

**ORANGE COUNTY EMPLOYEES RETIREMENT SYSTEM
2223 E. WELLINGTON AVENUE, SUITE 100
SANTA ANA, CALIFORNIA**

**AUDIT COMMITTEE MEETING
THURSDAY, MARCH 26, 2026
8:30 A.M.**

Members of the Committee
Adele Lopez Tagaloa, Chair
Shari Freidenrich, Vice Chair
Richard Oates, Board Member
Charles Packard, Board Member

Members of the public who wish to observe and/or participate in the meeting may do so (1) from the OCERS Boardroom or (2) via the Zoom app or telephone (information below) from any location.

OCERS Zoom Video/Teleconference information	
Join Using Zoom App (Video & Audio) Join Zoom Meeting https://ocers.zoom.us/j/86791670442 Meeting ID: 867 9167 0442 Passcode: 574413 Go to https://www.zoom.us/download to download Zoom app before meeting Go to https://zoom.us to connect online using any browser.	Join by Telephone (Audio Only) Dial by your location +1 669 900 6833 US (San Jose) +1 253 215 8782 US (Tacoma) +1 346 248 7799 US (Houston) +1 929 436 2866 US (New York) +1 301 715 8592 US (Germantown) +1 312 626 6799 US (Chicago) Meeting ID: 867 9167 0442 Passcode: 574413
A Zoom Meeting Participant Guide is available on OCERS' website Board & Committee Meetings page	

AGENDA

This agenda contains a brief general description of each item to be considered. The Committee may take action on any item included in the agenda; however, except as otherwise provided by law, no action shall be taken on any item not appearing on the agenda. The Committee may consider matters included on the agenda in any order, and not necessarily in the order listed.

OPEN SESSION

- 1. CALL MEETING TO ORDER AND ROLL CALL**
- 2. BOARD MEMBER STATEMENT REGARDING PARTICIPATION VIA ZOOM (IF NECESSARY)
(Government Code section 54953(f))**
- 3. PUBLIC COMMENTS**

Members of the public who wish to provide comment during the meeting may do so by “raising your hand” in the Zoom app, or if joining by telephone, by pressing * 9 on your telephone keypad. Members of the public who participate in the meeting from the OCERS Boardroom and who wish to provide

comment during the meeting may do so from the podium located in the OCERS Boardroom. When addressing the Committee, please state your name for the record prior to providing your comments. Speakers will be limited to three (3) minutes.

At this time, members of the public may comment on (1) matters not included on the agenda, provided that the matter is within the subject matter jurisdiction of the Committee; and (2) any matter appearing on the Consent Agenda.

In addition, public comment on matters listed on this agenda will be taken at the time the item is addressed.

CONSENT AGENDA

C-1 AUDIT COMMITTEE MEETING MINUTES

Audit Committee Meeting Minutes

February 26, 2026

Recommendation: Approve the minutes.

ACTION ITEMS

NOTE: Public comment on matters listed in this agenda will be taken at the time the item is addressed, prior to the Committee’s discussion of the item. **Members of the public who wish to provide comment in connection with any matter listed in this agenda may do so by “raising your hand” in the Zoom app, or if joining by telephone, by pressing * 9, at the time the item is called. Persons attending the meeting in person and wishing to provide comment on a matter listed on the agenda should fill out a speaker card located at the back of the Boardroom and deposit it in the Recording Secretary’s box located near the back counter.**

A-1 INDIVIDUAL ACTION ON ANY ITEM TRAILED FROM THE CONSENT AGENDA

INFORMATION ITEM

I-1 2025 FINANCIAL STATEMENT AUDIT – ENTRANCE CONFERENCE

Presentation by Aaron Hamilton, Baker Tilly

CLOSED SESSION

E-1 PUBLIC EMPLOYEE APPOINTMENT

TITLE: DIRECTOR OF INTERNAL AUDIT
(Government Code Section § 54957(b))

Recommendation: Take appropriate action.

******* END OF CLOSED SESSION AGENDA *******

WRITTEN REPORTS

The following are written reports that will not be discussed unless a member of the Committee requests discussion.

R-1 MANAGEMENT ACTION PLAN VERIFICATION REPORT

Written Report

R-2 STATUS UPDATE OF 2026 AUDIT PLAN

Written Report

COMMITTEE MEMBER COMMENTS

CHIEF EXECUTIVE OFFICER/COUNSEL/STAFF COMMENTS

ADJOURNMENT

NOTICE OF NEXT MEETINGS

BUILDING COMMITTEE MEETING

April 2, 2026

9:30 A.M.

ORANGE COUNTY EMPLOYEES RETIREMENT SYSTEM

2223 E. WELLINGTON AVENUE, SUITE 100

SANTA ANA, CA 92701

PERSONNEL COMMITTEE MEETING

April 9, 2026

1:00 P.M.

ORANGE COUNTY EMPLOYEES RETIREMENT SYSTEM

2223 E. WELLINGTON AVENUE, SUITE 100

SANTA ANA, CA 92701

DISABILITY COMMITTEE MEETING

April 20, 2026

8:30 A.M.

ORANGE COUNTY EMPLOYEES RETIREMENT SYSTEM

2223 E. WELLINGTON AVENUE, SUITE 100

SANTA ANA, CA 92701

REGULAR BOARD MEETING

April 20, 2026

9:30 A.M.

Orange County Employees Retirement System
March 26, 2026
Audit Committee Meeting

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**ORANGE COUNTY EMPLOYEES RETIREMENT SYSTEM
2223 E. WELLINGTON AVENUE, SUITE 100
SANTA ANA, CA 92701**

**INVESTMENT COMMITTEE MEETING
April 22, 2026
9:00 A.M.**

**ORANGE COUNTY EMPLOYEES RETIREMENT SYSTEM
2223 E. WELLINGTON AVENUE, SUITE 100
SANTA ANA, CA 92701**

AVAILABILITY OF AGENDA MATERIALS - Documents and other materials that are non-exempt public records distributed to all or a majority of the members of the OCERS Board or Committee of the Board in connection with a matter subject to discussion or consideration at an open meeting of the Board or Committee of the Board are available at the OCERS' website: <https://www.ocers.org/board-committee-meetings>. If such materials are distributed to members of the Board or Committee of the Board less than 72 hours prior to the meeting, they will be made available on the OCERS' website at the same time as they are distributed to the Board or Committee members. Non-exempt materials distributed during an open meeting of the Board or Committee of the Board will be made available on the OCERS' website as soon as practicable and will be available promptly upon request.

It is OCERS' intention to comply with the Americans with Disabilities Act ("ADA") in all respects. If, as an attendee or participant at this meeting, you will need any special assistance beyond that normally provided, OCERS will attempt to accommodate your needs in a reasonable manner. Please contact OCERS via email at adminsupport@ocers.org or call 714-558-6200 as soon as possible prior to the meeting to tell us about your needs and to determine if accommodation is feasible. We would appreciate at least 48 hours' notice, if possible. Please also advise us if you plan to attend meetings on a regular basis.

**ORANGE COUNTY EMPLOYEES RETIREMENT SYSTEM
2223 E. WELLINGTON AVENUE, SUITE 100
SANTA ANA, CALIFORNIA**

**AUDIT COMMITTEE MEETING
THURSDAY, FEBRUARY 26, 2026
9:00 A.M.**

**MEETING LOCATIONS
2223 E. WELLINGTON AVENUE, SUITE 100
SANTA ANA, CALIFORNIA**

**88 BYRAM SHORE ROAD
GREENWICH, CT 06830**

MINUTES

OPEN SESSION

Chair Lopez Tagaloa called the meeting to order at 9:30 a.m.

Recording Secretary administered the Roll Call attendance.

Attendance was as follows:

Present: Adele Lopez Tagaloa, Chair; Shari Freidenrich, Vice Chair; Richard Oates, Board Member; and Charles Packard, Board Member (via Zoom)

Also Present: Steve Delaney, Chief Executive Officer; David Kim, Assistant CEO of External Operations; Brenda Shott, Assistant CEO of Internal Operations; Manuel Serpa, General Counsel; Jeff Lamberson, Director of Member Services (via Zoom); Mark Adviento, Director of Member Services; Mary-Joy Coburn, Director of Communications; Philip Lam, Director of Internal Audit; Alex McDowell, Sr. Internal Auditor; Jenny Davey, Internal Auditor; Esther Hong, Compliance Officer; Gabe Pel, Member Services Manager; Anthony Beltran, Audio Visual Technician; Marielle Horst, Recording Secretary.

Guests: Tim Deutsch, General Manager, OC Cemetery District

PUBLIC COMMENT

None.

CONSENT AGENDA

C-1 APPROVE AUDIT COMMITTEE MEETING MINUTES

Audit Committee Meeting Minutes

December 9, 2025

Orange County Employees Retirement System
February 26, 2026
Audit Committee Meeting

MOTION was made by Mr. Packard, **seconded** by Mr. Oates, to approve the Consent Items.

The motion passed **unanimously**.

ACTION ITEMS

A-1 INDIVIDUAL ACTION ON ANY ITEM TRAILED FROM THE CONSENT AGENDA

None.

A-2 CONSIDERATION OF 2026 RISK ASSESSMENT AND AUDIT PLAN

Presentation by Philip Lam, Director of Internal Audit

Recommendation: Approve the 2026 Risk Assessment and Audit Plan.

Mr. Lam presented the 2026 Risk Assessment and Audit Plan. He stated that the Risk Assessment survey has been distributed to Directors and that follow-up meetings have been scheduled. The Internal Audit Department will prioritize identified high-risk areas.

Mr. Packard questioned whether the Internal Audit team would be able to accomplish the Audit Plan following the resignation of the Director of Internal Audit. Mr. Lam indicated that, if the position is not filled in the near term, certain audits may need to be deferred to the following year.

Chair Lopez Tagaloa recommended that audits not be postponed to 2027 and expressed full confidence that the Internal Audit team will be able to meet the audit plan. Mr. McDowell agreed with Chair Lopez Tagaloa and stated that he does not anticipate needing to defer audits to the following year.

A **MOTION** was made by Mr. Packard, **seconded** by Mr. Oates, to approve staff's recommendation.

The motion passed **unanimously**.

ADDITIONAL AGENDA ITEM UNDER GOV. CODE § 54954.2

Mr. Serpa requested that the committee consider adding an item to today's agenda.

Pursuant to Gov. Code §54954.2, the Committee voted unanimously to determine that 1) the resignation of the Director of Internal Audit results in the immediate need for the Committee to take action, and 2) that this need arose after the posting of the agenda. Accordingly, the Committee added the following item to the agenda:

CLOSED SESSION

PUBLIC EMPLOYEE PERFORMANCE EVALUATION
(Government Code Section § 54957(b))
Title: Director of Internal Audit

Orange County Employees Retirement System
February 26, 2026
Audit Committee Meeting

A-3 AUDIT REPORT - SERVICE CREDIT PURCHASE AUDIT

Presentation by Philip Lam, Director of Internal Audit, and Alex McDowell, Senior Internal Auditor

Recommendation: Receive and file.

Mr. Lam presented the Service Credit Purchase (SCP) Audit and noted that two observations were identified.

The first observation concerns the lack of a documented interpretation of the County Employees Retirement Law (CERL). Management is currently working with the Legal Department to incorporate the SCP business rules and SCP Business Process Document (BPD) into the Master Repository Project.

The second observation identified findings related to the SCP BPD methodology for medical leave, which should be reevaluated to align with best practices or include additional steps for accuracy. The Member Services Department is working with the Legal Department to review and update the SCP BPD and related business rules.

Mr. Adviento noted that documenting the interpretation of CERL would help address the gaps between the SCP BPD methodology and CERL provisions. The Legal Department is drafting a formal memorandum that Member Services will incorporate into its procedures. This update will be implemented on a prospective basis to formalize the process. No recalculations will be required.

Ms. Freidenrich arrived at 9:27 am.

A **MOTION** was made by Ms. Freidenrich, **seconded** by Mr. Oates, to approve staff's recommendation.

The motion passed **unanimously**.

A-4 AUDIT REPORT – ORANGE COUNTY CEMETERY DISTRICT EMPLOYER AUDIT

Presentation by Alex McDowell, Senior Internal Auditor

Recommendation: Receive and file.

Mr. McDowell presented the audit report and noted that there were no observations.

Mr. Deutsch thanked staff for their professionalism, commenting that his team worked collaboratively with OCERS and that the audit process and outcome were both positive and a pleasure to experience.

Mr. Oates also thanked staff and expressed his satisfaction with the positive audit results.

A **MOTION** was made by Mr. Packard, **seconded** by Ms. Freidenrich, to approve staff's recommendation.

The motion passed **unanimously**.

Orange County Employees Retirement System
February 26, 2026
Audit Committee Meeting

INFORMATION ITEMS

I-1 SUPPORTING FAMILIES AFTER A MEMBER’S PASSING: NEW SURVIVOR GUIDANCE BROCHURE

Presentation by Mary-Joy Coburn, Director of Communications

Ms. Coburn presented a new survivor guidance brochure. She noted that, at the request of the Committee, survivor benefit information has been made more readily accessible through all platforms.

I-2 UPDATE ON THE OCERS COMPLIANCE PROGRAM

Presentation by Esther Hong, Compliance Officer

Ms. Hong provided an update on the compliance program, noting that it has made meaningful advancements. The recent communications risk assessment identified no major gaps. Ms. Hong is currently working with the Learning and Organizational Development (LOD) and Legal Departments to develop and deliver compliance training for frontline staff. A quarterly compliance newsletter covering key topics will be implemented. Additionally, the compliance hotline reported no active cases at this time.

WRITTEN REPORTS

The following are written reports that will not be discussed unless a member of the Committee requests discussion.

