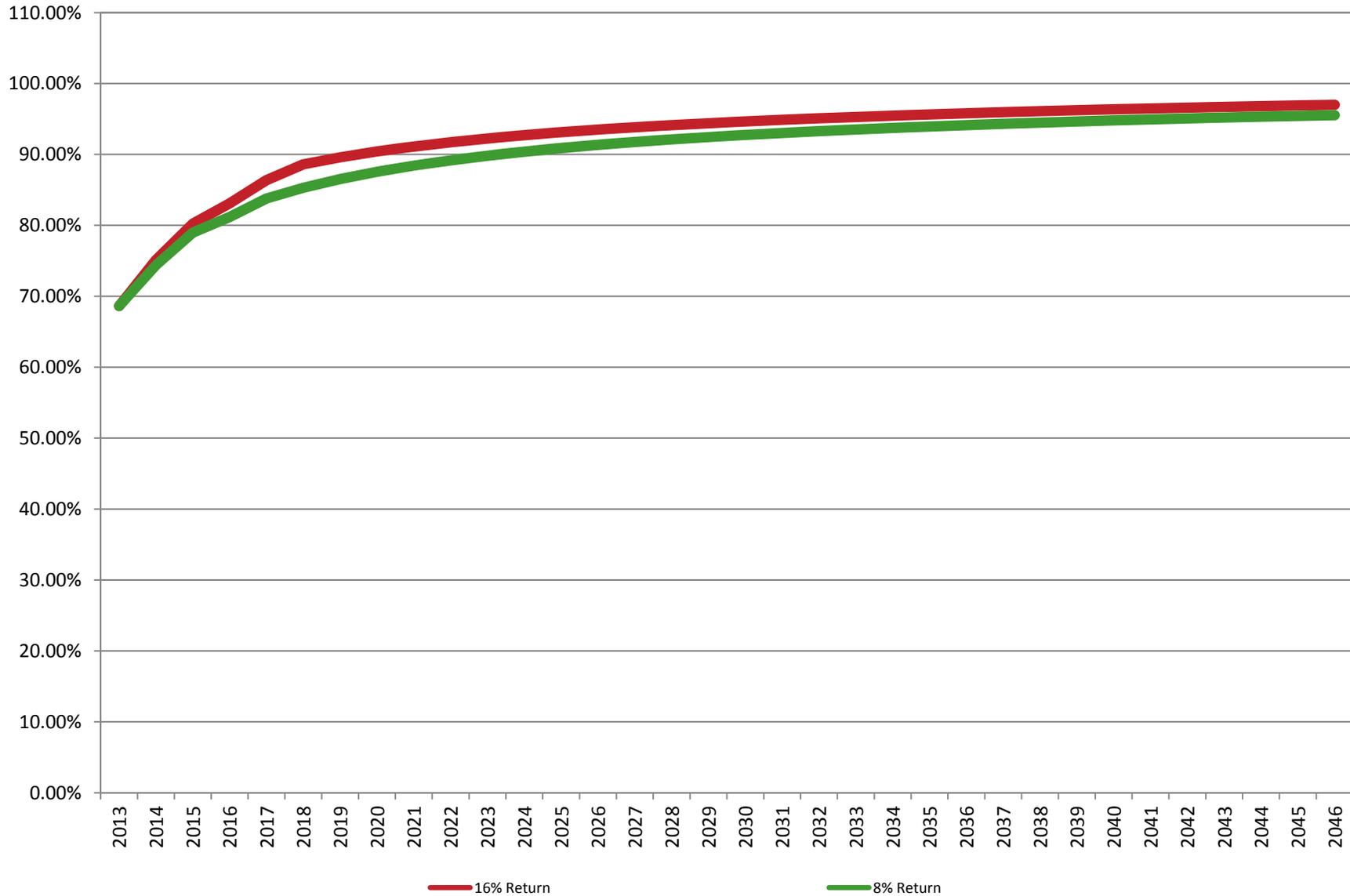
Projected Funded Ratios (AVA Basis) – Law Enforcement with Prior Main System Service



Target Funded Ratios – Law Enforcement with Prior Main System Service

Target Funded Ratio	Rate of Return Required for All Years Beginning on and after 2014/2015 To Achieve Target in 2033	
	Assumed 2013/2014 Return	
	16.0%	8.0%
70%	5.7%	6.1%
80%	6.6%	6.9%
90%	7.3%	7.7%
100%	8.0%	8.4%

