

**Prepared Remarks
of
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at the
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Good morning. I would like to thank the International Foundation for the invitation to speak with you today about the challenges and opportunities facing multiemployer plans.

My name is Michael Scott and I am the Executive Director of the National Coordinating Committee for Multiemployer Plans. If this had not been the name of NCCMP for the past 42 years, I would have suggested a name change. It is quite a mouthful. It is truly an honor for me to be here with you today.

Before we get into today's discussion, I would like to acknowledge the extraordinary leadership of Randy DeFrehn over the past 16 years. I know that most of you know Randy very well, and while I have only gotten to know Randy over the past 6 months, it is clear that the successes that NCCMP has achieved over the years would not have happened without his wisdom, skill, tenacity, and vision. Please join me in thanking Randy for his leadership of NCCMP.

I recognize the enormous trust that the NCCMP Board has placed in me to advocate on behalf of multiemployer plans and our 10 million pension participants. I know that our work is critical to not only protecting the plans, and the pension and health benefits of our participants, it is critical to the success of the job creating employers of America.

I am deeply committed to NCCMP's mission and providing the leadership necessary to bring solutions to the significant challenges facing multiemployer plans, employers and labor, participants and beneficiaries, the PBGC, and the broader U.S. Government.

The past nine years is culminating into the most consequential time in the history of multiemployer plans. The issues facing the multiemployer community and the U.S. Government are extraordinarily complex, interconnected, and I dare say, not well understood.

Today, we have a number of multiemployer plans facing significant financial challenges; the PBGC facing a large and growing net deficit in their multiemployer program; calls for large premium increases to address the PBGC's net deficit; a Treasury Department implementing the 2014 Kline-Miller Multiemployer Pension Reform Act, or MPRA, in ways that are inconsistent with the intent of Congress and the multiemployer community that drafted the legislation; systemically important plans where MPRA is no longer a viable option and whose insolvencies

will have enormous consequences; and finally, employer and labor concerns about providing lifetime retirement benefits without the serious withdrawal liability concerns that was legislated in the Multiemployer Pension Plan Amendments Act of 1980.

These challenges will require comprehensive and durable solutions. They will also require that all parties have a much deeper level of understanding of the serious challenges that we face and their consequences. The NCCMP is committed to playing a leading role in developing the rich base of data and knowledge that is necessary for this deeper level of understanding, as well as structuring and advocating for fact-based solutions.

My hope today, is that I can provide you with a clear understanding of my perspective on the near-term issues facing multiemployer retirement and health plans, the interrelated issues involving the PBGC, and how Congress and the Administration are going to impact multiemployer plans over the next couple of years.

Over the past 6 months, I have met with dozens of organizations and hundreds of people to do a deep dive into the issues affecting multiemployer plans, sponsors, participants, and the U.S. Government. While there are many more folks to meet with, I think that I am developing a very good understanding of the key issues. I have also been able to provide the NCCMP Board with a clear picture of the landscape that we face in 2017.

I want to start by outlining our five key priorities before providing more context on each. We must achieve a legislative solution for the solvency problems of Central States and similar plans, where MPRA is not going to be a viable option.

We need for the PBGC to be a credible insurer that can honor its commitments, but to do so in a way that provides for premiums that are affordable and consistent with the value of the insurance provided, and that does not destroy the viability of multiemployer plans.

We need to ensure that MPRA is a real tool for Trustees to utilize in order to protect beneficiaries from the even greater benefit reductions that will come their way, if their plan goes insolvent and subject to the PBGC guaranty.

We need to pass the Composite Plan legislation that provides plan sponsors with the legal framework for a new voluntary plan design that fully funds the legacy defined benefit plan while creating a new type of plan going forward that incorporates the best features of both defined benefit and defined contribution plans.

Finally, on the healthcare side, we are focused repealing the Cadillac Tax and ensuring that it is not replaced with a cap on the current employer-sponsored insurance exclusion.

First, I would like to discuss why a legislative solution for Central States and similarly situated plans is critical not only to Central States, but to employers, the PBGC, to all multiemployer plans and the multiemployer system, and all levels of government.

It is difficult to overstate how unfortunate Treasury's rejection of Central State's MPRA application was. While it may have felt good to Treasury to "protect" the beneficiaries from the benefit reductions included in the Central States MPRA Application, the fact is that this decision will predictably trigger a long set of significantly more negative consequences for everyone involved at Central States, other multiemployer plans, the PBGC, the U.S. Government, state and local governments, and the nation's economy.