R-1 MANAGEMENT ACTION PLAN VERIFICATION REPORT

Written Report

R-2 AUDIT COMMITTEE REVIEW OF ACTIVITIES

Written Report

R-3 REPORTING OF INTERNAL AUDIT KEY PERFORMANCE INDICATORS

Written Report

COMMITTEE MEMBER/CHIEF EXECUTIVE OFFICER COMMENTS

None.

STAFF COMMENTS

Mr. Lam reported that Ms. Davey completed and received an Internal Auditor Certification.

The committee adjourned to closed session at 10:17 a.m.

CLOSED SESSION

**E-1 PUBLIC EMPLOYEE PERFORMANCE EVALUATION (GOVERNMENT CODE §54957(b))
Title: Director of Internal Audit**

The committee reconvened from closed session at 11:27 a.m.

Orange County Employees Retirement System
February 26, 2026
Audit Committee Meeting

Recording Secretary did not administer the Roll Call attendance but witnessed that all Committee Members were present.

Mr. Serpa reported that the committee directed Mr. Delaney to begin the recruitment for the Director of Internal Audit position immediately.

ADJOURNMENT

Chair Lopez Tagaloa adjourned the meeting at 11:27 a.m.

Submitted by:

Approved by:

Steve Delaney,
Secretary to the Board

Adele Lopez Tagaloa,
Chairperson



Memorandum

DATE: March 26, 2026
TO: Members of the Audit Committee
FROM: Brenda Shott, Assistant CEO, Finance and Internal Operations
SUBJECT: **2025 FINANCIAL STATEMENT AUDIT – ENTRANCE CONFERENCE**

Presentation

Background/Discussion

Baker Tilly US, LLP (Baker Tilly) is OCERS independent financial auditors. Baker Tilly prepares an audit plan for OCERS Audit Committee as part of the entrance conference for the annual financial statement audit. Attached is Baker Tilly's 2025 Audit Services Plan, prepared by Aaron Hamilton, Assurance Senior Manager. The plan includes an overview of Baker Tilly's engagement service team for the financial statement audit; scope of services; overall summary of audit responsibilities; timeline for deliverables; and highlights of Baker Tilly's audit approach. Mr. Hamilton will be attending the Audit Committee meeting on March 26, 2026, to present their report.

Attachment

Submitted by:



Brenda Shott
Assistant CEO, Finance and Internal Operations

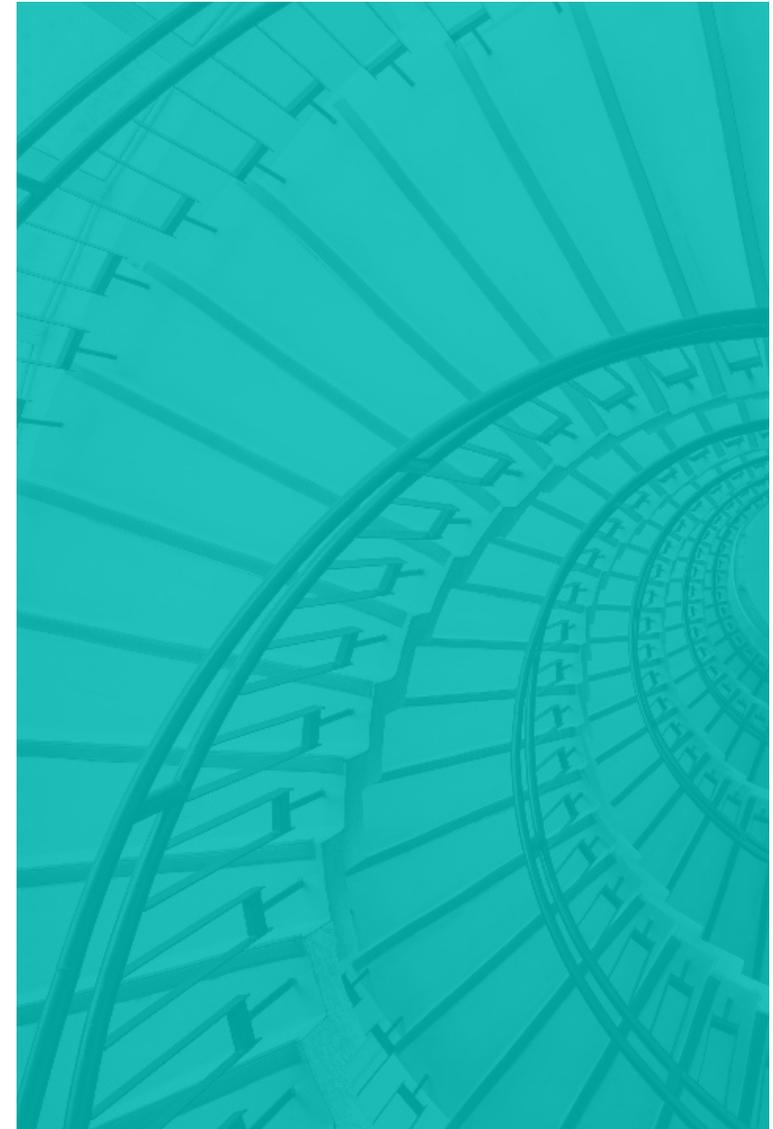


Orange County Employees Retirement System (OCERS)

2025 Audit Planning

Discussion with Management and
the Audit Committee

Baker Tilly US, LLP, trading as Baker Tilly, is a member of the global network of Baker Tilly International Ltd., the members of which are separate and independent legal entities. © 2022 Baker Tilly US, LLP.



Audit Management Team



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Lauren Casias
Assurance Manager



Scope of Services



Report of Independent Auditors

on financial statements for the year ended December 31, 2025



Report of Independent Auditors

on employer allocations and pension amounts by employer for the year ended December 31, 2025



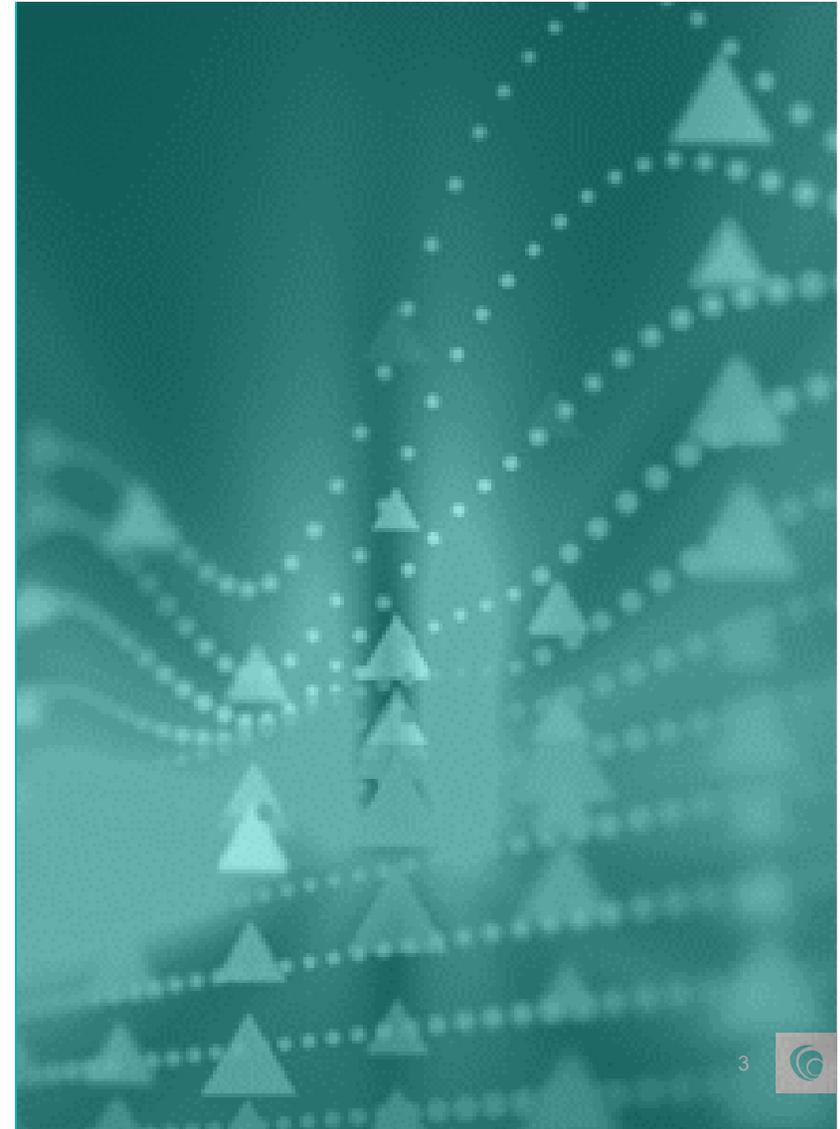
Report of Independent Auditors

on internal control over financial reporting based on an audit of financial statements performed in accordance with *Government Auditing Standards*



Report to Those Charged With Governance

(communicating required matters and other matters of interest)



Areas of Audit Emphasis

During the planning of the audit we have identified the following areas to emphasize:

Audit Areas	Procedures
Management Override of Controls (entity level risk)	<ul style="list-style-type: none"> • Test high-risk journal entries throughout the year that are potentially subject to management override of controls (manual entries posted after State Street report is finalized and other nonroutine entries). • Review the significant estimates to the financial statements for bias.
Pension Related Disclosures	<ul style="list-style-type: none"> • Review the controls related to changes in actuarial valuation assumptions and their approval. • Test the assumptions and any changes in assumptions from the prior valuation to ensure they meet GASB No. 67 requirements and are reflective with demographic and economic experience. • Test census information for completeness and accuracy to further support the calculation of the pension liability for OCERS' participating employers.



Areas of Audit Emphasis *(continued)*

During the planning of the audit we have identified the following areas to emphasize:

Audit Areas	Procedures
Alternative Investment Vehicles and Net Appreciation in Fair Value	<ul style="list-style-type: none"> • Due diligence and ongoing monitoring of investments by management • Controls over wires on capital calls, returns of investments, returns on investments, and investment income • Select sample of investment managers for confirmation of asset balance and investment earnings • Test management's process to reflect the fair value at year end • Analytically test investment earnings



Other Audit Areas

- Contributions from employees and participating employers
- Benefit payments made to retirees or beneficiaries
- Information system controls
- Census data
- Investment earnings (dividends, interest and other)
- Administrative expenses



Consideration of Fraud in a Financial Statement Audit

Auditor's responsibility: Obtain reasonable assurance the financial statements as a whole are free from material misstatement – whether caused by fraud or error

To identify fraud-related risks of material misstatement, we:

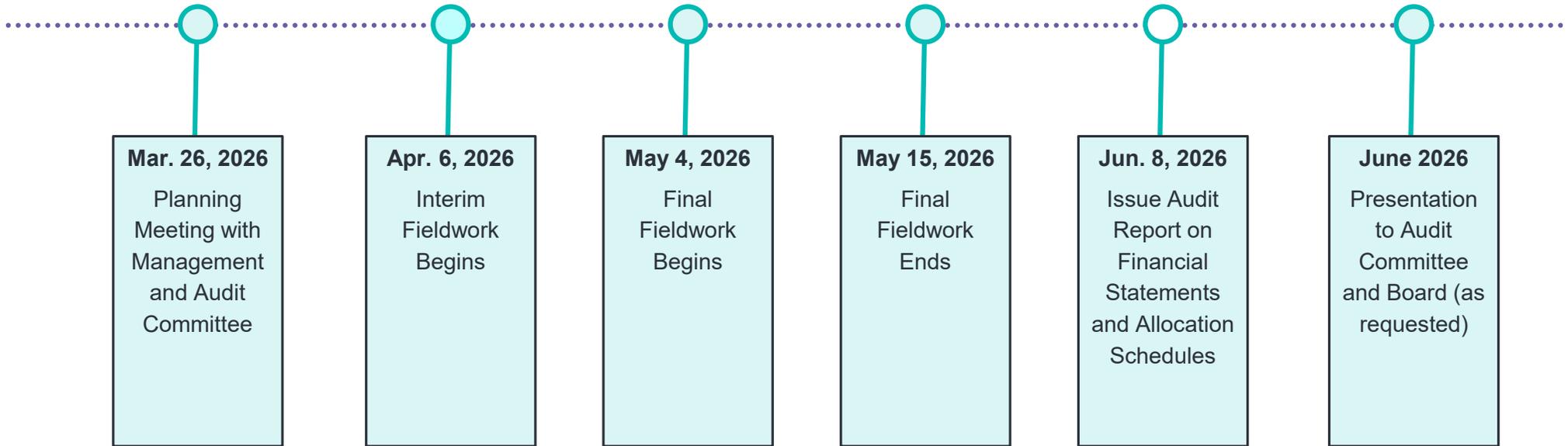
- Brainstorm with team
- Conduct personnel interviews
- Document understanding of internal control
- Consider unusual or unexpected relationships identified in planning and performing the audit

Procedures we perform:

- Examine general journal entries for nonstandard transactions
- Evaluate policies and accounting for contributions and investment income
- Test and analyze significant accounting estimates for biases
- Evaluate rationale for significant unusual transactions



Audit Timeline



Responsibilities

OCERS will

- Make all financial records and related information available to auditors.
- Establish and maintain effective internal controls to safeguard assets and produce accurate financial information.
- Properly record transactions.
- Identify and ensure compliance with applicable laws and regulations.
- Prepare the financial statements to comply with generally accepted accounting principles (U.S. GAAP).
- Provide written representation at conclusion of audit.

Baker Tilly will:

- Perform audit in accordance with generally accepted auditing standards issued by the AICPA and *Government Auditing Standards* issued by the Comptroller General of the United States.
- Consider internal control over financial reporting and internal control over compliance as a basis for designing audit procedures.
- Express an opinion on whether the financial statements are fairly presented, in all material respects, in accordance with U.S. GAAP.
- Communicate control deficiencies with management when identified.



