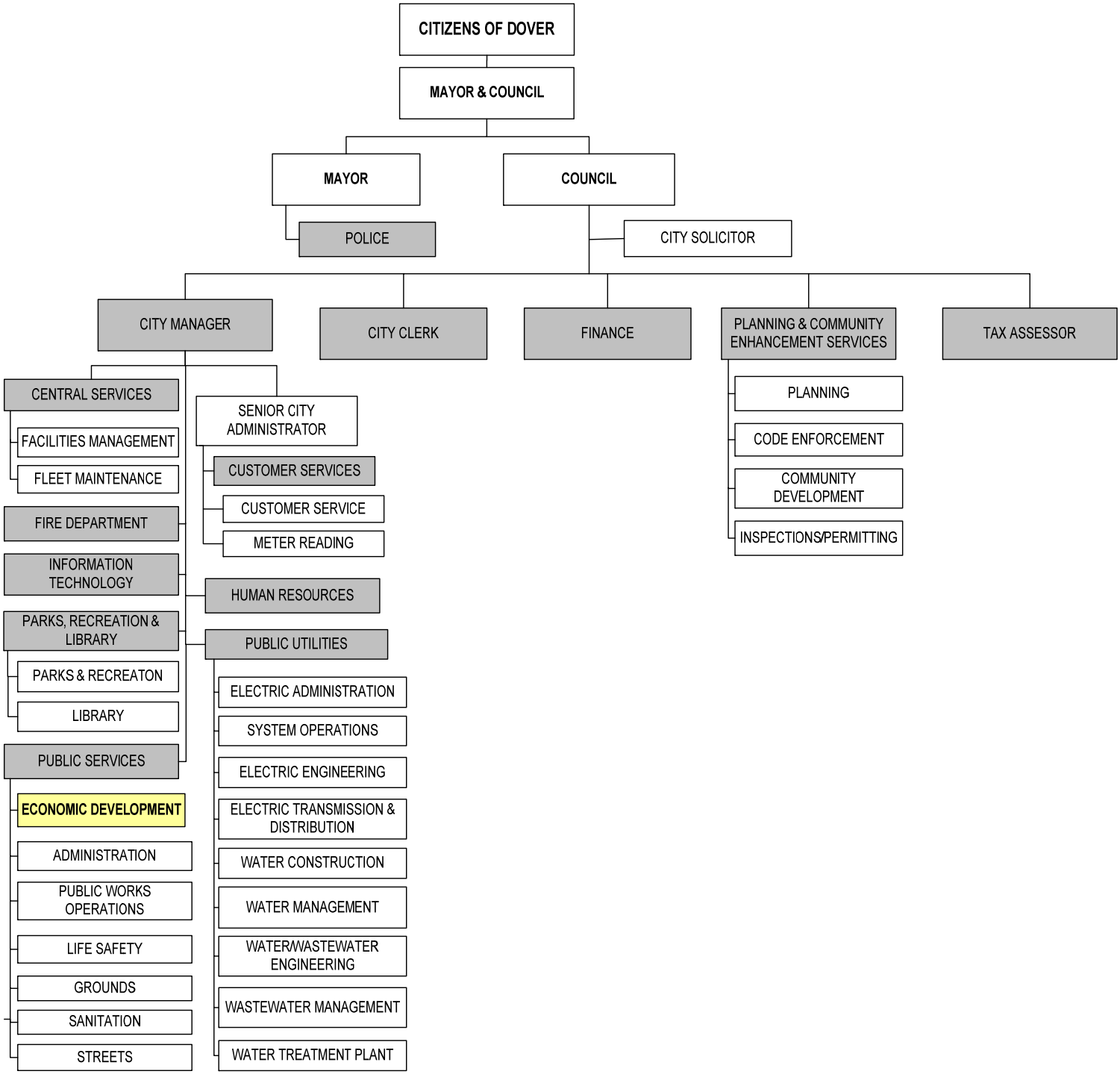
City of Dover
Fiscal Year 2009-2010
Proposed Organization Chart



City of Dover, Delaware
GASB 45 Results For 2008/09

Presented by

Randy Gomez, FSA, EA

Alliance Benefit Group

January 2009

ATTACHMENT #2
LF&A Committee Meeting of 12/14/2009

ALLIANCE BENEFIT GROUP

Table of Contents

- Current Retiree Health Program
  - Health Provisions
  - Cost of Health Care
- Key Actuarial Assumptions
- GASB 45 Accounting Treatment
- Prefunding with an OPEB Trust
- Explanation of Implicit Subsidy
- Impact of Participating in State Health Plan
- Medicare Part D Options
- Other Methods to Manage Liability