As someone who has served at Treasury, and had responsibility for implementing controversial Acts of Congress, MPRA certainly provided the willing more than enough statutory authority to get to yes.

In a discussion that I had with the PBGC, one item of particular note was the recognition that when Central States goes insolvent, the PBGC's basic benefit guaranty will drop from a maximum of \$12,870 per year at 30-years of service, to a maximum of \$643.50 per year at 30-years of service.

Obviously, this will have a financially crushing impact on retirees receiving benefits from an insolvent multiemployer plan.

While the numbers speak for themselves, I think it is instructive to consider them in the context of a real plan. The New York State Teamsters Conference Pension and Retirement Fund submitted their original MPRA application in August of 2016.

In the data that New York State Teamsters publicly released, they indicated that they are contractually obligated to pay \$429.95 million annually in pension benefits. The MPRA application would have reduced this amount to \$337.5 million annually, or a benefit reduction of 21.5%.

However, absent a successful MPRA application, when the plan goes insolvent, the current PBGC guaranty will pay out \$171.95 million, a benefit reduction of 60%. What they don't say, because they did not know, is that when Central States goes insolvent, the PBGC will only pay out \$8.6 million annually to the New York State Teamster retirees, or a benefit reduction of 98%.

While the various levels of cuts that any particular plan would see are unique to the characteristics of each plan, the final cut based on the PBGC's maximum basic benefit guaranty after the insolvency of Central States will be of the same magnitude.

All of this serves to highlight why developing a legislative solution to address the problems presented by plans like Central States, that cannot use MPRA, is so critical. This effort will be complex, costly, and, as so famously articulated in the movie *Argo*, likely to represent the best bad idea available.

As you probably know, there are currently three proposals that purport to address the serious challenges facing plans like Central States. The International Brotherhood of Teamsters, Senator Bernie Sanders and UPS have advanced these proposals. Given the time constraints of our session, I am going to focus on the one proposal provides the best chance of solving the problem.

UPS has proposed a new federal loan program to address the Central States problem. Their basic concept is to have the U.S. Government provide low-interest, long-term loans to plans, and allow them to earn their way through their funding problems.

I have spent a lot of time over the past 16 years both in government, and in the private sector working on large federal credit programs that were principally designed to address market failures or provide some sort of bailout. Depending on the situation, I was either making sure that the program worked, or that it did not. The bottom line is that a successful federal credit program requires significant attention to the structural details to ensure that it solves for all of the problems that Congress and the Executive Branch are going to demand be solved.

UPS has also proposed two different types of surcharges on plans, employers, unions, and participants. One raises \$2.7 billion annually to have the PBGC pay for Orphan Liability, and the other raises \$505 million to provide credit enhancement on the federal loans via a Risk Reserve Pool. We do not support either surcharge concept for a variety of reasons.

However, the loan portion of the UPS proposal has significant merit, and we are working with UPS as well as individual plans to structure a federal credit program proposal that will allow plans to earn their way through their funding problems, ensure plan solvency, provide a very high degree of certainty that the plans can repay their federal loans, and address the numerous issues that will be of concern to Congress and the Executive Branch in any new federal credit program.

The insolvency of Central States, and other systemically important plans, would have enormous consequences for everyone. This makes Central States a critical issue for NCCMP, and I believe that it is our responsibility to help create a viable tool to solve those problems that cannot be solved through MPRA.

As we stand here today, I do not believe that either Congress or the Administration has a complete understanding of the financial consequences involved in the coming multiemployer plan insolvencies.

As a result, we are working with Segal to develop the data required of the entire multiemployer plan universe so that we can fully understand, communicate, and educate folks, on the economic impacts of the entire multiemployer universe, as well as various subsets, including those plans that are likely to contribute to the PBGC's net deficit. We are focused on the consequences of not dealing with the serious issues involved, or providing pretend solutions, and comparing those options to real, fact-based solutions.

The data that we are developing will allow us to not only understand the economic impacts of the plans, but also the details of the individual plans that are likely to become insolvent, a reasonable approximation of the timing of insolvencies, and the impacts of various premium levels on individual plans and the multiemployer system as a whole. This data will inform the options for potential solutions.