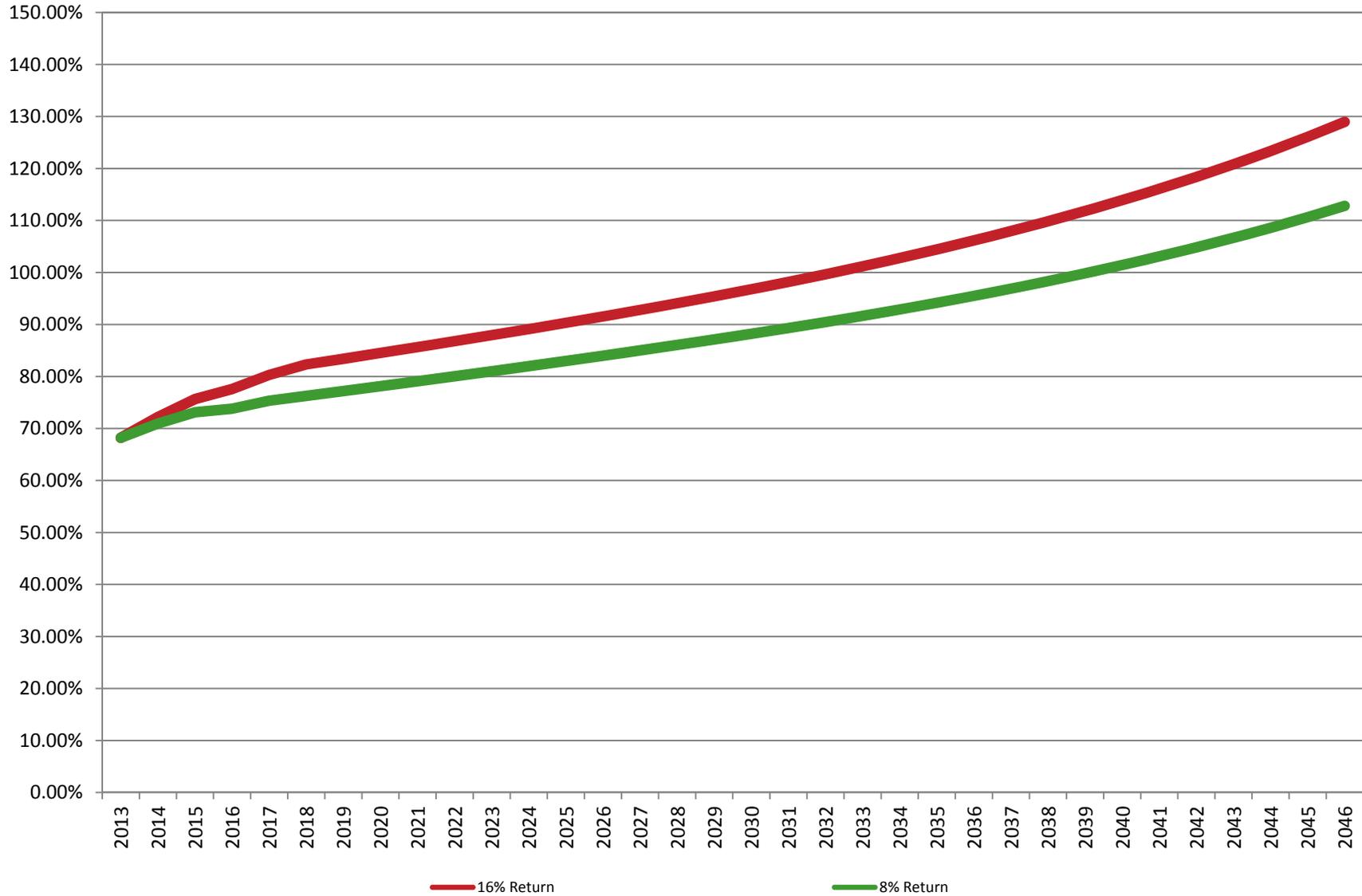
Projected Funded Ratios (AVA Basis) – Law Enforcement without Prior Main System Service



Target Funded Ratios – Law Enforcement without Prior Main System Service

Target Funded Ratio	Rate of Return Required for All Years Beginning on and after 2014/2015 To Achieve Target in 2033	
	Assumed 2013/2014 Return	
	16.0%	8.0%
70%	5.0%	5.1%
80%	6.3%	6.5%
90%	7.5%	7.6%
100%	8.5%	8.7%