Your Annual Comprehensive Financial Report



Our responsibility under generally accepted auditing standards



Request for advance notification when you intend to include audited financial statements and the independent auditor's report in a document



Arrangements to obtain the other information prior to report issuance



Upcoming Accounting Pronouncements

Statement No. 103 *Financial Reporting Model Improvements*

- Effective in fiscal year 2026

Statement No. 104 *Disclosure of Certain Capital Assets*

- Effective in fiscal year 2026



**THANK
YOU**



Memorandum

DATE: March 26, 2026
TO: Members of the Audit Committee
FROM: Alex McDowell, Senior Internal Auditor
SUBJECT: MANAGEMENT ACTION PLAN VERIFICATION REPORT

Written Report

Background/Discussion

Under the International Standards for the Professional Practice of Internal Auditing (“Standards”), Internal Audit must establish and maintain a system to monitor the disposition of prior results communicated to management. This includes a follow-up process to monitor and ensure that management action plans have been implemented or that management and the Audit Committee have accepted the risk of not taking action.

The follow-up on management action plans (MAPs) involves:

- Confirming management has implemented an action plan and no further action is required.
- Internal Audit has tested the operational effectiveness of the MAPs.

The following report contains the status of the MAPs that have been reported to the Audit Committee:

- For the MAPs noted as Open, Internal Audit will continue to work with the respective parties until the MAP is closed and verified.
- For the MAPs noted as Closed – No Further Action Required (YTD), Internal Audit has confirmed the MAPs have been implemented and are operating effectively during the current year.
- For the MAPs noted as Closed – No Further Action Required (Prior Years), MAPs that have been implemented and confirmed as operating effectively prior to the current year.

Submitted by:



AM - Approved

Alex McDowell
Senior Internal Auditor



0080-0120-R0001 - Management Action Plan Status Report

Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Open Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 3

"We provide secure retirement and disability benefits with the highest standards of excellence."



REPORTING FOR: 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026

	Open	Total
Process Owner		
INVESTMENTS	1	1
MEMBER SERVICES	2	2
Total Count:	3	3



0080-0120-R0001 - Management Action Plan Status Report

Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26,
 Mgmt. Status: Open Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 3

"We provide secure retirement and disability benefits with the highest standards of excellence."

Project: 108 - Lack of Documentation Between Business Rules and BPD PROCESS OWNER: MEMBER SERVICES Report Date: 02/26/2026 Total Observations: 2	
OPEN	
OBSERVATION #1 - LACK OF DOCUMENTATION BETWEEN BUSINESS RULES AND BPD	
Due Date: 06/30/2026	On Schedule to Complete MAP
Action Plan: Legal has begun its review of SCP business rules that have been formally submitted as part of the PAS documentation process. Upon completion of Legal's review, any required clarifications regarding interpretation of the CERL will be incorporated into the SCP business rules and the Service Credit Purchase BPD, which is maintained as part of OCERS Master Repository Project (MRP), to ensure consistency with governing legislation, system configuration, and operational procedures.	
IA Follow-Up:	
OPEN	
OBSERVATION #2 - RE-EVALUATION OF MEDICAL LEAVE METHODOLOGY IN SCP BPD	
Due Date: 06/30/2026	On Schedule to Complete MAP
Action Plan: Member Services will obtain Legal review and confirmation regarding the proper application of relevant CERL provisions to SCP calculations, as they relate to the issues identified in this observation. Following receipt of Legal guidance, Member Services will update the SCP Business Process Document and related business rules as necessary to ensure alignment with Legal guidance. Staff training will be provided on any revised procedures to promote consistent and accurate application.	
IA Follow-Up:	



0080-0120-R0001 - Management Action Plan Status Report

Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26,
 Mgmt. Status: Open Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 3

"We provide secure retirement and disability benefits with the highest standards of excellence."



Project: 106 - Lack of Formal Documentation Regarding Management Reviews	
PROCESS OWNER: INVESTMENTS	
Report Date: 10/06/2025	
Total Observations: 1	
OBSERVATION #2 - LACK OF FORMAL DOCUMENTATION REGARDING MANAGEMENT REVIEWS	
Due Date: 09/30/2026	On Schedule to Complete MAP
Action Plan: Management concurs with the recommendations and is in the process of exploring and developing tools through Microsoft Power Automate to support and enhance the management review process.	
IA Follow-Up:	



0080-0120-R0001 - Management Action Plan Status Report

Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance, Human
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

"We provide secure retirement and disability benefits with the highest standards of excellence."

REPORTING FOR: 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026

	Closed - No Further Action Required (YTD)	Closed - No Further Action Required (Prior Years)	Total
Process Owner			
EMPLOYER	0	30	30
EXECUTIVE	0	12	12
FINANCE	1	31	32
HUMAN RESOURCES	0	8	8
INFORMATION SECURITY	0	24	24
INFORMATION TECHNOLOGY	0	24	24
INTERNAL AUDIT	0	6	6
INVESTMENTS	0	18	18
MEMBER SERVICES	0	74	74
OCFA	0	2	2
Total Count:	1	229	230



0080-0120-R0001 - Management Action Plan Status Report

Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

"We provide secure retirement and disability benefits with the highest standards of excellence."



Project: 88 - An employee in our sample was not entitled to receive a pensionable premium pay item, resulting in an overpayment of that pensionable premium pay item (and contributions paid to OCERS).

PROCESS OWNER: EMPLOYER

Report Date: 06/04/2020

Total Observations: 1

OBSERVATION #2031 - AN EMPLOYEE IN OUR SAMPLE WAS NOT ENTITLED TO RECEIVE A PENSIONABLE PREMIUM PAY ITEM, RESULTING IN AN OVERPAYMENT OF THAT PENSIONABLE PREMIUM PAY ITEM (AND CONTRIBUTIONS PAID TO OCERS). CLOSED

Completion Date: 05/21/2020

Action Plan: Development Pay requests are manually tracked in Excel, and entered in the FIS system. OCSD staff has begun using an exception report to compare the records from these two data sources, to ensure the

IA Follow-Up: IA confirmed the correct employee qualified for the certification pay, the premium payment in error was corrected with collections and the semi-annual audit has been implemented.

Project: 63 - 1. For one member in our test sample, the Member Affidavit Form was incomplete regarding the member's previous public service.

PROCESS OWNER: EMPLOYER

Report Date: 02/14/2023

Total Observations: 4

OBSERVATION #2 - FOR TWO MEMBERS IN OUR TEST SAMPLE, THE EMPLOYER INCORRECTLY REPORTED THE PAYROLL INFORMATION TO THE OCERS PENSION ADMINISTRATION SYSTEM (PAS). CLOSED

Completion Date: 05/02/2023

Action Plan: TCA has adjusted the employee's reported hours for PP13 & PP14 to correctly reflect the hours worked. TCA noted our internal OCERS schedules properly reflected the number of hours worked, but they



0080-0120-R0001 - Management Action Plan Status Report

Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

"We provide secure retirement and disability benefits with the highest standards of excellence."



IA Follow-Up:	IA confirmed transmittal adjustments were recorded in V3. TCA has been working with OCERS to find opportunities to automate the payroll transmittal.
OBSERVATION #1 - 1. FOR ONE MEMBER IN OUR TEST SAMPLE, THE MEMBER AFFIDAVIT FORM WAS INCOMPLETE REGARDING THE MEMBER'S PREVIOUS PUBLIC SERVICE.	
CLOSED	
Completion Date:	03/22/2023
Action Plan:	TCA ensures all member affidavits are completed for previous public service. The instance identified was for the HR Director. He did not fill out the previous experience because he knew it would not be
IA Follow-Up:	IA confirmed the HR Director was made aware to ensure all sections are completed in a member's affidavit.
OBSERVATION #3 - 3. WE NOTED A SINGLE INSTANCE IN WHICH A TIMESHEET LACKED SUPERVISORY SIGNOFF.	
CLOSED	
Completion Date:	03/22/2023
Action Plan:	The Sr. Accounting Clerk responsible for ensuring timesheets were properly approved for the selected pay period and the supervisor of the selected employee are no longer with TCA. TCA reminded the
IA Follow-Up:	IA confirmed communication was made to the Sr. Accounting Clerk and Accounting Supervisor responsible for ensuring timesheets are approved.
OBSERVATION #4 - TWO PROCESS AND REVIEW CONTROLS RELATED TO MEMBER ELIGIBILITY AND PREMIUM PAY ARE NOT FORMALLY DOCUMENTED.	
CLOSED	
Completion Date:	06/18/2024
Action Plan:	• Quarterly review of total hours worked by Extra Help and temporary staff: TCA currently requires managers to monitor the hours of temporary project employees. The Controller reviews and signs off on
IA Follow-Up:	IA confirmed the quarterly review process is now performed and Employee Handbook was updated with Car Allowance documentation

Project:	64 - There are no formal internal guidelines helping to monitor independent contractors for compliance with IRS regulations defining independent contractors.
PROCESS OWNER:	EMPLOYER
Report Date:	04/05/2023
Total Observations:	3



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Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

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OBSERVATION #2 - ONE MEMBER DID NOT HAVE A MEMBER AFFIDAVIT ON FILE IN THE PAS AND FIVE ADDITIONAL MEMBER AFFIDAVITS WERE SENT TO OCERS WITH MISSING INFORMATION.		CLOSED
Completion Date:	08/01/2023	
Action Plan:	All future Member Affidavit forms will be reviewed for accuracy and completeness by the CFCOC Assistant to CEO at time of onboarding new staff. A final review of the form will be performed by CFCOC	
IA Follow-Up:	IA confirmed updated member affidavit forms.	
OBSERVATION #1 - FOUR MEMBERS PREVIOUSLY SEPARATED FROM CFCOC WERE STILL CLASSIFIED WITH ACTIVE STATUS IN THE PENSION ADMINISTRATION SYSTEM (PAS).		CLOSED
Completion Date:	05/02/2023	
Action Plan:	The CFCOC Assistant to CEO will add the required termination form to the off-boarding process when an employee terminates. Once completed, the CFCOC Director of Finance will review for accuracy and	
IA Follow-Up:	IA confirmed the status was updated for the four members.	
OBSERVATION #3 - THERE ARE NO FORMAL INTERNAL GUIDELINES HELPING TO MONITOR INDEPENDENT CONTRACTORS FOR COMPLIANCE WITH IRS REGULATIONS DEFINING INDEPENDENT CONTRACTORS.		CLOSED
Completion Date:	05/04/2023	
Action Plan:	CFCOC staff will work with Commission Counsel and develop internal guidelines.	
IA Follow-Up:	IA confirmed internal guidelines were developed.	

Project:	65 - Thirteen members previously separated from Superior Court were still classified with Active Status in the pension administration system (PAS).	
PROCESS OWNER:	EMPLOYER	
Report Date:	04/05/2023	
Total Observations:	2	
OBSERVATION #1 - THIRTEEN MEMBERS PREVIOUSLY SEPARATED FROM SUPERIOR COURT WERE STILL CLASSIFIED WITH ACTIVE STATUS IN THE PENSION ADMINISTRATION SYSTEM (PAS).		CLOSED



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Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

Completion Date:	08/01/2023
Action Plan:	OC Superior Court to send existing records of OCERS Termination Notices to eaa@ocers.org for all 13 members indicating the separation dates.
IA Follow-Up:	IA confirmed status for all 13 members.
OBSERVATION #2 - 2. TWO MEMBERS DID NOT HAVE A MEMBER AFFIDAVIT ON FILE IN THE PAS AND FIVE ADDITIONAL MEMBER AFFIDAVITS WERE SENT TO OCERS WITH EITHER MISSING INFORMATION OR ON AN OUTDATED FORM.	
CLOSED	
Completion Date:	04/17/2023
Action Plan:	The Court will complete the following:
IA Follow-Up:	IA Confirmed the necessary information was provided to OCERS

Project:	74 - For nine members in our test sample, the Member Affidavit Form was incomplete regarding the member's previous public service or missing a witness signature.
PROCESS OWNER:	EMPLOYER
Report Date:	10/11/2023
Total Observations:	4
OBSERVATION #2 - FOR ONE ACTIVE MEMBER, IHSS PA INCORRECTLY REPORTED THE SERVICE HOURS IN THE TRANSMITTAL FILES FOR 12 CONSECUTIVE PAY PERIODS FROM AUGUST 2022 TO JANUARY 2023.	
CLOSED	
Completion Date:	07/29/2024
Revised Due Date:	08/01/2024
Action Plan:	IHSS PA will correct the member's transmittal records to reflect actual hours worked in the service hours column via payroll transmittal adjustment files.
IA Follow-Up:	IHSS Public Authority provided the refund transmittals
OBSERVATION #1 - IHSS PA IS INCORRECTLY ADDING NON-PENSIONABLE OVERTIME PAY TO PENSIONABLE SALARY IN ITS BI-WEEKLY PAYROLL TRANSMITTAL FILES.	
CLOSED	
Completion Date:	01/10/2024



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Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

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Action Plan:	IHSS PA will work with OCERS Member Services to add non-pensionable overtime as a separately reported pay item in the transmittal files, as described in OCERS Board Pay Item Review policy.
IA Follow-Up:	IHSS provided support for the implementation of a new pay item.
OBSERVATION #3 - IHSS PA'S SALARY INCREASE AUTHORIZATION FORMS DO NOT HAVE THE EMPLOYEE'S TITLE CODE, TITLE DESCRIPTION, AND PAY GRADE.	
CLOSED	
Completion Date:	03/18/2024
Action Plan:	IHSS PA will amend its Salary Increase Authorization forms to evidence the title code, title description and pay grade consistent with The County of Orange's pay schematics.
IA Follow-Up:	IHSS PA updated the Salary Adjustment Authorization form
OBSERVATION #4 - FOR NINE MEMBERS IN OUR TEST SAMPLE, THE MEMBER AFFIDAVIT FORM WAS INCOMPLETE REGARDING THE MEMBER'S PREVIOUS PUBLIC SERVICE OR MISSING A WITNESS SIGNATURE.	
CLOSED	
Completion Date:	03/21/2024
Action Plan:	IHSS PA will work with OCERS employer payroll team and determine if an amended Member Affidavit form should be sent to OCERS, or if another form of documentation should be sent to OCERS.
IA Follow-Up:	IHSS PA provided updated Member Affidavit forms and updated their process.