We certainly understand the timing and content limitations of the Form 5500 data and its related schedules. However, it represents the best available data absent an unrealistic survey of all multiemployer plans providing us with current data.

I would like to move on to the PBGC. As I previously mentioned, my discussions with the PBGC had a significant influence on my analysis of the critical issues that need to be addressed. Given the discussions that I have had with various folks in the multiemployer community, I believe that what I learned from the PBGC was new information to them as well.

Obviously the drop in the PBGC's basic benefit guaranty as a result of a Central States insolvency from \$12,870 annually at 30-years of service, to \$643.50 annually at 30-years of service, is breathtaking.

The analysis also suggests that it does not seem possible in any reasonable manner for the PBGC to premium its way out of the problem that Central States presents, let alone the other projected insolvencies.

I completely understand the math that the PBGC does in its schedule of revised premium revenues sufficient to meet average expected 20-year obligations. However, this approach ignores the very real economic consequences to plans, employers and employees, industries, and the multiemployer system itself.

It is also important to recognize that MPRA was designed to be a powerful tool to fix the finances of critical and declining status plans. Faithfully implemented, it should have been just that, and it would have had a significant impact on the net deficit of the PBGC by removing those plans that are included in the net deficit, and therefore on the premiums that the PBGC would mathematically seek.

The U.S. Government's approach to premiums embraces the failed theoretical belief that credits Sovereigns with the power to tax, which is often interpreted as unlimited taxing authority with unlimited tax revenue.

In reality, the revenues available to any government from individual and corporate taxpayers are in fact always limited. We have seen this with the financial failure of foreign sovereigns, as well as in municipal failures in the United States.

The one truth about government finances is that there are always limits to the amount of dollars that a Government or Government Corporation can take, and the PBGC will be no different.

One example from the recent past comes to mind. I was involved with restructuring the U.S. Postal Service during my time at Treasury from 2001 to 2006. Interestingly enough, the Postal Service considers itself a multiemployer for accounting purposes, which allowed them to keep their pensions and post-retirement health benefits off the balance sheet and out of their income statement.

When the Postal Service was reorganized in 1971, they were required by statute to cover their costs through postal rates. In 2001, we determined that they had accumulated \$105 billion in unfunded pension and post-retirement healthcare liabilities, liabilities that had not been paid for through postal rates.

Our analysis determined that the Postal Service would not be a competitive business if the current ratepayers were required to pay for these unfunded liabilities under any limited time horizon, absent a restructuring of the Collective Bargaining Agreements, which was not politically possible.

This led to a couple of actions. In 2003, the Bush Administration sought, and Congress provided, the Postal Service with pension relief that they previously were not statutorily entitled to. This was clearly at the expense of the General Fund down the road. As difficult as this pension reform was, it is considerably easier to move federal dollars around federal pots, than it would have been if the pensions were outside of the U.S. Government.

In 2006, Congress passed new legislation that established the Postal Service Retiree Health Benefits Fund, which required the funding of their unfunded retiree health liabilities. While Treasury sought a 30 or 40-year amortization of these liabilities, OMB and Congress required a 10-year funding schedule for budget scoring reasons. The Postal Service made 4 payments to the Fund and has defaulted on 6, totaling \$33.8 billion. It turns out that it is good to be part of a family that has a very forgiving Uncle, or creditor.

The simple fact is that Postal Service customers would no longer do business with them if they had been required to pay for 30 plus years of prior poor management decisions. A real

restructuring of the Postal Service remains a significant issue for the Postal Service and Congress. However, as an actual business that must compete in the market, the Postal Service will either be priced competitively, or it will lose its customers.

The PBGC and the multiemployer program have 37 years of Congressional premium decisions that cannot be undone. Today, the PBGC simply reports on a math problem comprised of present valuing trust fund balances, fund earnings, and premiums, less the cost of insolvencies at their guaranty levels.

However, understanding the consequences and feasibility of the PBGC's proposed math solution requires significantly more data and information than has been developed by the PBGC or others, and which the NCCMP is now working to create and analyze.

While I believe that we need for the PBGC to be a credible insurer, it remains a possibility that this simply is not a viable option. It certainly will not be the first time that a federal agency or Government Corporation has been unable to fulfill their statutory responsibilities.