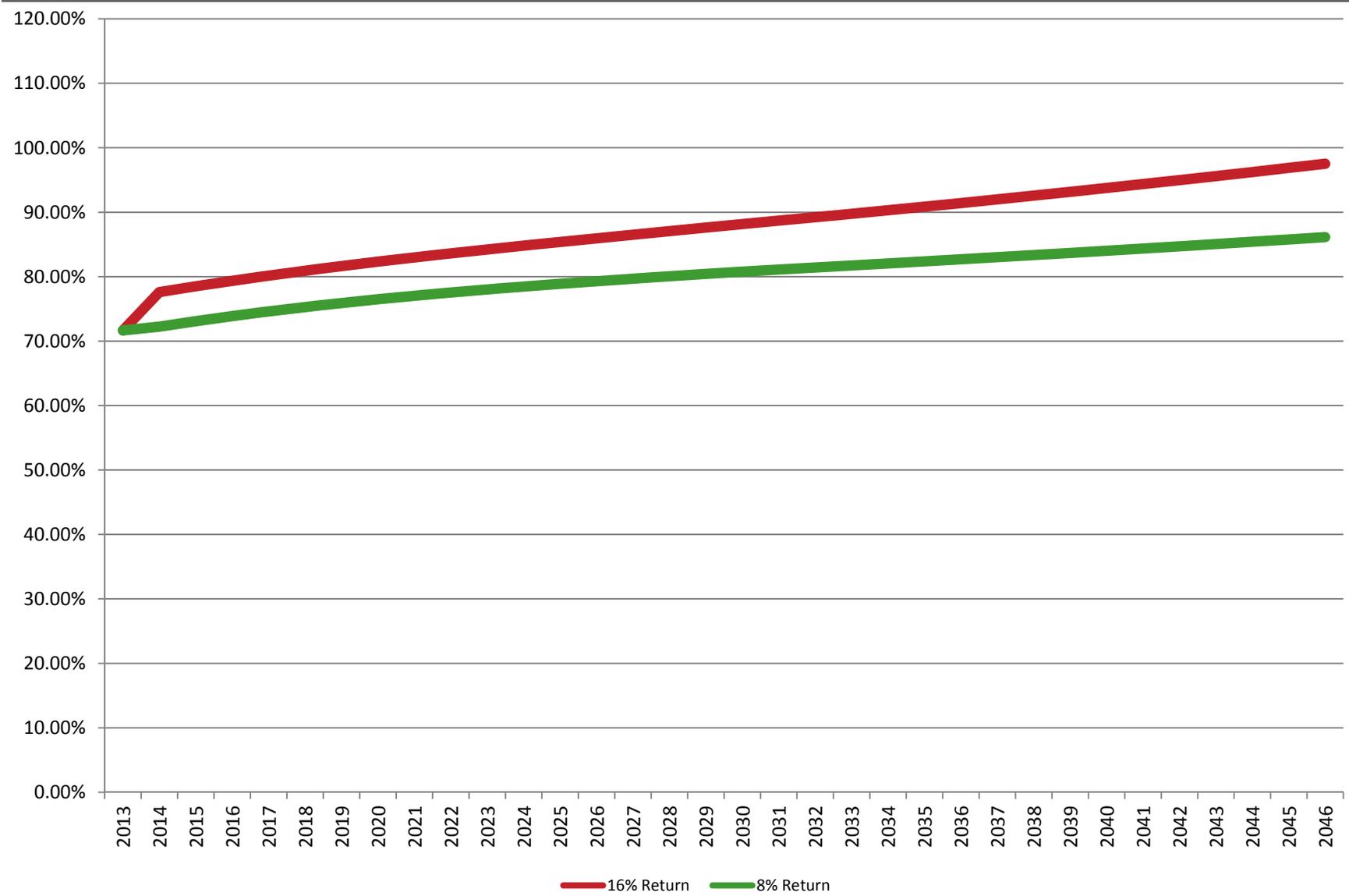
Projected Funded Ratios (AVA Basis) – Highway Patrol