Retiree Health Plan Provisions

Retiree Health Eligibility for Subsidy	Varies by (1) Civilians and Sworn Officers, (2) date of hire and (3) Union
Coverage	Lifetime coverage
Benefits Provided	Health coverage (retiree and spouse) and Medicare Part B premium reimbursement (retiree only)
Plan Financing	The City participates in the State's health plan as a non-state employer. Premiums are set by the state and updated annually. No reconciliation is made between premiums and actual claims paid. The City's premiums are not experience-rated.
City Explicit Subsidy	Retirees have no contribution requirements. Spouses pay 25% of monthly premium; IBEW employees hired after July 1986 will pay 100% of the monthly premium. Part B premium reimbursements are being phased out for new retirees. Existing retirees were assumed to retain the reimbursement.
Spouse Coverage	Coverage after death of retiree or active employee eligible to retire

The Cost of Retiree Health Care

How premium rates are determined







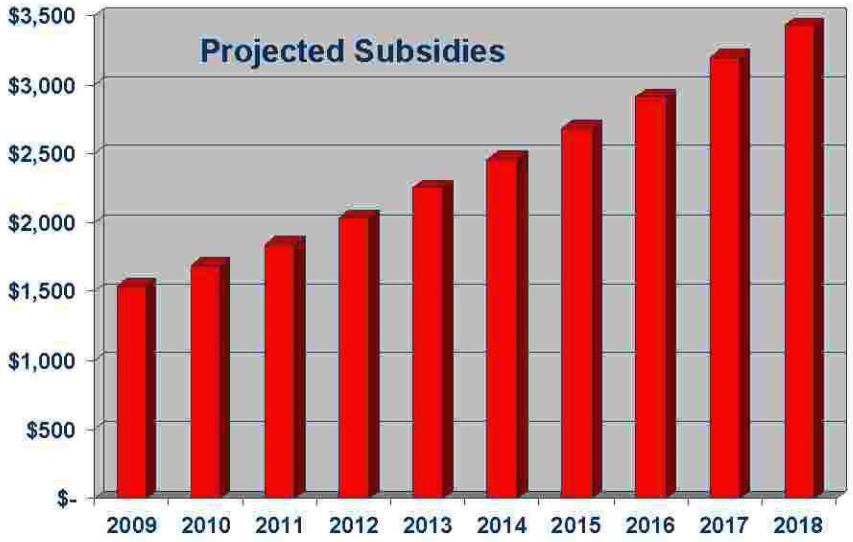
Divided by



Monthly Premiums	Retiree Only	Retiree and Spouse
Blue Care	$ 515	$ 1,078
Comp. PPO	$ 550	$ 1,136
Medicfill (Medical only)	$ 183	$ 365
Medicfill (Rx only)	$ 197	$ 394

The Cost of Retiree Health Care

- Explicit subsidy
  - 100% subsidy for retirees and 75% subsidy for spouses
  - Medicare Part B premium reimbursement
- No implicit subsidy based on current arrangement
- Expected cash costs for 2008/09
  - $1,536,000 explicit subsidies
  - $ 0 implicit subsidies
  - $1,536,000 total subsidies



Key Actuarial Assumptions

- Key assumptions
  - When do employees quit and retire
  - How long do they live after retirement
  - What assets are being used to pay health premiums
    - 4.5% return if using current assets
    - 7.5% return if GASB 45 trust is setup and implement long-term investment strategy
  - How many actually elect to stay on with the City
    - Using 100% participation since coverage is heavily subsidized

Key Actuarial Assumptions

- Key assumptions
  - Health Care Trend Rate

	Pre-65	Post-65		
FYE	Blended	Medical	Rx	Part B
2009	9.0%	8.0%	10.0%	7.0%
2010	9.0%	8.0%	10.0%	6.5%
2011	8.5%	7.5%	9.5%	6.0%
2012	8.5%	7.5%	9.0%	5.5%
2013	8.0%	7.0%	8.5%	5.0%
2014	7.5%	7.0%	8.0%	4.5%
2015	7.0%	6.5%	7.5%	4.5%
2016	6.5%	6.0%	7.0%	4.5%
2017	6.0%	5.5%	6.5%	4.5%
2018	5.5%	5.0%	6.0%	4.5%
2019	5.2%	4.5%	5.5%	4.5%

GASB 45 Accounting Treatment

- Current treatment (pay-as-you-go basis)
  - Health care expense = Premiums paid less contributions received
  - No distinction between active and retired costs. The only number that matters is the total.
  - No year-end obligation under pay-as-you-go basis because

    Cash Spent (Credit) = Expense (Debit)

    Year-end Liability = $0

Debit	Credit
Record expense equal to cash spent	Spend cash to pay premiums

GASB 45 Accounting Treatment

- Summary of Actuarial Liabilities as of July 1, 2008 based on current health plan arrangement

	Current Retirees	Future Retirees	Total
Retiree Liabilities	$ 27,269	$ 21,000	$ 48,269
Spouse Liabilities	$ 7,088	$ 4,860	$ 11,948
Part B Reimbursements	$ 3,556	$ 524	$ 4,080
Total	$ 37,913	$ 26,384	$ 64,297