The Nuclear Waste Policy Act of 1982 required the Department of Energy to establish a nuclear waste repository by 1998 for the spent nuclear fuel of the nation's civilian reactors, as well as other high level radioactive waste.

After collecting \$25 billion from the nation's nuclear utilities, the Department of Energy failed to develop the statutory repository or take custody of the spent nuclear fuel. In 2013, a federal court ruled that the Department of Energy could no longer collect the fees it had been charging. Further, the Federal Court of Claims has been awarding billions of dollars in judgments related to the utilities costs of storing the spent nuclear fuel on their own sites.

While there is an obvious difference between an actual failure of an agency or Government Corporation to perform, and that of an anticipatory failure, we may find that at some point a constructive breach has occurred in the PBGC's statutory purpose when it is manifestly clear and obvious that there will be a failure to perform.

Our work on PBGC premiums will always be informed by the fact that multiemployer plans do not feel the burden of premiums equally, whether because of differences in wages, contribution rates, or the ratio between actives and inactives.

It is clear that the PBGC needs broader reform than premium increases, and one of my charges from NCCMP's Board is to help provide realistic ideas on restructuring this Government Corporation.

I am often asked on my thoughts about the appropriate level of PBGC premium increases. I want to provide each of you with a clear and unambiguous answer, as well as the rationale for my position.

Given what we know today regarding the PBGC's inability to fulfill its statutory purpose, and the effect of one plan on this ability, I do not support any premium increase beyond what is currently in the statute. There is no finer point on the concept of an agency that has failed its mission, than the impact of the looming Central States insolvency on the PBGC.

My opposition to PBGC premium increases is driven by five fact-based reasons. The first is that the PBGC itself has provided the very evidence that it is an agency that will fail in its statutory purpose with the insolvency of Central States. There is no valid purpose in throwing good plan money after bad at this point.

The second is that Congress provided Trustees with a powerful tool that was specifically designed to resolve critical and declining status plans through MPRA, the result of which would be a significant decrease in the net deficit at the PBGC and therefore the math driving the PBGC's call for more premiums. Until MPRA is allowed to work as intended, we do not have any fact-based data to understand what the appropriate level of premiums should actually be.

The third is that any premium proposal requires a detailed analysis of the economic impact of premiums on the plans, employers and labor, and the industries in which they operate, to determine the viability of such premiums. This is not currently done and it is financial malpractice to allow premiums or other claims on plan assets to be implemented without understanding these impacts.

The fourth is that because we are now designing, and will be proposing a new legislative tool to address the funding challenges of those plans where MPRA is not an option, as well as technical corrections to MPRA to address Treasury's failure to faithfully implement MPRA, we need time for both of these tools to be implemented in order to understand what level of unresolved net deficit actually exists at the PBGC.

Finally, the amount of pension plan liabilities is currently overstated because of the Federal Reserve's conscience, and continuing, manipulation of long term interest rates through their Large Scale Asset Purchase program. The Fed has been, and continues to be the primary market purchaser of long dated Treasury securities and 30-year Agency MBS, through their principal reinvestment policy. This program has driven long-dated benchmark yields to record lows, which has a significant negative impact on the valuation of pension liabilities as used by the PBGC.

Eventually the Fed will end the principal reinvestment policy and shrink its balance sheet, which will allow benchmark yields across the yield curve to reflect actual free market yields. Given the significantly reduced credit profile of the U.S. Government and the Agencies since the beginning of the financial crisis, one should expect market based yields on these securities to rise. All other

things being equal, this will drive a lower reported net deficit at the PBGC, which again drives the discussion on premiums.

While I completely understand the Fed's motivation to massively expand their balance sheet during the financial market crisis, one simply cannot ignore the market manipulation consequences on benchmark yields that their program and policies have had on pension investors in fixed income securities on the asset side of the balance sheet, as well as on the liability side.

On April 20th, the NCCMP had the honor of hosting Tom Reeder, the Director of the PBGC, at our annual Lawyers and Administrators meeting. Director Reeder followed my opening remarks and commented on the need to find money for the PBGC, as opposed to premiums.

Setting aside my previous comments on premium increases, there is one PBGC money raising idea that we may find common ground on. We could consider supporting a permanent and indefinite appropriation for the PBGC that would be triggered by Treasury's rejection of a MPRA application. Operationally, it would require Treasury to fund the PBGC in the amounts that a rejected MPRA application contributed to the PBGC's net deficit, using the PBGC's calculation.