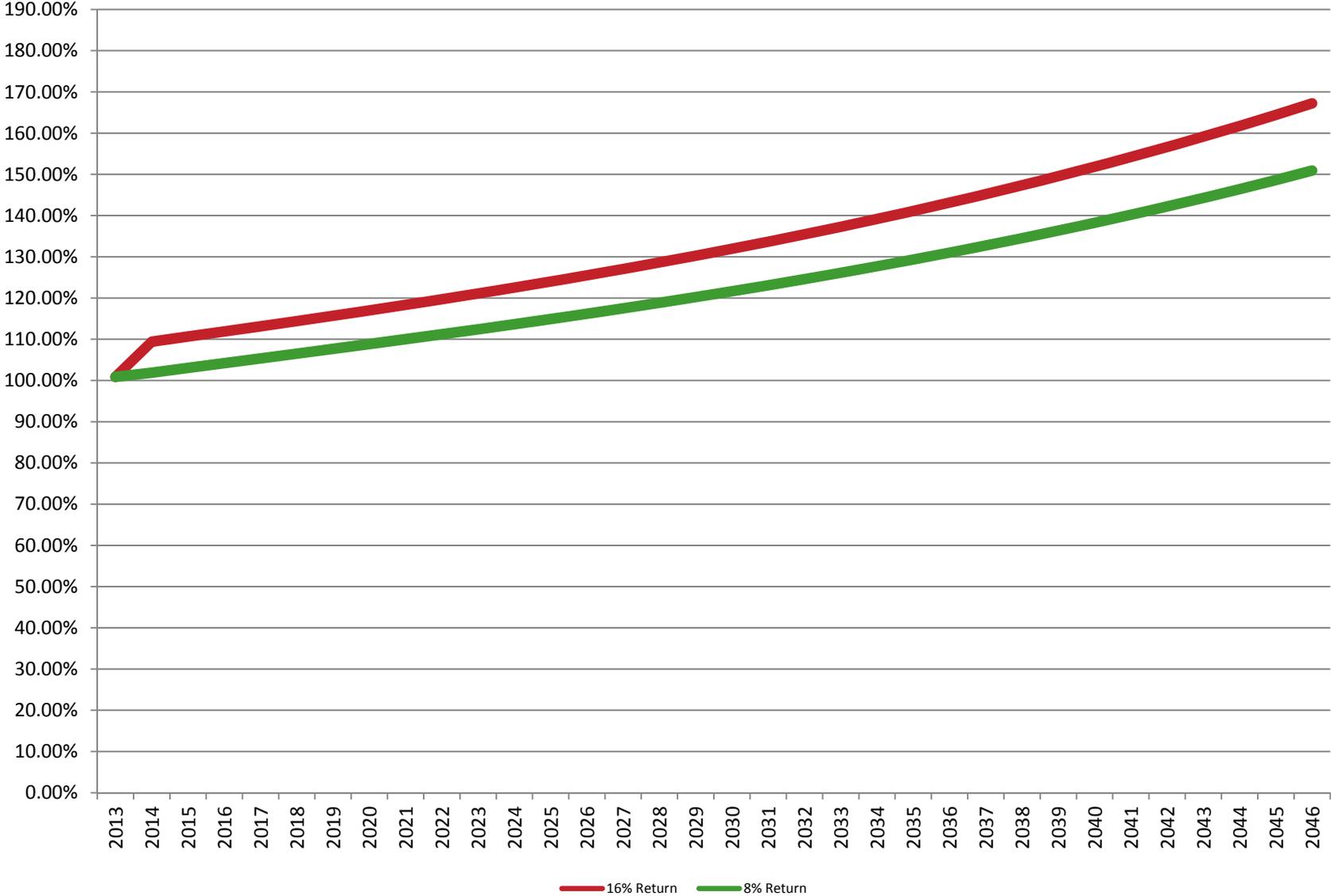
Target Funded Ratios – Highway Patrol

Target Funded Ratio	Rate of Return Required for All Years Beginning on and after 2014/2015 To Achieve Target in 2033	
	Assumed 2013/2014 Return	
	16.0%	8.0%
70%	6.1%	6.7%
80%	6.8%	7.3%
90%	7.4%	7.9%
100%	7.9%	8.5%