Project:	73 - For one member in our test sample, the Member Affidavit Form was incomplete regarding the member's previous public service.
PROCESS OWNER:	EMPLOYER
Report Date:	10/11/2023
Total Observations:	3
OBSERVATION #1 - FOR ONE MEMBER IN OUR TEST SAMPLE, THE MEMBER AFFIDAVIT FORM WAS INCOMPLETE REGARDING THE MEMBER'S PREVIOUS PUBLIC SERVICE.	
CLOSED	
Completion Date:	09/14/2023
Action Plan:	The member has checked the appropriate box to indicate no prior public service. The amended form has been provided to OCERS Internal Audit team to provide to Member Services.



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Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
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IA Follow-Up:	IA confirmed the updated member affidavit.
OBSERVATION #2 - TWO PERSONNEL ACTION FORM (PAF) APPROVALS DID NOT HAVE AN APPROVAL SIGNATURE FROM THE DEPARTMENT HEAD, ONLY APPROVAL FROM HUMAN RESOURCES.	
CLOSED	
Completion Date:	09/12/2023
Action Plan:	The PAF is designed to cover all of the personnel actions that occur within the agency. While the form has multiple signature lines, not every signature line is required to authorize a given action (e.g., a
IA Follow-Up:	OCFA noted the Assistant Chief of Human Resources has signed the PAF.
OBSERVATION #3 - MEMBERSHIP ELIGIBILITY REVIEW OCCURS BUT IS NOT FORMALLY DOCUMENTED.	
CLOSED	
Completion Date:	01/11/2024
Action Plan:	The Human Resources Manager over Benefits will review and sign the biweekly Extra-Help report submitted by Finance. HR Benefits and Payroll personnel have communicated regarding new process going
IA Follow-Up:	IA confirmed OCFA HR Manager is signing the biweekly Extra-Help report.

Project:	84 - UCIA does not determine hours worked by Extra-Help and rehired retirees based on a fiscal year or calendar year in accordance with OCERS Membership Eligibility Requirements Policy (Policy) for determining membership eligibility.
PROCESS OWNER:	EMPLOYER
Report Date:	06/06/2024
Total Observations:	2
OBSERVATION #2 - OCTA DOES NOT DETERMINE HOURS WORKED BY EXTRA-HELP AND REHIRED RETIREES BASED ON A FISCAL YEAR OR CALENDAR YEAR IN ACCORDANCE WITH OCERS MEMBERSHIP ELIGIBILITY REQUIREMENTS POLICY (POLICY) FOR DETERMINING MEMBERSHIP ELIGIBILITY.	
CLOSED	
Completion Date:	12/18/2024
Revised Due Date:	12/31/2024
Action Plan:	
IA Follow-Up:	



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Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

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OBSERVATION #1 - IN THREE OF OUR 60 SAMPLE TRANSACTIONS, OCTA OVER-COLLECTED CONTRIBUTIONS ON A NON-PENSIONABLE PAY ITEM (E.G., VAN PAY, OR VAN POOL INCENTIVE PAY). CLOSED

Completion Date:	07/11/2024
Action Plan:	Information on over-collected amounts will be gathered and provided to OCTA from OCERS by mid-May. OCERS will handle refunds to retirees, deceased, terminated, and deferred retirees. Once
IA Follow-Up:	OCTA processed refunds to active OCTA employees.

Project: 102 - 5. The Extra Help Employees Hours Worked reports HCA uses for monitoring hours worked by Extra Help does not report hours worked by staff who have been hired as regular employees or were separated.
PROCESS OWNER: EMPLOYER
Report Date: 12/12/2024
Total Observations: 5

OBSERVATION #1 - RETROACTIVE PAY REPORTED FOR TWO EMPLOYEES WAS INCORRECT." CLOSED

Completion Date:	09/12/2024
Action Plan:	
IA Follow-Up:	

OBSERVATION #2 - 2. INTERNAL AUDIT IDENTIFIED 125 HCA MEMBERS WITH INCORRECT STATUS IN OCERS PENSION ADMINISTRATION SYSTEM (PAS). CLOSED

Completion Date:	
Action Plan:	Both members whose retroactive pay was reported incorrectly have been corrected with the CAPS+ system and will be reflected in payroll transmittal adjustment files to be sent to OCERS.
IA Follow-Up:	IA verified as closed during the course of the audit.



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Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
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OBSERVATION #3 - 3. HCA HR DOES NOT USE EXTRA HELP POSITION REQUEST FORMS FOR CONTRACT EXTRA HELP EMPLOYEES, AS IT CONSISTENTLY DOES WITH NON-CONTRACT EXTRA HELP EMPLOYEES.		CLOSED
Completion Date:	11/06/2024	
Action Plan:		
IA Follow-Up:		
OBSERVATION #4 - 4. FOR 5 OF 10 EXTRA HELP EMPLOYEES SAMPLED, TOTAL HOURS REPORTED BY APPROVED TIMECARDS DID NOT MATCH THE TOTAL HOURS REPORTED ON THE HCA EXTRA HELP EMPLOYEES HOURS WORKED REPORT.		CLOSED
Completion Date:	12/18/2024	
Action Plan:		
IA Follow-Up:		
OBSERVATION #5 - 5. THE EXTRA HELP EMPLOYEES HOURS WORKED REPORTS HCA USES FOR MONITORING HOURS WORKED BY EXTRA HELP DOES NOT REPORT HOURS WORKED BY STAFF WHO HAVE BEEN HIRED AS REGULAR EMPLOYEES OR WERE SEPARATED.		CLOSED
Completion Date:	10/18/2024	
Action Plan:		
IA Follow-Up:		

Project:	103 - Retroactive pay was incorrectly calculated for one employee, resulting in an overpayment.
PROCESS OWNER:	EMPLOYER
Report Date:	03/25/2025
Total Observations:	4

OBSERVATION #1 - LAFCO'S BOARD RESOLUTION DOCUMENTING THE USE OF AN EMPLOYER PAID PICKUP OF EMPLOYEE CONTRIBUTIONS CAN BE MORE ACCURATELY STATED.	CLOSED
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Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

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Completion Date:	12/01/2025	
Action Plan:		
IA Follow-Up:		
OBSERVATION #2 - EMPLOYEE CONTRIBUTION RATES COLLECTED BY LAFCO FOR ITS TWO LEGACY EMPLOYEES DIFFER FROM THE FULL EMPLOYEE RATES ADOPTED BY THE OCERS BOARD.		
CLOSED		
Completion Date:		
Action Plan:		
IA Follow-Up:		
OBSERVATION #3 - RETROACTIVE PAY WAS INCORRECTLY CALCULATED FOR ONE EMPLOYEE, RESULTING IN AN OVERPAYMENT.		
CLOSED		
Completion Date:	12/12/2024	
Action Plan:		
IA Follow-Up:		
OBSERVATION #4 - AN EMPLOYEE'S TIMECARD WAS MISSING SUPERVISOR APPROVAL.		
CLOSED		
Completion Date:	09/01/2024	
Action Plan:		
IA Follow-Up:		

Project:	26 - Transition to OCFA Payroll Manager
PROCESS OWNER:	EMPLOYER
Report Date:	10/23/2018
Total Observations:	2



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Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
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OBSERVATION #4 - OCFA'S MOU FOR EMPLOYER PAID PICKUPS OF LEGACY EMPLOYEE CONTRIBUTIONS DOES NOT REFLECT ACTUAL PAYROLL PROCESSES.		CLOSED
Completion Date:	04/02/2019	
Action Plan:	OCFA agrees that this needs to be corrected, but not by a side letter. Effective pay period 21 (pay date 10/19/18) OCFA management corrected the OCFA payroll interface to the OCERS' V3 system to be	
IA Follow-Up:	Internal audit verified that OCFA employer paid pickups of employee contributions are properly classified as \$ 31581.2 pickups on the transmittal files.	
OBSERVATION #5 - TRANSITION TO OCFA PAYROLL MANAGER		CLOSED
Completion Date:	04/02/2019	
Action Plan:	As discussed and agreed to by OCERS Internal Auditor, this is not reflective of an internal control weakness for OCFA. The original intent of having both OCFA and OCERS staff maintain the spreadsheets was	
IA Follow-Up:	Internal audit confirmed that maintenance of the spreadsheets has transitioned to OCFA's payroll manager.	

Project:	89 - 7. The identification of alternative facility locations has not been formally documented and approved in the BCDR system.	
PROCESS OWNER:	EXECUTIVE	
Report Date:	10/17/2019	
Total Observations:	4	
OBSERVATION #5 - MANAGEMENT PERSONNEL ARE NOT CONSISTENTLY UPDATING THE RELEVANT INFORMATION IN THE BUSINESS IMPACT ANALYSIS AND DEPARTMENT RECOVERY PLAN DOCUMENTS IN A TIMELY MANNER.		CLOSED
Completion Date:	12/13/2019	
Action Plan:	The CMT Leader, OCERS CEO, will remind the CMT at least two weeks prior to the quarterly Business Continuity meetings to update the appropriate Business Continuity documents to reflect any changes in	
IA Follow-Up:	IA was able to confirm:	



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Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
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OBSERVATION #8 - 8. KEY MEMBERS OF THE CRISIS MANAGEMENT TEAM (CMT) ARE NOT CONSISTENTLY TAKING THE ASSIGNED ELECTRONIC RESOURCES WHEN TRAVELING FROM THE OFFICE.		CLOSED
Completion Date:	12/06/2019	
Action Plan:	The CMT Leader, OCERS CEO, will remind the CMT at the quarterly Business Continuity meetings of the importance of taking the necessary resources (laptops) when traveling away from the office.	
IA Follow-Up:	IA confirmed the Q4 CMT agenda included a reminder to take the necessary resources when traveling.	
OBSERVATION #4 - THE TABLETOP EXERCISE DID NOT FULLY VALIDATE THE ORGANIZATION'S PREPAREDNESS AT AN ENTITY OR DEPARTMENT LEVEL IN THE EVENT OF A DISASTER.		CLOSED
Completion Date:	12/06/2019	
Action Plan:	We believe the program is ready to enhance future exercises by including more functional testing. As an example, during our July 2019 tabletop, a component of the Finance team was asked to work from	
IA Follow-Up:	IA confirmed the Q4 CMT meeting discussed expanding the functional testing with plans to start with IT testing in January.	
OBSERVATION #7 - 7. THE IDENTIFICATION OF ALTERNATIVE FACILITY LOCATIONS HAS NOT BEEN FORMALLY DOCUMENTED AND APPROVED IN THE BCDR SYSTEM.		CLOSED
Completion Date:	12/13/2019	
Action Plan:	The Business Continuity Coordinator team is currently working with the County of Orange to formalize an agreement to use County facilities as an alternate workspace location in the event of a localized	
IA Follow-Up:	IA confirmed the Alternate Facility plan has been formally approved. Additionally, the BC Coordinator follow-ed up with the County contact. Progress is being made to secure a location for OCERS.	

Project:	60 - Upon review of OCERS' Contract Management System (CMS), we noted data entry errors with six vendors in our sample.
PROCESS OWNER:	EXECUTIVE
Report Date:	10/03/2022
Total Observations:	8

OBSERVATION #2 - THE DUE DILIGENCE WAS NOT CONSISTENTLY PERFORMED OR DOCUMENTED BY THE CONTRACT ADMINISTRATOR, AS PER OCERS BUSINESS PRACTICES, FOR THREE VENDORS IN OUR SAMPLE:	CLOSED
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Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

Completion Date:	01/30/2023	
Action Plan:	A. Management will document and implement a process to ensure due diligence is performed prior to the execution of contracts and that will account for instances that might occur whereby a contract is	
IA Follow-Up:	IA confirmed a new due diligence process was implemented. Additional samples were tested.	
OBSERVATION #1 - OCERS DID NOT COMPLY WITH OCERS PROCUREMENT AND CONTRACTING POLICY (POLICY) REGARDING CONTRACTS AWARDED TO TWO DIFFERENT VENDORS.		
CLOSED		
Completion Date:	01/11/2024	
Action Plan:	A. Management will communicate with all Executives the requirements for issuing an RFP and will coordinate the RFP's per Policy requirements.	
IA Follow-Up:	IA confirmed management developed the training, updated the Policy and retained documents in the CMS.	
OBSERVATION #3 - AUTHORIZING SIGNATURES, AS REQUIRED BY THE POLICY, WERE NOT OBTAINED ON FIVE CONTRACTS WITHIN OUR SAMPLE.		
CLOSED		
Completion Date:	04/20/2023	
Action Plan:	A. Management will recommend changes to the Procurement and Contracting Policy to include a duty of the Contract Administrator to ensure the appropriate signatures for contracts are obtained.	
IA Follow-Up:	IA confirmed the Policy was updated with the provision for the Contract Administrator to ensure signatures comply with signature requirements.	
OBSERVATION #4 - THE LEGAL DIVISION'S REVIEW WAS NOT OBTAINED FOR AN IT CONSULTANT'S CONTRACT AWARDED IN 2021. (CONTRACT VALUE OF \$126,000).		
CLOSED		
Completion Date:	09/12/2022	
Action Plan:	A. All contracts, including those that do not deviate from OCERS' form of contract, are now forwarded to the Legal Division for review. In addition, the Legal contract approval is being retained for future	
IA Follow-Up:	Internal Audit reviewed sample of Legal approval of final contracts	
OBSERVATION #5 - FOR TWO VENDORS IN OUR SAMPLE, THE CERTIFICATE OF INSURANCE (COI) PROVIDED BY THE VENDOR DID NOT MEET THE DOLLAR AMOUNT COVERAGE AS SPECIFICALLY STATED IN THE EXECUTED CONTRACT.		
CLOSED		
Completion Date:	01/30/2023	
Action Plan:	A. Management will implement procedures to ensure Certificates of Insurance are in accordance with the vendor contracts. In those cases where the Insurance Certificate does not meet the contractual	
IA Follow-Up:	Internal Audit confirmed COIs were obtained for an additional sample.	
OBSERVATION #6 - POLICY IS ABSENT GUIDANCE OF WHEN A CONTRACT IS NEEDED AND HOW TO MONITOR ROUTINE ITEMS THAT DO NOT WARRANT A CONTRACT.		
CLOSED		