I would now like to quickly address Composite Plans. The NCCMP's work in creating the Retirement Security Review Commission and the passage of MPRA was a significant achievement. As you know, one component of the Commission's recommended reform, the legal framework for Composite Plans, was left out of MPRA.

The significant headwinds that multiemployer plans and their sponsors have faced because of the financial crisis, employer withdrawal liability concerns, and the market impact of efforts by the Financial Accounting Standards Board to address perceived transparency issues, have highlighted the importance of creating another retirement security option for employers and labor.

The Composite Plan provides this needed tool and is designed to address the issues that labor and employers face in providing retirement security through multiemployer plans. This includes paying for the current promises in the existing DB plans, as well as being able to attract, and provide confidence to, new employers, by providing contribution certainty and eliminating the concept of withdrawal liability, while providing employees with lifetime income benefits in retirement.

I would like to spend a few minutes providing my perspective on the healthcare issues in front of us. Congress and the Administration's commitment to repeal and replace the Affordable Care Act was supposed to provide an important opportunity to address the very costly provisions of the ACA, including the Cadillac tax, that impact the health benefit plans provided by employers and labor.

The final version that passed the House on May 4th repealed most of the ACA taxes, with the notable exception of the Cadillac Tax, which was deferred until 2026. The delay was welcome, however, the indexing provisions of the ACA are below the actual rate of medical inflation and will result in more and more plans being subject to the tax over time. In this way, it is similar to the Alternative Minimum Tax.

The AMT was originally targeted at 155 taxpayers, but because of poor indexing, it now captures 4 million taxpayers. This will happen with the Cadillac Tax if it's not repealed in its entirety.

While the repeal and replace effort is uncertain in the Senate, our two issues, the Cadillac Tax and the cap on the employer-sponsored insurance exclusion, will become front and center through tax reform. We will need to be very diligent throughout the Senate process on the AHCA, as well as in tax reform.

As many of you have probably seen, NCCMP Chairman Sean McGarvey sent Congress and the Administration a letter on March 1st that outlined our concerns on the Cadillac Tax and the cap on the employer sponsored insurance exclusion.

One of the central premises of the House Republican position on healthcare that they released in June was that “unleashing the power of choice and competition is the best way to lower health care costs and improve quality”.

Through this view of consumerism, the Republicans want to drive an expansion of tax-advantaged Health Savings Accounts and high deductible health plans so that consumers “understand the true costs of healthcare” and decide how much they want to consume.

This economic theory on healthcare behavior has been successful only in the minds of the economists who have proposed it. In this way, it is not unlike what we saw from the economists who advocated for the ACA in 2009 and 2010.

However, this represents another experiment for the nation’s healthcare system that will have serious consequences for the 177 million Americans who receive healthcare through their employers.

As they tackle 18% of the U.S. economy, Congress would do well to remember the Hippocratic Oath – First, do no harm.

Appreciating the potential futility in that wisdom, Congress will seek to fill the revenue hole created by the repeal of the tax revenue provisions of the ACA, as well as to create the new

revenue needed for the tax expenditures of expanded health savings accounts and refundable tax credits.

To pay for these changes, the Republicans were intent in both their June Proposal as well as the draft legislation released in late February, on capping the exclusion from taxation of employer-sponsored insurance.

According to the Republicans, the Congressional Budget Office said that the exclusion cost the U.S. Government \$266 billion in 2016. This is the single largest tax expenditure in the tax code, and to put it quite simply, it is where the money is.

While they took capping the exclusion out of the bill that passed Ways and Means, and the House, this is likely to show up in tax reform, as they will need revenue sources to pay for the revenue losses they are likely to see from comprehensive corporate tax reform.

In addition to the need to find revenue, Republicans have sought to cap the employer sponsored insurance as a result of their mistaken belief that the employer sponsored insurance exclusion increases average premiums for employer-based coverage 10-15% above what they would have been, because “the open ended nature of the subsidy gives employers and employees an incentive to select more coverage than they otherwise would”, and that the exclusion holds down wages as workers substitute tax-free benefits for taxable income. Maybe this has been your experience?

Naturally, they choose to ignore Washington’s historic and continuing role in the high cost of healthcare and medical inflation, and the impact on premiums, as well as the significant differences between shopping for Pop Tarts and Tide, as opposed to healthcare.