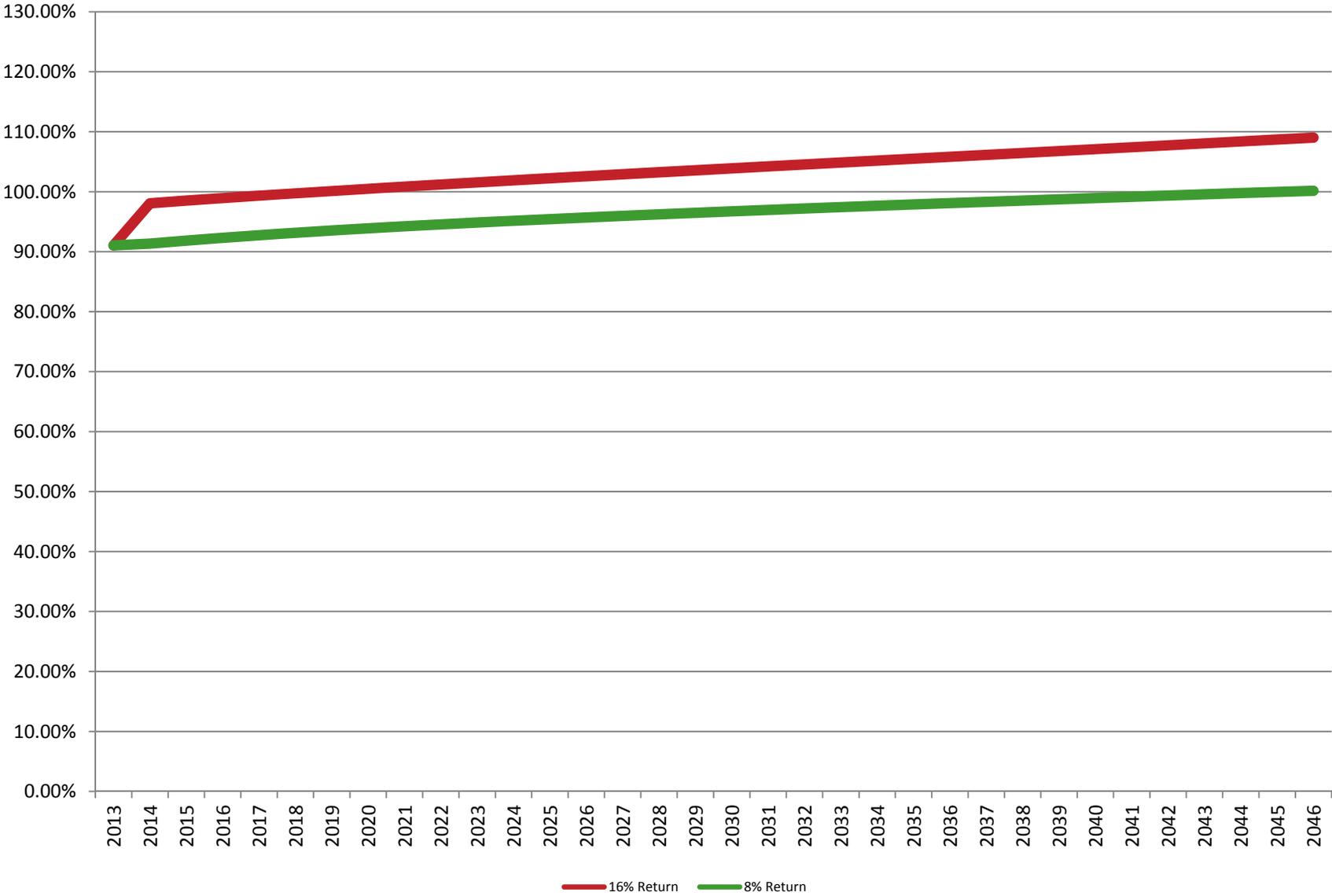
Projected Funded Ratios (MVA Basis) – Main System