Results are in 000's

ALLIANCE BENEFIT GROUP

GASB 45 Accounting Treatment

1 Under GASB 45 must disclose the actuarial present value of accrued liabilities in a footnote disclosure.

Does not impact balance sheet or income statement

Required Supplementary Information	
Actuarial Accrued Liability	$ 64,297,000
Assets Set Aside	$ 0
Unfunded Actuarial Accrued Liability	$ 64,297,000
Funded Ratio	0.0%
Total Payroll	$ 18,162,000
Unfunded as a % of Payroll	354.0%

GASB 45 Accounting Treatment

#2 Income statement impact

- Being asked to record expense today for money to be spent later

Pay-as-you-go Accounting

Debit	Credit
1. Active health costs	4. Cash on actives
2. Retiree health costs $1,536,000	5. Cash on retirees $1,536,000
3. Total health expense = 1 + 2	6. Total cash spent = 4 + 5

GASB 45 Accrual Accounting

Debit	Credit
1. Active health expense	5. Cash on active
2. Retiree health costs $1,536,000	6. Cash on retirees $1,536,000
3. Additional GASB expense for future subsidies $4,692,000	7. Spend $315,000 in cash on prefunding
4. Total retiree health expense $6,228,000 = ARC = 1 + 2 + 3	Total credits = 5 + 6 + 7 (short $4,377,000)

GASB 45 Accounting Treatment

#3 Balance sheet impact

- Recognize an obligation caused by "contribution shortfall" from income statement

Balance Sheet

Assets	Liabilities
	OPEB Obligation increases liabilities by $4,377,000
	Fund Balance
	Fund Balance is reduced by $4,377,000

Prefunding with an OPEB Trust

- Pre-funding is not a requirement for compliance with GASB 43/45
- Bond rating agencies have indicated that in order to maintain good credit quality, it will be important to
  - Demonstrate a strategy in dealing with their OPEB obligations
  - Making steady progress toward reaching the actuarially determined annual contribution level.
- If the decision to prefund is made, then an OPEB Trust should be established to hold the build-up of assets.
- Each entity must assess the relative benefits associated with its chosen funding strategy.
- For many the most optimal vehicle for pre-funding may be the creation of an IRS Code Section 115 Irrevocable Trust

Prefunding with an OPEB Trust

- The Trust must, at a minimum, have the following protections:
  - A legally separate entity under the control of a trustee or board of trustees.
  - Employer no longer has ownership or control of the assets; the Trust is IRREVOCABLE.
  - Trust monies are dedicated to OPEB liabilities and may not be diverted by the employer to other purposes.
  - Legally protected from the employer's and administrator's creditors.

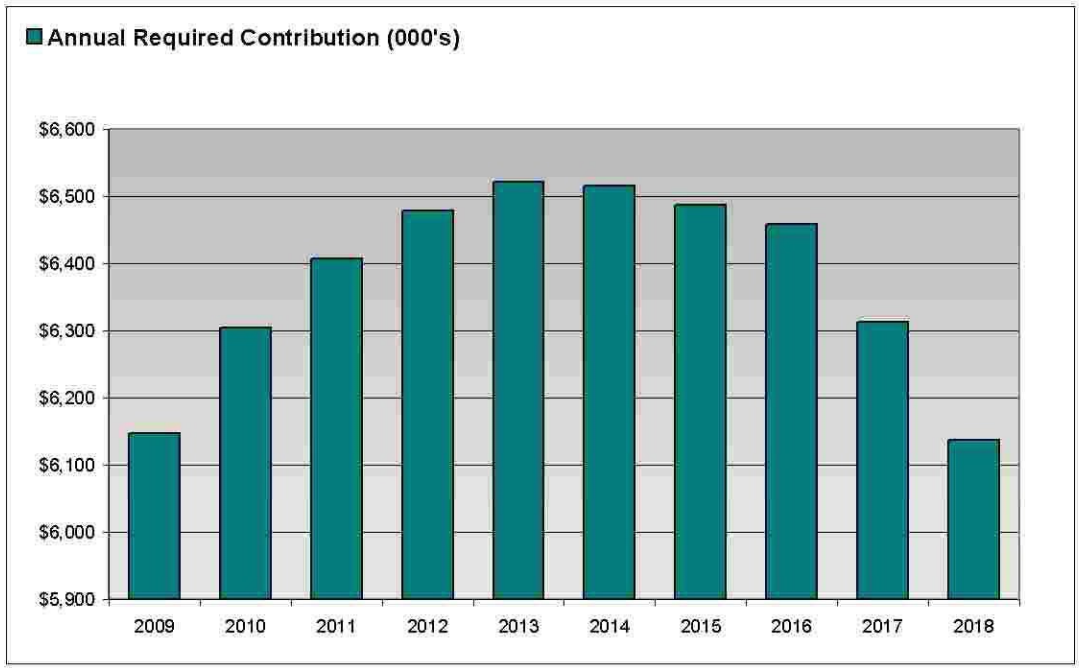
- The existence of a Trust with broad investment powers and a long-term contribution policy is the basis for using a long-term investment rate of return, in the range of 7-9%.