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Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

Completion Date:	04/20/2023
Action Plan:	Policy Issue:
IA Follow-Up:	IA confirmed the Policy was updated to define when a written contract was required.
OBSERVATION #7 - UPON REVIEW OF OCERS' CONTRACT MANAGEMENT SYSTEM (CMS), WE NOTED DATA ENTRY ERRORS WITH SIX VENDORS IN OUR SAMPLE.	
CLOSED	
Completion Date:	01/24/2023
Action Plan:	Management has approval to hire an additional Team Member in this department. Review procedures will be created and implemented at that time.
IA Follow-Up:	New Senior Manager hired. Internal Audit reviewed the Data Entry review schedule provided by management.
OBSERVATION #8 - 8. WE NOTED POTENTIAL ROOM FOR IMPROVEMENT WITH EITHER THE POLICY OR WITH THE ADDITION OF NEW PROCEDURES.	
CLOSED	
Completion Date:	04/20/2023
Action Plan:	Policy Issue:
IA Follow-Up:	IA confirmed the Policy was updated to address instances when a contract value is not known at the time of execution, and to clarify the proper approval of Named Service Providers. Diverse Vendor

Project:	7 - State Street bank - customer services issues
PROCESS OWNER:	FINANCE
Report Date:	02/18/2013
Total Observations:	6
OBSERVATION #6 - STATE STREET BANK - CUSTOMER SERVICES ISSUES	
CLOSED	
Completion Date:	05/03/2019
Action Plan:	We believe management has addressed customer service issues with State Street custodian bank. We recommend that OCERS staff continue to monitor State Street's compliance with the action plan.



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Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
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IA Follow-Up:	OCERS staff continues to monitor and address any issues/discrepancies in State Street reporting. This occurs through emails and periodic meetings between OCERS investments and finance staff and State	
OBSERVATION #3 - UPDATE FINANCE MANUAL FOR MANAGER STATEMENT RECONCILIATIONS		
CLOSED		
Completion Date:	05/07/2019	
Action Plan:	Management agreed to the following recommendation: Management should revise appropriate sections of the policy to reflect the current practice of performing quarterly, not monthly, reconciliations of	
IA Follow-Up:	IA verified that policy requires a reconciliation after Investment Managers Reports are collected from emailed statements and working trial balances are received from the State Street website. Private	
OBSERVATION #5 - MANAGER REVIEW OF CIO INVESTMENT REPORT RECONCILIATION		
CLOSED		
Completion Date:	05/07/2019	
Action Plan:	Management agreed to the following recommendation: A supervisor should review and approve reconciliations of the CIO Investment Report. As evidence of review, the supervisor should sign and date	
IA Follow-Up:	IA verified that policy requires management signoff on the reconciliation with the worksheet reflecting the names of the preparer, approver and approval date.	
OBSERVATION #2 - UPDATE POLICY OVER MANAGER STATEMENT RECONCILIATIONS		
CLOSED		
Completion Date:	05/07/2019	
Action Plan:	Management agreed to the following recommendation: Finance should enforce timely due dates for when quarterly investment manager reconciliations are to be completed; the policy should be updated	
IA Follow-Up:	IA verified that policy requires a reconciliation after Investment Managers Reports are collected from emailed statements and working trial balances are received from the State Street website. Private	
OBSERVATION #4 - FINANCE MANAGER SIGNOFF FOR RECONCILIATIONS		
CLOSED		
Completion Date:	05/03/2019	
Action Plan:	Management agreed to the following recommendation: Finance should revise its policy to require management signoff of the reconciliation of the general ledger to evidence review and approval.	
IA Follow-Up:	IA verified that internal policy now requires a management signoff review of the monthly trial balance reconciliation for investment accounts.	
OBSERVATION #1 - AUTOMATED JOURNAL VOUCHER ENTRIES		
CLOSED		
Completion Date:	05/03/2019	
Action Plan:	Management agreed to the following recommendation: Finance should consider use of State Street's General Ledger Feed software or consider building a Microsoft Access database. We are in the process	



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 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

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IA Follow-Up: IA verified that Finance is no longer manually entering State Street trial balance information, but uploading a State Street spreadsheet file into the monthly Investment Journal Entry worksheet.

Project: 12 - CAFR fee disclosures
PROCESS OWNER: FINANCE
Report Date: 03/21/2016
Total Observations: 4

OBSERVATION #3 - CAFR FEE DISCLOSURES CLOSED

Completion Date: 04/29/2019

Action Plan: Management agreed to the following recommendation: OCERS' financial management should consider stating that the "Schedule of Investment Expenses" disclosure does not include underlying fund

IA Follow-Up: Disclosure has been added to the CAFR and confirmed by IA.

OBSERVATION #1 - ESTIMATED MANAGEMENT FEES CLOSED

Completion Date: 04/29/2019

Action Plan: The Investments Division staff will coordinate with Finance to review the management fees for the 40 funds with OCERS' four private equity managers on a sampling or rotation basis. Finance concurs with

IA Follow-Up: Management modified the approach with approval from the Board to use the annual Investment Fee Report prepared in accordance with the Board's Investment Fee Policy as the method by which OCERS'

OBSERVATION #2 - STATE STREET REPORTING OF MANAGER FEES CLOSED

Completion Date: 05/03/2019

Action Plan: Management agreed to the following recommendation: OCERS' Finance should consult with State Street to ensure that State Street includes the management fees for Abbott Capital and Pantheon in the

IA Follow-Up: IA verified that Finance is reconciling fees noted on the manager statements are being captured in State Street journal entries.



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Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

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OBSERVATION #3 - CAFR FEE DISCLOSURES		CLOSED
Completion Date:	04/29/2019	
Action Plan:		
IA Follow-Up:		

Project:	13 - Verification call backs on all wire transfer amounts
PROCESS OWNER:	FINANCE
Report Date:	11/30/2016
Total Observations:	5

OBSERVATION #2 - VERIFICATION CALL BACKS ON ALL WIRE TRANSFER AMOUNTS		CLOSED
Completion Date:	05/03/2019	
Action Plan:	Management agreed to the following recommendation: Finance Division should instruct State Street to telephone OCERS' authorized verifiers to verify wire transfer request letters for amounts under	
IA Follow-Up:	IA verified that under the new eCFM (State Street's web-based wire transfer system) that transfer amounts under \$100,000 require dual approval.	

OBSERVATION #4 - SYSTEM LIMITS FOR WIRE TRANSFER AMOUNT AUTHORIZATIONS		CLOSED
Completion Date:	04/23/2019	
Action Plan:	Management agreed to the following recommendation: Management should consider decreasing the cumulative dollar limit for daily wire transfers within CEO Portal® to appropriate business levels.	
IA Follow-Up:	Cumulative daily dollar limit for wire transfers has been reduced from \$20 million to \$6 million, and has been adjusted to \$8 million based on current activity.	

OBSERVATION #3 - TIMELY REVIEW OF BANK ACCOUNT RECONCILIATIONS		CLOSED
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Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

Completion Date:	05/03/2019
Action Plan:	Management agreed to the following recommendation: In addition to the daily reconciliations of online bank activity, the Finance Division should perform monthly bank reconciliations ideally within 30
IA Follow-Up:	IA verified that the monthly Wells Fargo bank reconciliation is being performed in a timely manner.
OBSERVATION #1 - FINANCE REVIEW OF NEW MANAGER FUNDINGS CLOSED	
Completion Date:	04/23/2019
Action Plan:	Management agreed to the following recommendation: Before sending a written wire request to State Street to fund a new manager or rebalance the investment portfolio, the Investments Divisions
IA Follow-Up:	Internal Audit confirmed Finance is following proposed audit report resolution response as noted via email with appropriate attachments and inclusion of both Finance and Investments in confirmation
OBSERVATION #5 - ENCRYPTION OF PAYROLL FILE CLOSED	
Completion Date:	05/03/2019
Action Plan:	Management agreed to the following recommendation: Management should consider encrypting the ACH file before uploading to Wells Fargo's CEO Portal® in order to add an another layer of protection
IA Follow-Up:	IA verified that the monthly payroll file is encrypted before it is sent to Wells Fargo bank.

Project:	23 - Policy language - airfare policy
PROCESS OWNER:	FINANCE
Report Date:	12/06/2017
Total Observations:	5
OBSERVATION #2 - PER DIEM RATES CLOSED	
Completion Date:	
Action Plan:	



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Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

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IA Follow-Up:	
OBSERVATION #4 - POLICY LANGUAGE - AIRFARE POLICY	CLOSED
Completion Date:	
Action Plan:	
IA Follow-Up:	
OBSERVATION #1 - UPDATE EXPENSE REPORT FORM	CLOSED
Completion Date:	
Action Plan:	
IA Follow-Up:	
OBSERVATION #3 - CAR RENTAL INSURANCE	CLOSED
Completion Date:	
Action Plan:	
IA Follow-Up:	
OBSERVATION #5 - LIMOUSINE SERVICE	CLOSED
Completion Date:	
Action Plan:	
IA Follow-Up:	



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Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

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Project: 10 - See audit report for details
PROCESS OWNER: FINANCE
Report Date: 12/09/2018
Total Observations: 1

OBSERVATION #1 - SEE AUDIT REPORT FOR DETAILS CLOSED

Completion Date: 01/05/2019

Action Plan:

IA Follow-Up:

Project: 89 - OCERS Business Continuity Policy document has existed since 2015 but the documentation of the approvals were not formalized.
PROCESS OWNER: FINANCE
Report Date: 10/17/2019
Total Observations: 2

OBSERVATION #1 - OCERS BUSINESS CONTINUITY POLICY DOCUMENT HAS EXISTED SINCE 2015 BUT THE DOCUMENTATION OF THE APPROVALS WERE NOT FORMALIZED. CLOSED

Completion Date: 12/13/2019

Action Plan: We believe that the current document titled "OCERS Business Continuity Policy" would be more accurately described as a program document. As such, our plan is to retitle the document to be OCERS

IA Follow-Up: IA confirmed the Business Continuity Program documents has been formally approved by the CMT.

OBSERVATION #2 - THE BUSINESS CONTINUITY PROGRAM STANDARD OPERATING PROCEDURES DOCUMENT HAS EXISTED SINCE 2015 BUT THE DOCUMENTATION OF THE APPROVALS BY THE CRISIS MANAGEMENT TEAM WERE NOT FORMALIZED. CLOSED



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Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

Completion Date:	02/26/2020
Action Plan:	We concur with the observation and will formalize the approval of the document.
IA Follow-Up:	IA confirmed the Business Continuity Standard Operating Procedure document has been formally approved by the CMT.

Project:	91 - Finance does not systematically delete V3's ACH files containing beneficiaries' banking information from local hard drives.
PROCESS OWNER:	FINANCE
Report Date:	01/13/2020
Total Observations:	4

OBSERVATION #1 - V3'S PRE DISBURSEMENT REGISTER REPORT CONTAINS PAYEE'S FULL SOCIAL SECURITY NUMBERS AND FULL NAMES.		CLOSED
Completion Date:	12/09/2019	
Action Plan:	Build 8.14 will include the replacement of full Social Security Numbers with OCERS ID# (OID) and/or OIP# on the Pre-Disbursement Register Report and Disbursement Schedule.	
IA Follow-Up:	IA confirmed the updated Disbursement Schedule Detail Report and Pre-Disbursement Register Report now display the OID numbers in place of SSNs.	

OBSERVATION #4 - GENERAL LEDGER ENTRIES TO TRANSFER EMPLOYEE CONTRIBUTION RESERVES WERE NOT BOOKED TIMELY.		CLOSED
Completion Date:	12/20/2019	
Action Plan:	In the instance noted here, processes with material impact to operations and financials were performed during the unforeseen long-term leave of absence of one of the Finance Managers, but in the	
IA Follow-Up:	IA confirmed the Finance Risk and Control Matrix (RACM) was updated to include additional documentation requirement.	

OBSERVATION #3 - FINANCE PROCEDURES MANUAL RELATED TO BENEFIT AND LUMP SUM PAYMENTS (I.E. PAYROLL) DO NOT REFLECT ALL CURRENT PROCEDURES.		CLOSED
Completion Date:	10/05/2020	
Action Plan:	Finance will be creating and updating stand-alone procedures for all of its processes as part of an organization-wide 2020 Business Plan Initiative.	



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Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

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IA Follow-Up: Internal Audit reviewed the documented lump sum payroll procedures.

OBSERVATION #2 - FINANCE DOES NOT SYSTEMATICALLY DELETE V3'S ACH FILES CONTAINING BENEFICIARIES' BANKING INFORMATION FROM LOCAL HARD DRIVES. CLOSED

Completion Date: 03/14/2022

Action Plan: Management will establish procedures to delete copies of the ACH text files from local hard drives after a copy of the file has been uploaded to Wells Fargo.

IA Follow-Up: IA confirmed with the Finance team the deletion of the ACH file from the local hard drive is now being performed by management. IA reviewed the procedures updated to reflect this practice. Due to

Project: 46 - Finance Management should formalize the review of (1) the Vendor Master File list in the ERP system and (2) the quarterly accounts payable accrual.