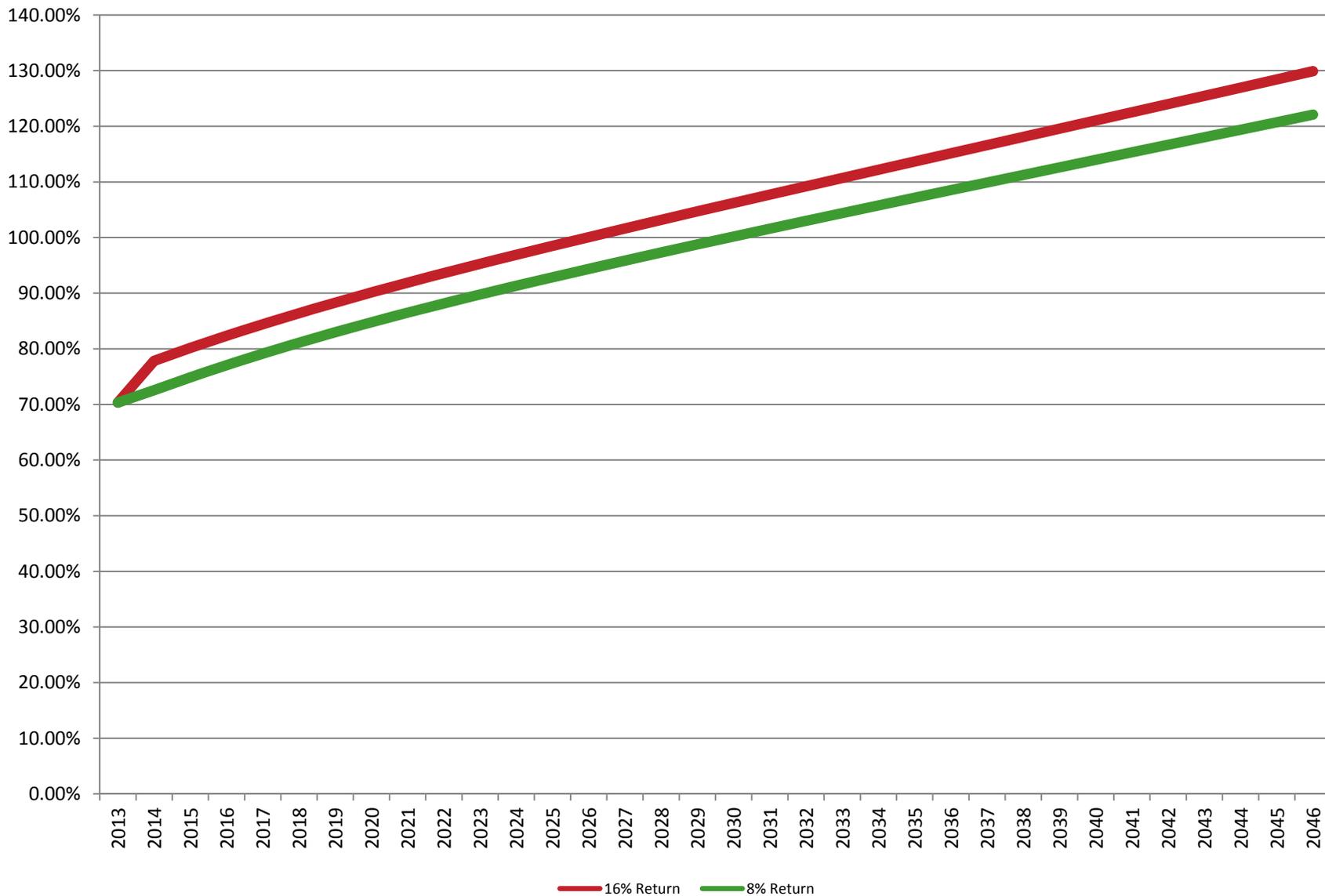
Projected Funded Ratios (MVA Basis) – Judges



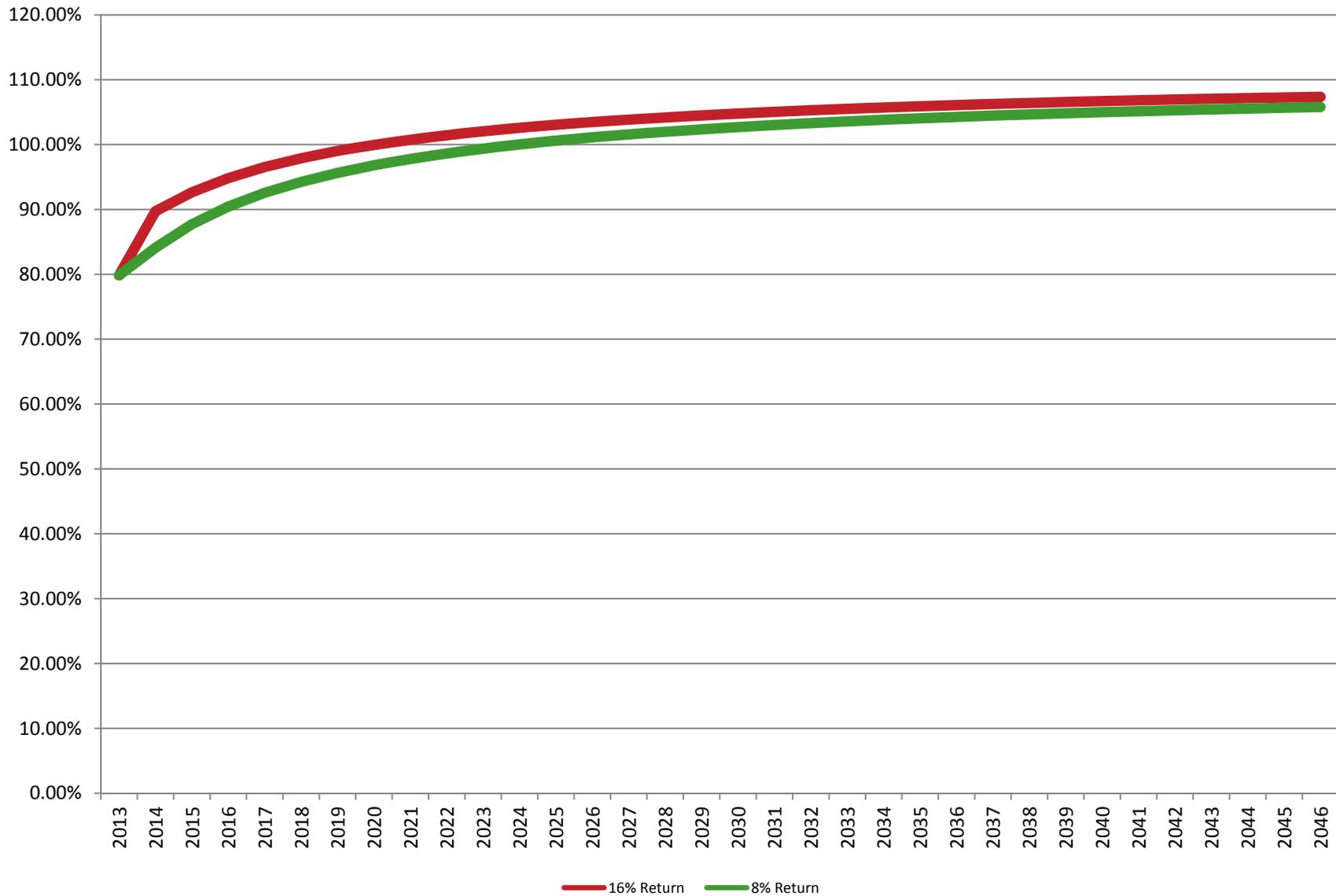
Projected Funded Ratios (MVA Basis) – National Guard