Prefunding with an OPEB Trust

Measure	No Pre-funding	10-year Phase-in	Full Pre-funding
Interest Rate	4.5%	4.8%	7.5%
Annual OPEB Cost	$ 6,420,000	$ 6,228,000	$ 4,688,000
Cash Contribution	(1,536,000)	(1,851,000)	(4,688,000)
End of Year OPEB Obligation	$ 4,884,000	$ 4,377,000	$ 0
Current Year Retiree Premiums	$ (1,536,000)	$ (1,536,000)	$ (1,536,000)
End of Year Asset	$ 0	$ 327,000	$ 3,268,000
Actuarial Accrued Liabilities (AAL) as of July 1, 2008	$ 67,588,000	$ 64,297,000	$ 41,762,000

Prefunding with an OPEB Trust

Fiscal year ending	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Phase-in contributions	10.0%	20.0%	30.0%	40.0%	50.0%	60.0%	70.0%	80.0%	90.0%	100.0%
Additional non-repeating contribution	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Projected net asset returns	7.50%	7.50%	7.50%	7.50%	7.50%	7.50%	7.50%	7.50%	7.50%	7.50%
Initial Year 1 Assets	$ -									
Policy Discount Rate	4.80%	5.10%	5.40%	5.70%	6.00%	6.30%	6.60%	6.90%	7.20%	7.50%

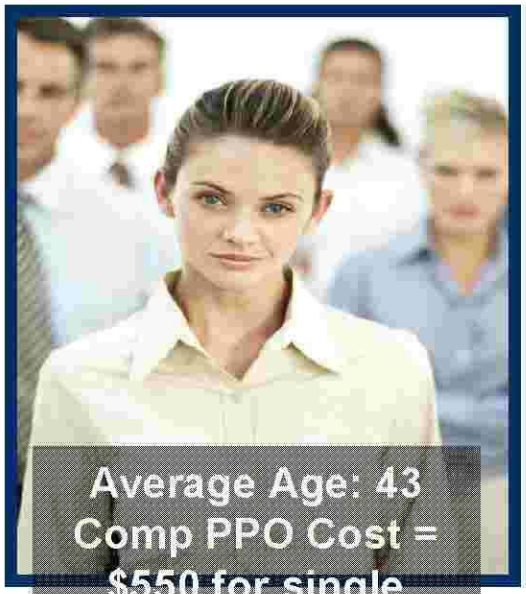


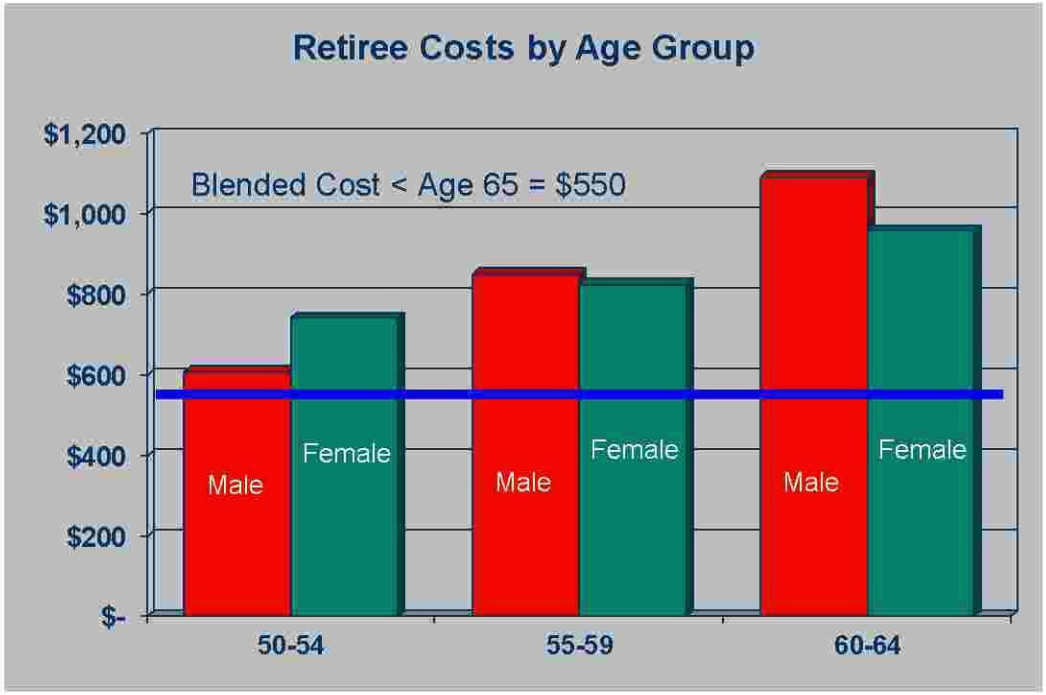
FYE	Chart Input	AAL BOY	FMV EOY
2009	$6,148	$ 63,831	$ 319
2010	$6,304	$ 64,031	$ 1,010
2011	$6,408	$ 64,156	$ 2,123
2012	$6,479	$ 64,719	$ 3,677
2013	$6,523	$ 65,408	$ 5,682
2014	$6,516	$ 65,931	$ 8,155
2015	$6,488	$ 66,516	$ 11,103
2016	$6,459	$ 67,414	$ 14,517
2017	$6,314	$ 68,192	$ 18,287
2018	$6,137	$ 68,736	$ 22,467

