305 Fountain Circle
Huntsville, AL 35801

# Huntsville, Alabama

## Cover Memo

**Meeting Type:** City Council Regular Meeting **Meeting Date:** 10/9/2025 **File ID:** TMP-5987

**Department:** Finance

**Subject:** **Type of Action:** Approval/Action

Resolution authorizing the Mayor to enter into an agreement with Cavanaugh Macdonald Consulting, LLC for Actuarial services on the City's Post-Retirement Medical Plan.

Resolution No.

**Finance Information:**

**Account Number:** 1000-13-13100-515370-00000000-

**City Cost Amount: $** 16,500.00

**Total Cost: $** 16,500.00

**Special Circumstances:**

**Grant Funded: $** N/A

**Grant Title - CFDA or granting Agency:** N/A

**Resolution #:** N/A

**Location: (list below)**

**Address:** N/A
**District:** District 1 ☐ District 2 ☐ District 3 ☐ District 4 ☐ District 5 ☐

**Additional Comments:**

**RESOLUTION NO. 25- _____**

**BE IT RESOLVED** by the City Council of the City of Huntsville, Alabama, that the Mayor be, and he is hereby authorized on behalf of the City of Huntsville, a Municipal Corporation in the State of Alabama, to enter to an Agreement by and between The City of Huntsville and Cavanaugh Macdonald Consulting, LLC which said agreement is substantially in words and figures similar to that certain document attached hereto and identified as an "Agreement between the City of Huntsville and Cavanaugh Macdonald Consulting, LLC, for Actuarial services on the City's Post-Retirement Medical Plan," consisting of one (1) page, together with the signature of the President or President Pro Tem of the City Council, an executed copy of said document being permanently kept on file in the Office of the City Clerk of the City of Huntsville, Alabama.

**ADOPTED** this the 9th day of October, 2025.

_____
President of the City Council of
the City of Huntsville, Alabama

**APPROVED** this the 9th day of October, 2025.

_____
Mayor of the City of
Huntsville, Alabama

# 2024 MEMORANDUM OF PARTICIPATION (MOP) FOR A FULL VALUATION OF THE OTHER POST-EMPLOYMENT BENEFITS (OPEB)

**LOCAL UNIT:** City of Huntsville, AL

**MAILING ADDRESS:** 305 Fountain Circle

**CITY:** Huntsville **ZIP CODE:** 35801

**NAME OF REPORT RECEPIENT:** □ Mr. ☒ Ms. (choose one) Penny Smith

**PHONE #:** ( 256 ) 427-5062 **TITLE:** Director of Finance

**E-MAIL:** penny.smith@huntsvilleal.gov

On behalf of the unit government noted above, we agree to participate in the Joint Actuarial Study Program offered by CavMac.

I understand that ***we will be billed directly by CavMac*** and copies of the actuarial report will be sent electronically by CavMac. I understand that the fee structure is as follows: The fees for a local unit will vary by population and participation in the Alabama Employees' Retirement System (ERS) and the Local Government Health Insurance Program (LGHIP).

**FEE SCHEDULE -** The fees for a local unit will vary by population and participation in ERS. The fees also depend on whether the local participates in the LGHIP.

| | In ERS and LGHIP | All Others |
|---|---|---|
| **Base Fee** | | |
| ▪ Less than 20 active/retired participants | $5,500 | $6,500 |
| ▪ 20-49 active/retired participants | $6,500 | $7,500 |
| ▪ 50-99 active/retired participants | $7,000 | $8,000 |
| ▪ 100 or more active/retired participants | $7,500 | $8,500 |
| **Per Participant Fee** | | |
| ▪ Less than 50 active/retired participants | $5.00 | $5.00 |
| ▪ 50-99 active/retired participants | $4.00 | $4.00 |
| ▪ 100-249 active/retired participants | $3.25 | $3.25 |
| ▪ 250-499 active/retired participants | $2.75 | $2.75 |
| ▪ 500 or more active/retired participants | $2.50 | $2.50 |

**GASB OPEB Interim Year Valuation:** $2,500 (All OPEB Plans)

Local units must return this 2024 Memorandum of Participation indicating their desire to participate along with all requested data as outlined on the following pages. In order to complete the report by the end of the year, we need to receive **all requested information no later than July 31, 2025.**

If (1) your plan is not a single employer, defined benefit plan or (2) if your plan has discreetly presented component units or (3) if your plan has a special funding situation, additional fees may apply. Please contact us for a fee quote.

_____ Signed this _____ day of _____, 20___.

Authorized Signature

*Note: In order to finalize the GASB 74/75 exhibits by the end of the year, we will need the Trust statement information, premiums and/or claims paid outside of the Trust, a copy of your funding policy, and a copy of your investment policy for the fiscal year ending September 30, 2025. These items should be provided **as soon as possible after September 30, 2025**.*