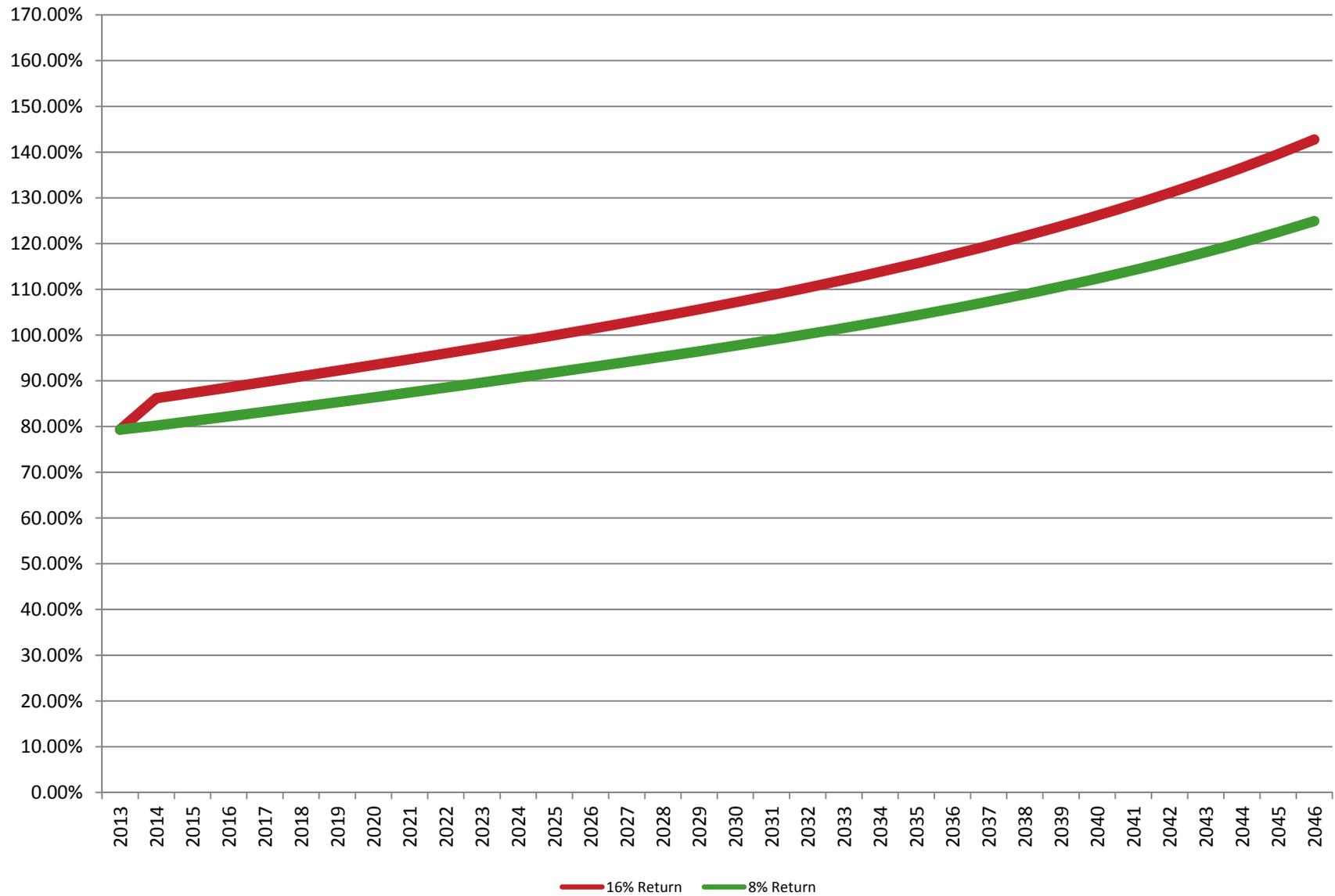
Projected Funded Ratios (MVA Basis) – Law Enforcement with Prior Main System Service