FYE	PAYGO	Add. Cont.	Total Cont.
2009	$ 1,536	$ 308	$ 1,844
2010	$ 1,689	$ 643	$ 2,332
2011	$ 1,842	$ 1,001	$ 2,843
2012	$ 2,035	$ 1,345	$ 3,380
2013	$ 2,250	$ 1,668	$ 3,918
2014	$ 2,460	$ 1,974	$ 4,434
2015	$ 2,681	$ 2,253	$ 4,934
2016	$ 2,911	$ 2,490	$ 5,401
2017	$ 3,201	$ 2,585	$ 5,786
2018	$ 3,429	$ 2,708	$ 6,137

Explanation of Implicit Subsidy

- Cost of health coverage varies by age (defines implicit subsidy)





Impact of Participating in State Health Plan

- As part of the State Health Plan
  - Plan operates as a community-rated plan and thus there is no GASB implicit subsidy

- By becoming self-insured or fully-insured ("stand on your own")
  - There will be GASB implicit subsidy
  - Premium rates and benefit payment expenses may be lower or higher
  - The City will have more control over plan designs

Medicare Part D Options

- Change prescription drug coverage to secondary (some Rx coverage)
- Eliminate prescription drug (no Rx coverage)
- Any change would require State approval or for City to "stand on its own"
- Lose Part D tax subsidy money (about $ 500/yr for each beneficiary)

	Primary Rx coverage	No Rx coverage
Actuarial Accrued Liabilities (AAL)	$ 64,297,000	$ 41,239,000
Annual Required Contribution (ARC)	$ 6,228,000	$ 3,957,000

Medicare Part D Options

Illustration of Changing Rx Coverage for Medicare Retirees

	Stay Rx Primary	Change to Rx Secondary	No Rx Coverage
Monthly premium	$ 197/mo	$ 60/mo	$ 0/mo
Part D tax subsidy	$ 42/mo	$ 0/mo	$ 0/mo
Net City premium	$ 155/mo	$ 60/mo	$ 0/mo

Other Methods to Manage Liability

- Do nothing
  - Depends on impact of credit rating
- Traditional and newer methods
  - Raise retiree contributions
  - Reduce benefits
  - Change to single employer health plan
  - Medicare Advantage fully insured plan for Medicare retirees
  - Switch to individual health accounts for current employees

December 14, 2009

The Honorable Mayor Carleton Carey and
Dover City Council
P.O. Box 475
Dover, DE 19903-0475

Dear Mayor and Council;

You are about to make decisions regarding the Medicare Part B benefit that will affect me and all other current non-bargaining employees. I am writing to urge you to continue the Medicare Part B reimbursement benefit for existing non-bargaining employees. This benefit was negotiated away by the three bargaining units of the City and after January 31, 2010, it will end officially for all bargaining units.

I believe it would be inappropriate to take the benefit from the non-bargaining employees who are not represented and cannot negotiate. Each one of the bargaining units gained something for giving up this benefit. Non-bargaining employees don't get to make these choices. Further, non-bargaining employees have been able to rely on the fair decisions of Council to protect their benefits. They do not have the benefit of written negotiated contracts as do bargaining employees.

The Controller refers to benefit parity in her committee action forms. Benefit parity does not exist now and probably never will. If there were benefit parity everyone would be given educational incentive like the Police; everyone would have been given three extra days vacation when the police received theirs, there would be regular cost of living adjustments to all the pension plans, not just Police. No group (including non-bargaining) receives the same pay increases, retirement packages etc.

According to the Committee Action Form presented July 13, 2009, the cost of continuing the benefit for the non-bargaining future retirees is approximately $64,000 a year. This is significantly less than one percent of Dover's budget and is a fairly small cost to sustain a benefit people have been expecting, some for more than twenty years.

If you do decide to eliminate Medicare Part B for non-bargaining employees, I believe the City should offer a health savings account to all employees so that they can afford the Medicare Part B expense in retirement. A health savings account would benefit new hires that are no longer eligible for the Medicare Part B reimbursement. For many of the non-bargaining employees including myself, a health savings account at this point in my career with the City would not compensate for the loss of this benefit in retirement. However, those employees with more than ten years of service remaining could benefit from this plan. I believe that this plan should be ready to be implemented before discontinuing the Medicare Part B benefit.