This is actually very important, because the U.S. Government is the largest provider and purchaser of health care in the U.S. through Medicare and Medicaid, programs that collectively spend more than \$1.4 trillion dollars annually.

These programs significantly under-compensate health care providers to Medicare and Medicaid for their services, which results in these same health care providers charging more to their private sector clients in order to recoup their uncompensated federal expenses.

The private sector is in fact subsidizing Medicare, Medicaid, and the U.S. Government, by absorbing these uncompensated federal expenses through higher costs and premiums.

These higher costs are before we even address the costs that the U.S. Government has imposed on insurers, and consequently, on our plans.

Through laws like the Emergency Medical Treatment & Labor Act and the Affordable Care Act, the U.S. Government is passing on enormous health care costs to the private sector through mandatory uncompensated coverage, various taxes and fees, coverage mandates such as no fee services, the ban on annual and lifetime limits, coverage to age 26, the prohibition on the preexisting conditions exclusion, various risk rating restrictions, administrative requirements, and regulations.

The simple fact is that the high costs of employer sponsored health care and medical inflation are principally driven by the actions of the U.S. Government, not by the private sector and employer-sponsored health care.

In any event, the Cadillac Tax or capping the employer-sponsored insurance exclusion will have a significant financial impact on the 177 million Americans who receive their healthcare through their employers, the employers themselves, and the employer-employee relationship. This is a critical issue for multiemployer plans, employers and labor, and the NCCMP.

Despite sharing the same name as the notorious boss in the hit TV show “The Office”, I know that I am not a familiar name to most of you.

I thought it might be helpful for me to tell you a little about my background. For the last seven years, I have worked closely with Building Trades President Sean McGarvey as an advisor, and previously, President Mark Ayers. We first worked to achieve a Project Labor Agreement with Southern Company to build the two new nuclear reactors at Plant Vogtle, and making the federal loan guarantee program affordable and workable for Southern Company and other potential sponsors. I was one of the principal advisors to the Nuclear Power Labor Management Cooperation Committee that was formed to advance the interests of new nuclear development.

I have also advised on infrastructure projects and investments, DOL's reissuance of the 2008 Interpretative Bulletin on Economically Targeted Investments, and helped resolve a longstanding dispute with the Department of Transportation on Project Labor Agreements.

I have worked to leverage the political clout and economic capital of labor and management in order to help solve governmental, political, commercial and market impediments that affected their projects. Over the past three years, I have also provided strategic advice to the Capital Strategies Committee in its mission to partner with project owners and providers of capital.

Previously, I was a senior official at the U.S. Department of the Treasury where I was responsible for federal credit programs and policy, bailouts, market failures, infrastructure finance, privatizations, and restructurings of private sector and federal entities. The restructurings included issues involving single employer and federal DB pensions and post-retirement health benefits. I have also been extensively involved in the development of legislation and regulations. As I previously commented, depending on the initiative, I was either making sure deals got done

or making sure that they did not. These are important skill sets to have in Washington, and for the issues that the NCCMP needs to address.

After Treasury, I ran the U.S. Government investment banking businesses at Banc of America Securities and Miller Buckfire.

In between, during the 2008-2009 financial market crisis, I served as the senior advisor for crisis issues to SEC Chairman Chris Cox and later, Mary Schapiro. This included the Chairman's role on the Financial Stability Oversight Board, which related to the TARP program, and the Federal Housing Finance Oversight Board, which involved the conservatorships of Fannie Mae and Freddie Mac.

All of this is a lengthy way of saying that in each of my roles in government and the private sector, I have focused on understanding very complex problems, and developing and implementing solutions to them. Almost without exception, I can assure you that not everyone is going to be happy with the solutions. This is just a fundamental fact of complex issues, and this certainly applies to the ones that the NCCMP has in front of us. I do hope that each of us continues to remember the proverb, "don't shoot the messenger."

However, in all seriousness, I want each of you to know that I will bring the very best ideas and influence that I can to any given issue, and will work collaboratively with our numerous partners. I will work as closely with you as you want, and will always be responsive to your questions, concerns, ideas, or suggestions.

In closing, I want to thank you for your interest in the challenges and opportunities facing multiemployer plans. I am now pleased to open it up to your questions or comments.