PROCESS OWNER: FINANCE

Report Date: 03/28/2024

Total Observations: 2

OBSERVATION #1 - FINANCE MANAGEMENT SHOULD FORMALIZE THE REVIEW OF (1) THE VENDOR MASTER FILE LIST IN THE ERP SYSTEM AND (2) THE QUARTERLY ACCOUNTS PAYABLE ACCRUAL. CLOSED

Completion Date: 05/14/2024

Action Plan: 1. During the implementation of the ERP system, Finance purged inactive vendors from its previous accounting system, importing only active vendors into the new system that went live in 2022. Finance

IA Follow-Up: IA confirmed the review of the Vendor Maintenance list and the Quarterly accrued payables reconciliation were performed

OBSERVATION #2 - A NETWORK FOLDER CONTAINING 2014 ACCOUNTS PAYABLE RELATED FILES HAD NOT BEEN DELETED. CLOSED

Completion Date: 05/14/2024

Action Plan: During 2022, the Finance Team reorganized the department's accounting folders and purged a large number of documents and folders in adherence with the Records Management Policy. The files in

IA Follow-Up: IA confirmed the identified folders were deleted.



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Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

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<p>Project: 104 - Finance Department's verification of third-party payroll deductions could be more structured and clearly documented. PROCESS OWNER: FINANCE Report Date: 03/25/2025 Total Observations: 2</p>	
<p>OBSERVATION #1 - FINANCE DEPARTMENT'S VERIFICATION OF THIRD-PARTY PAYROLL DEDUCTIONS COULD BE MORE STRUCTURED AND CLEARLY DOCUMENTED. CLOSED</p>	
Completion Date:	03/21/2025
Action Plan:	
IA Follow-Up:	
<p>OBSERVATION #2 - FINANCE DEPARTMENTAL DOCUMENTED PROCEDURES DO NOT INCLUDE A PERIODIC REVIEW OF EXCEL SPREADSHEETS USED IN RETIREE PAYROLL ACCOUNTING. CLOSED</p>	
Completion Date:	09/25/2025
Action Plan:	
IA Follow-Up:	

<p>Project: 107 - Reviews performed on system changes made to Intacct PROCESS OWNER: FINANCE Report Date: 12/09/2025 Total Observations: 1</p>	
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Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

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OBSERVATION #1 - REVIEWS PERFORMED ON SYSTEM CHANGES MADE TO INTACCT		CLOSED
Completion Date:	02/11/2026	
Action Plan:		
IA Follow-Up:		

Project: 9 - For one sample, documentation of a candidate's reference verification was missing the HR Analyst's signature and date.
PROCESS OWNER: HUMAN RESOURCES
Report Date: 10/11/2023
Total Observations: 1

OBSERVATION #5 - FOR ONE SAMPLE, DOCUMENTATION OF A CANDIDATE'S REFERENCE VERIFICATION WAS MISSING THE HR ANALYST'S SIGNATURE AND DATE.		CLOSED
Completion Date:	11/21/2023	
Action Plan:		
IA Follow-Up:		

Project: 42 - CCERS is using the standard County background check instead of CCERS' more extensive 3rd party background check for all new County employees who will gain access to confidential member data within the Pension Administration System (PAS).
PROCESS OWNER: HUMAN RESOURCES
Report Date: 10/11/2023
Total Observations: 4



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Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

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OBSERVATION #2 - OCERS'S INTERNAL EMPLOYMENT OFFER WORKSHEET IS NOT FORMALLY DOCUMENTED WITH THE RATIONALE FOR HIRING A CANDIDATE.		CLOSED
Completion Date:	09/21/2023	
Action Plan:	The HR department has added language that supports the CEO's approval criteria to the Employment Offer Worksheet. Hiring managers will now be required to acknowledge they have met the CEO's	
IA Follow-Up:	Internal Audit confirmed the Employment Offer Worksheet was updated with the CEO acknowledgement.	
OBSERVATION #3 - OCERS IS USING THE STANDARD COUNTY BACKGROUND CHECK INSTEAD OF OCERS' MORE EXTENSIVE 3RD PARTY BACKGROUND CHECK FOR ALL NEW COUNTY EMPLOYEES WHO WILL GAIN ACCESS TO CONFIDENTIAL MEMBER DATA WITHIN THE PENSION ADMINISTRATION SYSTEM (PAS).		CLOSED
Completion Date:	09/20/2024	
Action Plan:	The HR department will schedule a meeting with the County to discuss next steps needed to institute more extensive background checks.	
IA Follow-Up:	IA has verified that the meeting will be held with County counsel and union representatives.	
OBSERVATION #4 - HUMAN RESOURCES IS MAINTAINING TERMINATED EMPLOYEE PERSONNEL RECORDS BEYOND THAT ALLOWED PER OCERS BOARD RECORDS MANAGEMENT POLICY.		CLOSED
Completion Date:	11/14/2024	
Action Plan:	A request to increase the retention period for personnel files from 4 to 7 years will be made to the Governance Committee at their next review of the Records Management policy. All personnel files	
IA Follow-Up:	We viewed the revised retention policy from the November 1st Governance meeting, we noted the retention period was changed from 4 years to 7 years.	
OBSERVATION #1 - HUMAN RESOURCES (HR) DOES NOT HAVE FORMAL PROCEDURAL DOCUMENTATION FOR THE HIRING AND RECRUITING PROCESS.		CLOSED
Completion Date:		
Action Plan:	The Human Resources department will develop procedures for the hiring and recruitment practices.	
IA Follow-Up:	HR provided IA with documentation regarding the hiring and recruitment process.	



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Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

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Project: 34 - For one sample, documentation of a candidate's reference verification was missing the HR Analyst's signature and date.
PROCESS OWNER: HUMAN RESOURCES
Report Date: 10/11/2023
Total Observations: 1

OBSERVATION #5 - FOR ONE SAMPLE, DOCUMENTATION OF A CANDIDATE'S REFERENCE VERIFICATION WAS MISSING THE HR ANALYST'S SIGNATURE AND DATE. CLOSED

Completion Date: 11/21/2023

Action Plan: Phone records demonstrated the reference was completed timely however the form was not signed and dated for one sample.

IA Follow-Up: Confirmed the use of Survey Monkey for reference checks.

Project: 105 - 2. The OCERS Direct Employee Handbook currently lacks a section detailing the premium pay items available to OCERS Direct employees.
PROCESS OWNER: HUMAN RESOURCES
Report Date: 12/12/2024
Total Observations: 2

OBSERVATION #1 - 1. IN ONE TEST SAMPLE, A PERSONNEL ACTION NOTICE (PAN) FORM WAS NOT COMPLETED TO DOCUMENT THE EMPLOYEE'S RETURN TO THEIR ORIGINAL POSITION AFTER A TEMPORARY PROMOTION ENDED. CLOSED

Completion Date: 01/08/2025

Action Plan:

IA Follow-Up:

OBSERVATION #2 - 2. THE OCERS DIRECT EMPLOYEE HANDBOOK CURRENTLY LACKS A SECTION DETAILING THE PREMIUM PAY ITEMS AVAILABLE TO OCERS DIRECT EMPLOYEES. CLOSED



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Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

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Completion Date:	12/01/2025
Action Plan:	
IA Follow-Up:	

Project: 33 - The OCERS Patch and Vulnerability Management program lacks formal governance documentation
PROCESS OWNER: INFORMATION SECURITY
Report Date: 03/22/2021
Total Observations: 1

OBSERVATION #1 - THE OCERS PATCH AND VULNERABILITY MANAGEMENT PROGRAM LACKS FORMAL GOVERNANCE DOCUMENTATION CLOSED

Completion Date:	08/07/2024
Action Plan:	Policy Development: OCERS Information Technology and Information Security management has been aware of the need to develop formal policies for the Information Technology and Information Security
IA Follow-Up:	Information Security provided the related policies

Project: 43 - An opportunity exists to enhance the security of accounts/identities in Azure Active Directory - Enable Azure AD Identity Protection User Risk Policies.
PROCESS OWNER: INFORMATION SECURITY
Report Date: 01/19/2024
Total Observations: 12



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Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

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OBSERVATION #101 - AN OPPORTUNITY EXISTS TO ENHANCE THE SECURITY OF ACCOUNTS/IDENTITIES IN AZURE ACTIVE DIRECTORY.		CLOSED
Completion Date:	03/13/2024	
Action Plan:	a. Management Action Plan: Planned	
IA Follow-Up:	Item complete	
OBSERVATION #106 - AN OPPORTUNITY EXISTS TO ENHANCE THE SECURITY OF ACCOUNTS/IDENTITIES IN AZURE ACTIVE DIRECTORY.		CLOSED
Completion Date:	03/13/2024	
Action Plan:	Admin accounts have been changed to cloud only and unlicensed. This item has been completed.	
IA Follow-Up:	Item complete	
OBSERVATION #105 - AN OPPORTUNITY EXISTS TO ENHANCE THE SECURITY OF ACCOUNTS/IDENTITIES IN AZURE ACTIVE DIRECTORY.		CLOSED
Completion Date:	04/01/2024	
Action Plan:	Recommendation will increase operational overhead for Information Technology and Information Security departments but will reduce attack surface.	
IA Follow-Up:	Item completed.	
OBSERVATION #202 - AN OPPORTUNITY EXISTS TO ENHANCE THE SECURITY OF APPLICATIONS AND PROPERLY RESTRICT APPLICATION PERMISSIONS - ENSURE USERS INSTALLING OUTLOOK ADD-INS IS NOT ALLOWED.		CLOSED
Completion Date:	05/13/2024	
Action Plan:	Users cannot install Outlook add-ins without local administrator privileges, which generally are not granted to users.	
IA Follow-Up:	Item completed	
OBSERVATION #201 - AN OPPORTUNITY EXISTS TO ENHANCE THE SECURITY OF APPLICATIONS AND PROPERLY RESTRICT APPLICATION PERMISSIONS.		CLOSED
Completion Date:	03/13/2024	
Action Plan:	a. Management Action Plan: Complete	
IA Follow-Up:	Item complete	



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Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

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OBSERVATION #203 - AN OPPORTUNITY EXISTS TO ENHANCE THE SECURITY OF APPLICATIONS AND PROPERLY RESTRICT APPLICATION PERMISSIONS - ENSURE USERS INSTALLING WORD, EXCEL, AND POWERPOINT ADD-INS IS NOT ALLOWED.		CLOSED
Completion Date:	05/13/2024	
Action Plan:	Users cannot install Office add-ins without local administrator privileges, which generally are not granted to users. Research and testing are required to determine if we can implement this	
IA Follow-Up:	Item completed	
OBSERVATION #302 - AN OPPORTUNITY EXISTS TO ENHANCE SECURITY IN INTUNE MOBILE DEVICE MANAGEMENT (MDM).		CLOSED
Completion Date:	12/29/2023	
Action Plan:	We have elected not to implement this recommendation. The additional friction caused to users will outweigh the security benefit.	
IA Follow-Up:	Item closed	
OBSERVATION #303 - AN OPPORTUNITY EXISTS TO ENHANCE SECURITY IN INTUNE MOBILE DEVICE MANAGEMENT (MDM) - ENSURE THAT MOBILE DEVICES REQUIRE COMPLEX PASSWORDS.		CLOSED
Completion Date:	12/02/2024	
Action Plan:	Simple passwords are already prohibited for iOS devices. There appears to be a new setting available for Android. Will implement per CIS recommendation.	
IA Follow-Up:	Item completed	
OBSERVATION #301 - AN OPPORTUNITY EXISTS TO ENHANCE SECURITY IN INTUNE MOBILE DEVICE MANAGEMENT (MDM).		CLOSED
Completion Date:	12/29/2023	
Action Plan:	a. Management Action Plan: Accept Risk	
IA Follow-Up:	Item completed	
OBSERVATION #103 - AN OPPORTUNITY EXISTS TO ENHANCE THE SECURITY OF ACCOUNTS/IDENTITIES IN AZURE ACTIVE DIRECTORY		CLOSED
Completion Date:	03/13/2024	
Action Plan:	This item has been on our list of planned activities since moving to M365. After researching further, this item was pushed back due to the technical complexity and resources required to implement.	
IA Follow-Up:	Item complete	



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Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

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OBSERVATION #102 - AN OPPORTUNITY EXISTS TO ENHANCE THE SECURITY OF ACCOUNTS/IDENTITIES IN AZURE ACTIVE DIRECTORY - ENSURE SELF-SERVICE PASSWORD RESET (SSPR) IS ENABLED.		CLOSED
Completion Date:		
Action Plan:		
IA Follow-Up:		
OBSERVATION #104 - AN OPPORTUNITY EXISTS TO ENHANCE THE SECURITY OF ACCOUNTS/IDENTITIES IN AZURE ACTIVE DIRECTORY - ENABLE AZURE AD IDENTITY PROTECTION USER RISK POLICIES.		CLOSED
Completion Date:	12/24/2024	
Action Plan:		
IA Follow-Up:		

Project: 45 - An opportunity exists to enhance the management of network devices.
PROCESS OWNER: INFORMATION SECURITY
Report Date: 10/09/2024
Total Observations: 11

OBSERVATION #2 - AN OPPORTUNITY EXISTS TO ADDRESS UNAUTHORIZED SOFTWARE.		CLOSED
Completion Date:	10/09/2024	
Action Plan:		
IA Follow-Up:		
OBSERVATION #3 - AN OPPORTUNITY EXISTS TO DISABLE CURRENT DORMANT ACCOUNTS.		CLOSED



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Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