I respectfully request that you not eliminate the Medicare Part B reimbursement to current non-bargaining employees.

Respectfully,

Teresa Tieman

Rollison, Rebecca M.

From: Akers, Gregory C
Sent: Monday, December 14, 2009 2:45 PM
To: Glisson, Dee; Koenig, Scott; Townshend, Ann Marie
Cc: City Managers Office; City Clerks Office; Human Resources Department
Subject: RE: Medicare Part B reimbursement
Attachments: image001.gif

Good afternoon,

I am sorry and disappointed to say that I cannot attend tonight. I am very concerned and hopeful that we do not lose our Medicare Part B Reimbursement ! I am confident in saying that we are all thankful for and appreciate the benefits provided. If we are not conscious and careful we will continue to lose more and more.

I would be more than willing to participate in appropriately voicing this concern should the chance be provided to do so. We will all grow old (hopefully) and we will need this in the future. Agreeing to eliminate this or a compromise that results in a lesser benefit for us or it not being available at all to future employees, would not speak well to us as employees or people. I want to be a healthy productive employee / citizen at any age and appreciate and value what is provided ! I do not want to ignore this and regret it later.

Again, hopefully we will all live to be senior citizens that will still have this benefit……and future employees too. If we are indeed the only ones that have this benefit, tells me in itself it is worth keeping. To agree to losing it based on because no one else has it would not be "beneficial" to us.

We must consider our future and the future of other's as well, this mistake has been made in the past and we should not make it again if it can be helped.

Take care of the people who take care of the people !

Sincerely,

Greg Akers

From: Glisson, Dee
Sent: Monday, December 14, 2009 9:11 AM
To: Hawkins, Kim; Akers, Gregory C; Albert, Michael; Baker, Ed; Brown, Valerie J; Carter, Zach; City Clerks Office; City Managers Office; Cornwell, Janelle; Courtney, Carolyn; Dee, Marie; Dill, Jeffrey C; Divver, Kathy; Dixon, Sherry; Duca, Sharon; Enss, Steve; Gardner, Lisa; Gardner, Richard; Gibb, Jeremy; Gomes, Linda; Gregg, Peter; Harvey, Tracy; Hudson, Dick; Human Resources Department; Hutchison, Wayne; Information Technologies; Jackson, Beverly; Johnson, Jeremy L; Jones, Carol; Koenig, Scott; Lisiecki, Tracey; Lunt, Ron; Luppino, Patricia; Lyon, Jason A; McDougall, Ralph; Melson-

December 11, 2010

To All Members of the Legislative, Finance and Administration Committee
Anthony DePrima, City Manager

RE: Medicare Part B Reimbursement Elimination for Non-Bargaining Employees

Dear Committee Members and Mr. DePrima:

Since 2006 the elimination of the Medicare Part B reimbursement to non-bargaining employees has been a discussion on and off. I realize that the reimbursement is an extremely rare action by an employer. None the less, the reimbursement has been occurring since at least 1978. For some reason the benefit seemed reasonable in 1978. It wasn't until the passage of GASB 45 did it became a focus of the City.

I'm writing to you as not only a concerned employee but also as the Human Resources Director. I would like to take this opportunity to reflect on the highlights of the negotiations from when it was being discussed with the labor unions as well as share my personal thoughts on the matter.

During the 2006 Fraternal Order of Police labor contract negotiations and the 2007 negotiations with the IUE-CWA and IBEW the elimination of Medicare Part B for future retirees was eliminated. I emphasize that the reimbursement was eliminated during the course of contract negotiations. As with all negotiations, it is a give and take situation. The elimination did not occur in the same manner as is being suggested for non-bargaining, simply just eliminating the reimbursement. It is often stated, "The unions gave it up." Through the course of negotiations, the "unions gave it up" however they received something in return. In addition, their union membership voted on the contract. Below I have indicated some of the significant benefits that were enhanced during the negotiation process.

Fraternal Order of Police
The creation of the Master Corporal position. This position provided a 4% salary increase for each of the positions from Corporal, Master Corporal, Sergeant, Lieutenant and Captain.

IUE-CWA
The elimination of the reimbursement effective February 1, 2010 was tied to the IUE-CWA members earning additional vacation time and being provided retirement health care for members who retire with an early retirement. Previously, the contract only provided retirement health care to members who retired with a normal retirement (age 65 and at least 10 years of service).

IBEW
The creation of a career ladder for all the positions. This in effect produced salary enhancements for many.

The fate of the reimbursement for non-bargaining employees lies with you. You are faced with the same challenges that I face in my position. You must balance the financial responsibility of the City and the needs of the employees. The decision to continue the reimbursement process to the management and staff that handles the day to day operations of the City is a decision you are charged with.