Projected Funded Ratios (MVA Basis) – Law Enforcement without Prior Main System Service



Projected Funded Ratios (MVA Basis) – Highway Patrol





North Dakota
Public Employees Retirement System
400 East Broadway, Suite 505 • Box 1657
Bismarck, North Dakota 58502-1657

Sparb Collins
Executive Director
(701) 328-3900
1-800-803-7377

FAX: (701) 328-3920 • EMAIL: NDPERS-info@nd.gov • www.nd.gov/ndpers

Memorandum

TO: PERS Board
FROM: Sparb
DATE: July 9, 2014
SUBJECT: Board Standing Committee Assignments

As of June 2014 the PERS Board had several standing committees comprised of the following Board members:

- Investment Committee: Mr. Sandal, **Mr. Sage**, Mr. Trenbeath and Ms. Wassim (alternate)
- Audit Committee: Chairman Strinden and Ms. Smith
- Benefits Committee: **Ms. Ehrhardt**, Ms. Smith, and Ms. Wassim
- Election Committee: Mr. Sandal, Mr. Trenbeath, and Ms. Wassim

With Howard and Joan's departure from the Board, there currently are vacancies on the Investment Committee and Benefits Committee.

Concerning the Investment Board, state statute requires three members be appointed by PERS as specified below.

The North Dakota state investment board consists of the governor, the state treasurer, the commissioner of university and school lands, the director of workforce safety and insurance, the insurance commissioner, three members of the teachers' fund for retirement board or the board's designees who need not be members of the fund as selected by that board, two of the elected members of the public employees retirement system board as selected by that board, and one member of the public employees retirement system board as selected by that board. The director of workforce safety and insurance may appoint a designee, subject to approval by the workforce safety and insurance board of directors, to attend the meetings, participate, and vote when the director is unable to attend. The teachers' fund for retirement board may appoint an alternate designee with full voting privileges to attend meetings of the state investment board when a selected member is unable to attend. The public employees retirement system board may appoint an alternate designee with full voting privileges from the public employees retirement system board to attend meetings of the state investment board when a selected member is unable to attend. The members of the state investment board, except elected and appointed officials and the director of workforce safety and insurance or the director's designee, are entitled to receive as compensation one hundred forty-eight dollars per day and necessary mileage and travel expenses as provided in sections 44-08-04 and 54-06-09 for attending meetings of the state investment board.

1. Appoint a member(s) to the Investment Committee and Benefits Committee, and if necessary the alternate member to the Investment Committee and the State Investment Board.
2. Confirm the other appointments:
 - a. Audit Committee: Chairman Strinden and Ms. Smith
 - b. Election Committee: Mr. Sandal, Mr. Trenbeath, and Ms. Wassim

Board Action Requested

Appoint members to the PERS standing committees.



**North Dakota
Public Employees Retirement System**
400 East Broadway, Suite 505 • Box 1657
Bismarck, North Dakota 58502-1657

Sparb Collins
Executive Director
(701) 328-3900
1-800-803-7377

FAX: (701) 328-3920 • EMAIL: NDPERS-info@nd.gov • www.nd.gov/ndpers

Memorandum

TO: PERS Board
FROM: Sparb
DATE: June 27, 2014
SUBJECT: Member Self Service Registrations

PERSLink Member Self Service registrations continue to increase. New employees receive a welcome letter where information is included on how to register and access Member Self Service. Retirees also receive information on how to access Member Self Service which is included in the retiree kit and letter and also included with annual statements and 1099R documents.

The following is updated information:

Active Members:	12,449
Retirees:	4,280
Organizations:	588