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Completion Date:	12/02/2024	
Action Plan:	Delete the one (1) dormant service account.	
IA Follow-Up:	Item completed.	
OBSERVATION #1 - AN OPPORTUNITY EXISTS TO ADDRESS UNSUPPORTED SOFTWARE.		CLOSED
Completion Date:	10/09/2024	
Action Plan:		
IA Follow-Up:		
OBSERVATION #4 - AN OPPORTUNITY EXISTS TO IMPROVE VULNERABILITY DETECTION FOR NETWORK DEVICES		CLOSED
Completion Date:	10/09/2024	
Action Plan:		
IA Follow-Up:		
OBSERVATION #5 - AN OPPORTUNITY EXISTS TO ENHANCE THE MANAGEMENT OF NETWORK DEVICES.		CLOSED
Completion Date:	10/09/2024	
Action Plan:		
IA Follow-Up:		
OBSERVATION #6 - 6. AN OPPORTUNITY EXISTS TO ESTABLISH DOCUMENTATION SURROUNDING PROCESS CONTROL DOCUMENTATION.		CLOSED
Completion Date:	10/09/2024	
Action Plan:		
IA Follow-Up:		
OBSERVATION #1 - AN OPPORTUNITY EXISTS TO ADDRESS UNSUPPORTED SOFTWARE.		CLOSED



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Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

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Completion Date:	12/09/2024	
Action Plan:		
IA Follow-Up:		
OBSERVATION #2 - AN OPPORTUNITY EXISTS TO ADDRESS UNAUTHORIZED SOFTWARE.		
CLOSED		
Completion Date:	12/18/2024	
Action Plan:		
IA Follow-Up:		
OBSERVATION #4 - AN OPPORTUNITY EXISTS TO IMPROVE VULNERABILITY DETECTION FOR NETWORK DEVICES		
CLOSED		
Completion Date:	01/31/2025	
Action Plan:		
IA Follow-Up:		
OBSERVATION #5 - AN OPPORTUNITY EXISTS TO ENHANCE THE MANAGEMENT OF NETWORK DEVICES.		
CLOSED		
Completion Date:	03/10/2025	
Action Plan:		
IA Follow-Up:		
OBSERVATION #6 - 6. AN OPPORTUNITY EXISTS TO ESTABLISH DOCUMENTATION SURROUNDING PROCESS CONTROL DOCUMENTATION.		
CLOSED		
Completion Date:	06/27/2025	
Action Plan:		
IA Follow-Up:		



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Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

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Project: 14 - Supplemental data schedules PROCESS OWNER: INFORMATION TECHNOLOGY Report Date: 12/10/2013 Total Observations: 5	
OBSERVATION #2 - SUPPLEMENTAL DATA SCHEDULES	
Completion Date:	CLOSED
Action Plan:	
IA Follow-Up:	
OBSERVATION #3 - PROPER SEGREGATION OF DUTIES	
Completion Date:	CLOSED
Action Plan:	
IA Follow-Up:	
OBSERVATION #1 - WRITTEN PROCEDURES	
Completion Date:	CLOSED
Action Plan:	
IA Follow-Up:	
OBSERVATION #5 - DATA VARIANCES	
Completion Date:	CLOSED



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Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

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Action Plan:	
IA Follow-Up:	
OBSERVATION #4 - DESK PROCEDURES GUIDE	
CLOSED	
Completion Date:	
Action Plan:	
IA Follow-Up:	

Project:	26 - Contribution Discrepancy Tracking Report
PROCESS OWNER:	INFORMATION TECHNOLOGY
Report Date:	10/23/2018
Total Observations:	2
OBSERVATION #6 - V3 CONTRIBUTION RATE CONFIGURATIONS SOD - THERE IS NOT A PROPER SEGREGATION OF DUTIES WITHIN OCERS' IT DIVISION IN REGARDS TO THE CONFIGURATION OF CONTRIBUTION RATES IN V3.	
CLOSED	
Completion Date:	01/11/2024
Action Plan:	Management agreed to the following recommendation: OCERS' management should re-assign the duties of configuring updated rates in V3 from OCERS' Director of IT to the appropriate personnel for
IA Follow-Up:	IA confirmed the delegation of the configuration uploads to the IT Programming team and the review by Member Services of the updates to the pension administration system.
OBSERVATION #3 - CONTRIBUTION DISCREPANCY TRACKING REPORT	
CLOSED	
Completion Date:	04/02/2019
Action Plan:	In June 2018, OCERS incorporated the necessary changes to the V3 "Contribution Discrepancy Tracking Report" within a system enhancement to V3. The cost to incorporate these changes was
IA Follow-Up:	1. IA confirmed that modifications to the report were made, tested, and put into production.



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Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

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Project: 10 - A formal periodic review of proper user access to OCERS applications and network is not documented by the appropriate members of the business.
PROCESS OWNER: INFORMATION TECHNOLOGY
Report Date: 05/16/2019
Total Observations: 1

OBSERVATION #1 - A FORMAL PERIODIC REVIEW OF PROPER USER ACCESS TO OCERS APPLICATIONS AND NETWORK IS NOT DOCUMENTED BY THE APPROPRIATE MEMBERS OF THE BUSINESS. **CLOSED**

Completion Date:	08/07/2024
Action Plan:	Per IT Governance and Information Security action items to address Center for Internet Security (CIS) Control 16: Account Monitoring and Control, OCERS IT and the Executive management team are
IA Follow-Up:	IT/InfoSec has:

Project: 89 - A formal process involving critical OCERS stakeholders is not in place to test the recovery of dependent IT applications.
PROCESS OWNER: INFORMATION TECHNOLOGY
Report Date: 10/17/2019
Total Observations: 2

OBSERVATION #6 - 6. RECOVERY PROCEDURES FOR DEPENDENT IT APPLICATIONS ARE NOT DOCUMENTED IN THE RECOVERY PLANS. **CLOSED**

Completion Date:	04/10/2024
Action Plan:	End User documents are being developed for the purpose of providing recovery instructions to the crisis management team, in the event IT staff are not available in the event of an emergency. The



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Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
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IA Follow-Up:	Documentation of the recovery process was provided.
OBSERVATION #3 - A FORMAL PROCESS INVOLVING CRITICAL OCERS STAKEHOLDERS IS NOT IN PLACE TO TEST THE RECOVERY OF DEPENDENT IT APPLICATIONS.	
CLOSED	
Completion Date:	04/10/2024
Action Plan:	OCERS IT will formalize and adopt a new Business Continuity and Disaster Recovery test plan that will include test activities, confirmation, and sign-off by the various business units within OCERS.
IA Follow-Up:	IT developed a test plan that will require coordination with management to perform testing for IT managed systems. This includes an assessment form and a department validation forms to be completed

Project:	35 - OCERS does not maintain data flow diagrams or other documentation of information flow both internally and to external parties.
PROCESS OWNER:	INFORMATION TECHNOLOGY
Report Date:	06/04/2020
Total Observations:	6
OBSERVATION #1 - ADMINISTRATOR ACCESS GRANTED TO THE FINANCIAL REPORTING AND INTRANET PORTAL APPLICATIONS PRESENT A HIGHER THAN NORMAL RISK DUE TO SEGREGATION OF DUTIES CONCERNS.	
CLOSED	
Completion Date:	01/13/2022
Action Plan:	As OCERS is in the process of issuing an RFP for a new financial accounting system, we will defer changes to our current financial accounting system, and focus on building a secure segregated system with
IA Follow-Up:	New financial accounting system implementation was moved to 2021 with move to production in Jan 2022.
OBSERVATION #6 - OCERS IT DOES NOT MAINTAIN A FORMAL PROJECT MANAGEMENT METHODOLOGY FOR TECHNOLOGY RELATED PROJECTS.	
CLOSED	
Completion Date:	05/18/2023
Action Plan:	OCERS will establish formal Project Management protocols and best practices to be followed for all IT Project implementations.
IA Follow-Up:	IT selected a project management tool for internal IT projects. Additionally, a formal PMO position has been added at OCERS including a formal project management methodology and an enterprise PM tool.



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Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
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OBSERVATION #4 - EVIDENCE OF TESTING OF INTRANET PORTAL CHANGES ARE NOT RETAINED.		CLOSED
Completion Date:	06/12/2020	
Action Plan:	Currently, OCERS IT Programming records all requested changes to its intranet portal environment in an IT Programming Request list located on OCERS Intranet site. The list includes automated	
IA Follow-Up:	Internal Audit confirmed the creation and use of the "Testing and Validation Performed" field in the IT Programming Requests to document the review of Intranet Portal Changes.	
OBSERVATION #2 - OCERS SHOULD FORMALIZE A PROCESS TO ANNUALLY OBTAIN AND REVIEW SOC REPORTS FOR RELEVANT IT VENDORS.		CLOSED
Completion Date:	08/23/2023	
Action Plan:	OCERS has developed criteria to identify IT vendors and technology service providers' requiring SOC2 reports, and will enhance our systems to notify staff to request and review SOC2 reports annually.	
IA Follow-Up:	Enhancements have been made to the vendor management system. Processes and Procurement policy needs to be formally updated.	
OBSERVATION #5 - A FORMALIZED, INTEGRATED IT VENDOR RISK ASSESSMENT AND MANAGEMENT PROCESS IS NOT IN PLACE TO EVALUATE VENDOR RISKS IN A STREAMLINED, HOLISTIC MANNER.		CLOSED
Completion Date:	05/22/2023	
Action Plan:	Currently OCERS engages in vendor due diligence, cyber monitoring, credit monitoring and performance review activities as appropriate for our organization.	
IA Follow-Up:	Internal Audit confirmed a due diligence process has been implemented to evaluate IT vendor risks.	
OBSERVATION #3 - OCERS DOES NOT MAINTAIN DATA FLOW DIAGRAMS OR OTHER DOCUMENTATION OF INFORMATION FLOW BOTH INTERNALLY AND TO EXTERNAL PARTIES.		CLOSED
Completion Date:	08/23/2023	
Action Plan:		
IA Follow-Up:		

Project:	90 - Numerical thresholds under which further investigation of validation results are no longer considered necessary are not formally defined.
PROCESS OWNER:	INFORMATION TECHNOLOGY



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Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

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Report Date:	10/13/2020
Total Observations:	6
OBSERVATION #2 - 2. IT PROGRAMMING PERFORMS LOGICAL TESTING OF THE PROGRAMMING CODE BEHIND ITS ACTUARIAL EXTRACT VALIDATION PROCESS BUT DOES NOT KEEP FORMALIZED DOCUMENTATION EVIDENCING THE TESTING.	
CLOSED	
Completion Date:	03/11/2021
Action Plan:	The IT Programming team will formalize and document the process by which logical testing of our actuarial validation code will be performed.
IA Follow-Up:	Formalized testing process has been documented and reviewed by IA
OBSERVATION #3 - 3. FORMAL DOCUMENTATION OF THE APPROVAL OF VALIDATION PROGRAMMING CODE CHANGES DOES NOT EXIST.	
CLOSED	
Completion Date:	03/11/2021
Action Plan:	The IT Programming team will formalize and document the process of how actuarial extract validation code changes will be approved, including how all approvals will be tracked and logged within our
IA Follow-Up:	IT Programming has formalized the code change validations process.
OBSERVATION #4 - NUMERICAL THRESHOLDS UNDER WHICH FURTHER INVESTIGATION OF VALIDATION RESULTS ARE NO LONGER CONSIDERED NECESSARY ARE NOT FORMALLY DEFINED.	
CLOSED	
Completion Date:	01/11/2024
Action Plan:	The IT Programming team with work with OCERS Management to develop acceptable thresholds to use when reviewing the actuarial validation results.
IA Follow-Up:	IT has developed threshold recommendations and updated the related procedures.
OBSERVATION #7 - 7. OCERS ACTUARIAL EXTRACT PROCESSING GUIDE DOES NOT DESCRIBE INFORMATIONAL QUERIES WHICH DO NOT REQUIRE INVESTIGATION UNLESS REQUESTED BY SEGAL.	
CLOSED	
Completion Date:	03/11/2021
Action Plan:	The IT Programming team will add a section to the Actuarial Extract Processing guide that will describe the additional Informational queries available to OCERS staff to preview potential member datasets
IA Follow-Up:	IA confirmed the Actuarial Extract Processing guide has been updated with the informational queries description.
OBSERVATION #1 - 1. THE PENSION ADMINISTRATION SYSTEM'S ACTUARIAL EXTRACT REPORTING DOES NOT EXTRACT THE CORRECT STATUS (E.G. ACTIVE, DEFERRED, RETIRED, TERMINATED) OF A MEMBER UNDER CERTAIN SCENARIOS, RESULTING IN THE NEED TO MANUALLY CORRECT THE ACTUARIAL EXTRACT REPORT	
CLOSED	



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Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

Completion Date:	09/22/2021
Action Plan:	OCERS is working with pension administration vendor to correct issues associated with the member status logic used for the actuarial export and subsequent data cleanup.
IA Follow-Up:	Member status logic recoding is complete and deployment launched.
OBSERVATION #6 - 6. A MINOR VARIANCE NOTED AND ADDRESSED DURING THE VALIDATION PROCESS WAS NOT ACCURATELY UPDATED IN THE DATA EXTRACT FILE SENT TO THE ACTUARY.	
CLOSED	
Completion Date:	03/11/2021
Action Plan:	The IT Programming team will enhance its process to incorporate all validation review updates and related data cleanup changes to ensure all updates are included in the final export to OCERS Actuary.
IA Follow-Up:	Data cleanup process has been updated and data validation has occurred.

Project:	33 - OCERS should upgrade unsupported, end-of-life (EOL) software
PROCESS OWNER:	INFORMATION TECHNOLOGY
Report Date:	03/22/2021
Total Observations:	1
OBSERVATION #2 - OCERS SHOULD UPGRADE UNSUPPORTED, END-OF-LIFE (EOL) SOFTWARE	
CLOSED	
Completion Date:	05/27/2021
Action Plan:	Microsoft Dynamics: The system has been migrated to a new server with a currently supported operating system. This item is complete.
IA Follow-Up:	Closed

Project:	41 - 1. An opportunity exists to enhance documentation of three specific areas described across six of the 19 pension administration system specification documents reviewed by Internal Audit.
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Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

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PROCESS OWNER: INFORMATION TECHNOLOGY
Report Date: 02/14/2023
Total Observations: 1

OBSERVATION #1 - 1. AN OPPORTUNITY EXISTS TO ENHANCE DOCUMENTATION OF THREE SPECIFIC AREAS DESCRIBED ACROSS SIX OF THE 19 PENSION ADMINISTRATION SYSTEM SPECIFICATION DOCUMENTS REVIEWED BY INTERNAL AUDIT. CLOSED

Completion Date: 09/03/2024

Action Plan: IT Management will work with our PAS vendor and Member Services to update the identified PAS Design Specification documents to include the detailed logic and calculations configured for our PAS.