The suggestions being presented in the committee action form focuses on the financial cost to the City and bringing benefit parity. I applaud the Controller for searching for ways to reduce the long-term OPEB expense. In regards to benefit parity, this will always be a challenge to achieve. The needs and wants of the labor unions will vary as they represent different groups of employees.

I respectfully request that you not eliminate the Medicare Part B reimbursement to current non-bargaining employees. I will continue to support the elimination of the reimbursement to all newly hired employees. If it is decided by Committee and Council to eliminate the reimbursement, I ask you to consider a fair compromise that could still address the OPEB concern while not discounting benefits to non-bargaining employees.

Respectfully submitted,

Kim Hawkins

Kim Hawkins
Human Resources Director

December 3, 2009

To: Tony DePrima
City Manager

From: Edwin Baker
Director, Central Services

Tony,

I want to express some concerns I have about the progress of the decision to eliminate Medicare part B reimbursement for non bargaining unit employees. As of today, all non-bargaining unit personnel will receive this reimbursement. This benefit is about $95.00 per month or $1,140.00 per year and will increase as the individual cost of this insurance rises. In the IUE/CWA Bargaining Unit contract, effective July 1, 2007, the Bargaining Unit relinquished their clam to this benefit. They were provided a grace period ending January 31, 2010 to consider their options and, if eligible, decide to retire and retain this benefit.

On July 13, 2009, four alternatives concerning Medicare part B premium reimbursements were considered by the Legislative, Finance & Administration Committee. Alternative 1 was recommended for approval and it subsequently was approved by City Council on July 27, 2009. Alternatives 2, 3 and 4 were tabled pending receipt of a Consultants Report. No new information on the status of this report has been provided to the employees.

Alternatives 2 and 4 are of great concern to all non-bargaining employees. Alternative 2 will eliminate Medicare part B reimbursement for all future retirees after January 31, 2010, affecting all current employees. Alternative 4 will eliminate Medicare part B reimbursement for all current and future retirees not already receiving Medicare part B as of January 31, 2010.

I am in a unique situation as I am over 65 and currently eligible for Medicare Part B. I have no desire to retire at this time, but, as you can see, this would be a substantial loss of benefit to me.

I understand that the particular alternative selected by council will become effective immediately after the vote is concluded. This is my major concern. The bargaining units were provided almost three years to decide if it would be beneficial to retire and retain the benefit or continue to work and lose it. I must attempt to second guess the intention of Council and make this career and life changing decision without sufficient information. I now have less than a Month to make this decision.

Tony, I would like you to bring my concern to the attention of Council. Please request that they provide some kind of assurance to employees, such as myself, with over 33 years of dedicated service to the City, that we will be given sufficient time to decide what is best for us and our families.

Edwin B Baker

Edwin B. Baker
Director, Central Services

The following emails came from employees who attended meetings in the fall of 2008 concerning benefit parity. One of the topics of discussion was discontinuing Medicare Part B reimbursement. These emails were written on October 2, 2008. I think they give some insight to how employees feel regarding the loss of the benefit. I put them into one word document because there were numerous emails that would have been difficult to manage.

Emails begin here:

I agree with several comments....

It is helpful to see what everyone else thinks. Thanks for the "Reply to All."

As a compromise, I agree that the loss of Medicare Part B should be effective for new hires after January 1, 2009. Although, I really don't think it should be discontinued at all!

I was very interested in Marie's comments below. Particularly -- "becomes your 'Primary' insurance. Your insurance coverage with the City becomes the 'secondary/supplementary' coverage which I believe is at a lower cost to the City." Kim - is that true? Is it at a lower cost to the City? If so, how much "lower cost?" If true, then there is a double savings for the City if they discontinue paying Medicare Part B for non-bargaining employees.

Joan Stover

> Maybe the solution to the Medicare part B dilemma does not need to be an all-or-nothing plan. Everybody losing the benefit is disproportionately more damaging to those employees closest to retirement. It is this inequality-of-loss that makes this option unfair. On the other hand, the City will not receive the financial solution it needs if every current employee is grandfathered into the plan.
>
> I propose a retroactive cut-off date of (month and day of plan approval) 1998, as a compromise. Anyone hired before this date keeps the benefit. Anyone hired after this date would receive a supplemental benefit. I hesitate to suggest a specific supplemental benefit because I do not know what is economically best for both the employees *and* the City. If necessary, the benefit chosen could be prorated based on length of service to the City. Prorating the benefit would help compensate for the inequality-of-loss realized within the group of employees receiving the supplemental benefit. Therefore, those who have been with the City for 10 years would receive 100% of the benefit; those who have been with the City 9 years would receive 90% of the benefit etc. (I would only receive approx. 10% of the benefit).
>
> The bottom line is I am willing to forfeit my Medicare part B benefit so that someone close to retirement does not lose the benefit in the 11th hour. I know this is not the best solution for everyone *individually*. However, I do think some form of compromise could be the best solution for everyone as a *whole*.

Thank you,
James Keener

Medicare Part B is a benefit that may never be utilized by all current non-bargaining people. It starts on your 65th birthday (retired or not if you do not want to pay a higher premium by signing up at an older age) and becomes your "Primary" insurance. Your insurance coverage with the City becomes the "secondary/supplementary "coverage which I believe is at a lower cost to the City. I do not know if the current or future insurance carrier would force us to enroll at age 65 retired or not (a lot of them do) taking a lot of the payout cost off them and shift it to Medicare.

Not everyone employed today may remain with the City until retirement, not all of us may not see 65, we do not know how long we will live. So how many of us will actually be using this benefit? UNKNOWN!

Right now the Medicare B cost is getting close to $100 a month. Doesn't really seem like a lot, but if you're only getting $1200 a month or so from Social Security along with your reduced retirement income, it's a sizeable chunk especially if you're still paying for dependent coverage. This probably doesn't seem important to our younger co-workers that may have another 15-20 plus years to go, but you will be there someday. This benefit is important to me.

So how do you put a cost on this? Because of all the variables of how many would actually be able to collect this benefit, I cannot believe the cost of keeping this benefit for all existing employees would be a burden on the City. I think it should remain a benefit for all existing non-bargaining employees.
Dee, Marie

I would also like to request to grandfather the existing non-bargaining employees under the Medicare Part B benefit (as discussed at both meetings) and impose a January 1, 2009 date for new hires to implement any changes.

Thank you,

Carol Jones
Administrative Assistant
Central Services

I agree with Ed, Dave and Tracy.

Peter K. Gregg
Contract and Procurement Manager

I am in agreement with Dave Truax and Ed Baker regarding forfeiting Medicare Part B. I feel it should not be available to new employees effective January 1, 2009.

Tracey Harvey

I would ask that the lose of Medicare Part B be effective to new hires after January 1, 2009.
Per Ed Baker: I do not wish to forfeit the Medicare Part B reimbursement benefit. I would like to propose to grandfather the current employees under this benefit parity (as was discussed at the meeting) and impose a January 1, 2009 date for new hires to implement any changes.

Thank you,
Ed Baker, Director
Central Services

I would also chime in with agreeing that those hired after January 1, 2009 should not be eligible for Medicare Part B. For those of us, like myself, who have been here forever, this would be an act of injustice to take this benefit away with such a short time to go until retirement.
Diane Metsch
Administrative Assistant
Planning Department

The cut-off date for the Medicare Part B should be January 1, 2009. All new hires after this date would no longer be eligible.

Ralph McDougall
Water / Wastewater Supervisor
City of Dover Public Utilities

I think everyone knows – we should keep Medicare part B... period. To say we are the only ones who have it is to say that it is worth having and..... keeping. This is what we started with, lets finish with it too. Stand now- no regrets later.
Akers, Gregory C

Hi -
I would prefer to forfeit **everything else** in the Parity proposal -in exchange for **keeping** the Medicare Part B benefit.

Thanks,
Joan Stover
Assistant Director

From: McDowell, Traci

Sent: Thursday, July 02, 2009 6:55 AM

To: Williams, Beverly C.; Hogan, Kenneth L; Ruane, Eugene B.

Cc: City Clerks Office

Subject: FW: Reduction in benefits to pentioners

From: gary cooke [mailto:cookegary@yahoo.com]
Sent: Wednesday, July 01, 2009 7:59 PM
To: Carey Sr., Carleton
Cc: Salters, Reuben; Slavin, Timothy A.; McGlumphy, William; Leary, Thomas J.; tmcdowell-bcw; Russell, Sophia; tmcdowell-klh; tmcdowell-gr; McGiffin, James G Jr.
Subject: Reduction in benefits to pentioners

Dear Mayor Carey,

I was very hurt to read that the City of Dover is looking to save some money by reducing the Retired Police Officers benefits. Specifically in a letter dated June 12, 2009 Donna Mitchell spoke of stopping the cities contribution to Medicare part B. I'm told this will leave me holding the bag to pay $1,200.00 annually. Many of us retirees are not in a position to take this financial hit at this time in Americas financial crisis. I for one feel that I gave the city the best years of my life. I was too proud of Dover to seek help with failing hearing caused by early pistol range rules forbidding hearing protection. My aching back from accidents and hours sitting in a police car patrolling the streets so our citizens could sleep soundly. Some of us lost families (for better or worse) due to our devotion to duty and the City of Dover. All those holidays, birthdays, special occasions away from home, not to count the shifts we worked. We worked hard for our benefits and served the city proudly. The city has grown partly due to the safety we provided when it was younger. I'm sure the revenues coming from many of those families building homes and businesses moving to Dover have meant a lot to the city. I still proudly tell people I'm retired Dover PD. It's wrong for the city to forget us now.

I know your powers are limited and Council has the votes, but you know me and you know this is wrong.

Thanks for any help you can give us.

Gary Cooke

Retired Dover PD

Reserve Park Ranger

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