IA Follow-Up: IT Ops received the information back from Vitech and updated the V3 Design Specs to include the information identified in the Observation.

Project: 32 - Strengthen the management of IAD performance by developing and maintaining a formal QAIP.
PROCESS OWNER: INTERNAL AUDIT
Report Date: 02/07/2019
Total Observations: 6

OBSERVATION #1 - STRENGTHEN THE MANAGEMENT OF IAD PERFORMANCE BY DEVELOPING AND MAINTAINING A FORMAL QAIP. CLOSED

Completion Date: 11/01/2019

Action Plan: We agree with observation and recommendation that a Quality Assurance and Improvement Program needs to be implemented within the Internal Audit department. The implementation of a QAIP has

IA Follow-Up: An internal QAIP has been implemented.

OBSERVATION #2 - STRENGTHEN THE COMMUNICATION OF RESOURCE REQUIREMENTS IN THE ANNUAL PLAN, BY IMPLEMENTING "FREQUENCY GUIDES" THAT SHOULD BE APPROVED BY THE AUDIT COMMITTEE, WITH THE ASSISTANCE OF THE CAE, AND THE CONCURRENCE OF SENIOR MANAGEMENT CLOSED

Completion Date: 12/20/2020



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Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
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Action Plan:	We agree with the observation and recommendations. The CAE will establish and present the proposed audit universe frequency, with input from senior management, to the Audit Committee beginning
IA Follow-Up:	Internal Audit implemented a frequency guide to the SharePoint Audit Universe.
OBSERVATION #3 - REVIEW AND UPDATE THE IAD POLICIES AND PROCEDURES MANUAL PERIODICALLY.	
CLOSED	
Completion Date:	12/13/2019
Action Plan:	We agree with the observation and recommendation. The CAE will update the Internal Audit manual by Q3 2019 and perform a periodic review to make any necessary updates.
IA Follow-Up:	The Audit Manual has been updated and is being reviewed on an annual basis for necessary revisions.
OBSERVATION #4 - STANDARD 2110 GOVERNANCE –INCREASE ACTIVITY TO ASSESS AND MAKE RECOMMENDATIONS TO IMPROVE GOVERNANCE PROCESSES BY INCLUDING THEM AS AUDITABLE ENTITIES IN THE AUDIT UNIVERSE AND IDENTIFY THEM AS MANDATORY REVIEWS FOR INCLUSION IN THE INTERNAL AUDIT ANNUAL	
CLOSED	
Completion Date:	12/13/2019
Action Plan:	We agree with the observation and recommendations. Internal Audit has budgeted an IT Audit program in the 2019 Audit plan as well as performance audits of internal OCERS operations (to be approved
IA Follow-Up:	Internal Audit has included IT Audits since the 2019 Audit plan as well as performance audits of internal OCERS operations. Internal Audit oversees the OCERS Ethics, Compliance and Fraud Hotline.
OBSERVATION #5 - STANDARDS 2200, 2201 AND 2210 ENGAGEMENT PLANNING –IMPLEMENT POLICIES AND PROCEDURES THAT ENSURE AUDIT ENGAGEMENT PLANS ARE MORE FULLY DEVELOPED AND DOCUMENTED.	
CLOSED	
Completion Date:	12/13/2019
Action Plan:	Chief Audit Executive
IA Follow-Up:	The SharePoint IA database, IA Manual and Audit Workpaper Checklist includes references to documenting planning considerations.
OBSERVATION #6 - STANDARD 2500 MONITORING PROGRESS –ESTABLISH AND MAINTAIN A SYSTEM TO MONITOR THE DISPOSITION OF ENGAGEMENT RECOMMENDATIONS COMMUNICATED TO MANAGEMENT.	
CLOSED	
Completion Date:	12/13/2019
Action Plan:	We agree with the observation and recommendation. Internal Audit has a manual tracking report (Excel) that will be migrated to the new SharePoint Internal Audit tool. Internal Audit has budgeted
IA Follow-Up:	A SharePoint Management Action Plan report has been developed and is presented to the Audit Committee.



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Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
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Project:	4 - BlackRock risk reporting format
PROCESS OWNER:	INVESTMENTS
Report Date:	07/10/2014
Total Observations:	4

OBSERVATION #1 - OCERS IS NOT IN COMPLIANCE WITH THE INVESTMENT POLICY STATEMENT REGARDING THE SPECULATIVE USE OF DERIVATIVES.		CLOSED
Completion Date:	09/25/2019	
Action Plan:	OCERS should either follow the current investment policy and discontinue the practice of using derivatives for speculative purposes, or amend the Investment Policy Statement to follow the current	
IA Follow-Up:	Internal Audit reviewed the minutes of the June 25, 2014 Investment Committee meeting and the updated Investment Policy Statement	

OBSERVATION #4 - BLACKROCK RISK REPORTING FORMAT		CLOSED
Completion Date:		
Action Plan:		
IA Follow-Up:		

OBSERVATION #3 - COUNTERPARTY RISK REPORTING		CLOSED
Completion Date:	05/21/2020	
Action Plan:	Management has agreed to the recommendation: Counterparty risk, the risk that a financial institution will not honor the terms of a derivative contract due to poor financial health, is a key risk for	
IA Follow-Up:	Internal Audit reviewed the 2019 Counterparty Risk Report reviewed and signed by the CIO.	

OBSERVATION #2 - ANNUAL REPORTING OF DERIVATIVES TO THE INVESTMENT COMMITTEE		CLOSED
Completion Date:	08/10/2020	
Action Plan:	Currently, the quarterly Derivatives Report provides information relating to the separately managed accounts. The commingled fund investments do not provide similar level of transparency, therefore the	



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Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
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IA Follow-Up: Internal Audit reviewed the 2019 Security Report reviewed and approved by the Investment Department.

Project: 22 - Due diligence for RFP managers
PROCESS OWNER: INVESTMENTS
Report Date: 08/06/2015
Total Observations: 7

OBSERVATION #1 - NO DUE DILIGENCE POLICY		CLOSED
Completion Date:	01/07/2021	
Action Plan:	Management has agreed to the recommendation: The CIO and his staff should create written procedures that specifically document the steps necessary to conduct adequate due diligence.	
IA Follow-Up:	The CIO and Investment Team developed Investment due diligence procedural documents including the Contract Due Diligence Checklist Procedure document and the Contract Due Diligence Checklist	
OBSERVATION #4 - MANAGER RFP STANDARDIZED QUESTIONING		CLOSED
Completion Date:	01/07/2021	
Action Plan:	Management has agreed to the recommendation: Future RFP questionnaires should include interrogatories regarding a manager's operational infrastructure and negative findings disclosed from their	
IA Follow-Up:	Investments included in the Contract Due Diligence Checklist document and the Compliance Report document steps to validate operational infrastructure of money managers.	
OBSERVATION #5 - CONSULTANT DUE DILIGENCE DOCUMENTATION		CLOSED
Completion Date:	02/13/2020	
Action Plan:	Management has agreed to the recommendation: As part of its due diligence process, OCERS' Investments staff should obtain and review NEPC's Investment Due Diligence Research Report for all managers	
IA Follow-Up:	As part of the Investment Consulting engagement, Internal Audit was able to observe the due diligence process which included reviewing the materials from the investment consultants.	



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Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
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 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

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OBSERVATION #2 - OPERATIONAL DUE DILIGENCE		CLOSED
Completion Date:	02/13/2020	
Action Plan:	Management has agreed to the recommendation: For non-traditional pension fund managers that have not undergone an operational due diligence review from the OCERS' investment consultants, OCERS	
IA Follow-Up:	In discussions with CIO, and review of the September Investment Committee meeting minutes, confirmed OCERS no longer requires the use of a special operational due diligence consultant. The	
OBSERVATION #3 - DUE DILIGENCE FOR RFP MANAGERS		CLOSED
Completion Date:	02/13/2020	
Action Plan:	Management has agreed to the recommendation: For RFP-sourced managers, there should be consistent narrative due diligence reporting provided to the Investment Committee. Investments should	
IA Follow-Up:	Due Diligence would apply to all managers, not just under an RFP process. Internal Audit observed due diligence process during Investment Consulting engagement.	
OBSERVATION #3 - DUE DILIGENCE FOR RFP MANAGERS		CLOSED
Completion Date:	02/13/2020	
Action Plan:		
IA Follow-Up:		
OBSERVATION #3 - DUE DILIGENCE FOR RFP MANAGERS		CLOSED
Completion Date:	02/13/2020	
Action Plan:		
IA Follow-Up:		

Project:	12 - Consideration of ILPA best practices
PROCESS OWNER:	INVESTMENTS



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Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
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 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

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Report Date: 03/21/2016
Total Observations: 1

OBSERVATION #4 - CONSIDERATION OF ILPA BEST PRACTICES CLOSED

Completion Date: 01/25/2021

Action Plan: OCERS should implement Institute of Limited Partners Association (ILPA) best practices in LPAs with direct investment private equity funds if OCERS goes into direct private equity program. In considering

IA Follow-Up: Investment Team developed a guide to track and assess the key legal and ILPA-related terms OCERS negotiates through the private markets investment manager contracting processes.

Project: 25 - Monthly reporting to the Investment Committee
PROCESS OWNER: INVESTMENTS
Report Date: 02/17/2017
Total Observations: 4

OBSERVATION #1 - CIO CHARTER AMMENDMENTS CLOSED

Completion Date:

Action Plan:

IA Follow-Up:

OBSERVATION #2 - MONTHLY REPORTING TO THE INVESTMENT COMMITTEE CLOSED

Completion Date:

Action Plan:



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Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
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 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

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IA Follow-Up:	
OBSERVATION #3 - OPEN COMMUNICATION BETWEEN CIO AND INVESTMENTS DIVISION STAFF	
CLOSED	
Completion Date:	
Action Plan:	
IA Follow-Up:	
OBSERVATION #3 - OPEN COMMUNICATION BETWEEN CIO AND INVESTMENTS DIVISION STAFF	
CLOSED	
Completion Date:	
Action Plan:	
IA Follow-Up:	

Project:	40 - Evidence of management review over the preparation of the Fee Report and the underlying Excel schedule used to help compile the report is not formalized and retained
PROCESS OWNER:	INVESTMENTS
Report Date:	03/30/2022
Total Observations:	1
OBSERVATION #1 - EVIDENCE OF MANAGEMENT REVIEW OVER THE PREPARATION OF THE FEE REPORT AND THE UNDERLYING EXCEL SCHEDULE USED TO HELP COMPILE THE REPORT IS NOT FORMALIZED AND RETAINED	
CLOSED	
Completion Date:	09/12/2022
Action Plan:	We acknowledge and concur with the observation. We believe that documenting the process will strengthen Investment Division's procedures while also providing a strong audit trail.
IA Follow-Up:	Internal Audit reviewed the Fee Report Procedure and signoff for the 2021 Annual Fee Report presented at the August 2022 Investment Committee meeting.



0080-0120-R0001 - Management Action Plan Status Report

Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

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Project: 106 - Project management framework and procedure
PROCESS OWNER: INVESTMENTS
Report Date: 10/06/2025
Total Observations: 1

OBSERVATION #1 - PROJECT MANAGEMENT FRAMEWORK AND PROCEDURE CLOSED

Completion Date: _____
Action Plan: _____
IA Follow-Up: _____

Project: 72 - Key recalculation spreadsheets could benefit from additional protective controls to prevent unintended changes.
PROCESS OWNER: MEMBER SERVICES
Report Date: _____
Total Observations: 3

OBSERVATION #1 - INTERNAL AUDIT NOTED 13% OF THE ALAMEDA CONTRIBUTION REFUND RE-CALCULATIONS WERE INCORRECT DUE TO A RECENT CHANGE IN THE PENSION ATTRIBUTE FOR A SPECIFIC PAY ITEM. THIS DOES NOT IMPACT FAS. CLOSED

Completion Date: 12/18/2023
Action Plan: Member Services Management team reviewed the process for performing the recalculation of the Contribution Refunds as it pertains to the PHP pay item. As Internal Audit confirmed with the subsequent
IA Follow-Up: Member Services adjusted the process to include the reverse pickup rate.



0080-0120-R0001 - Management Action Plan Status Report

Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

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OBSERVATION #1 - OPPORTUNITIES TO IMPROVE HOW QUALITY CHECKS ARE DOCUMENTED IN THE RECALCULATION PROCESS.		CLOSED
Completion Date:	08/14/2025	
Action Plan:		
IA Follow-Up:		
OBSERVATION #2 - KEY RECALCULATION SPREADSHEETS COULD BENEFIT FROM ADDITIONAL PROTECTIVE CONTROLS TO PREVENT UNINTENDED CHANGES.		CLOSED
Completion Date:	08/14/2025	
Action Plan:		
IA Follow-Up:		
<p>Project: 3 - Annotation of member records for data cleanup PROCESS OWNER: MEMBER SERVICES Report Date: 12/04/2012 Total Observations: 9</p>		
OBSERVATION #4 - ANNOTATION OF MEMBER RECORDS FOR DATA CLEANUP		CLOSED
Completion Date:	12/03/2014	
Action Plan:		
IA Follow-Up:		



0080-0120-R0001 - Management Action Plan Status Report

Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

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OBSERVATION #9 - FAS AUDIT TRAIL		CLOSED
Completion Date:	04/27/2020	
Action Plan:	Management agreed to the following recommendation: We recommend that the new pension administration system (V3) include an audit trail within the system for manual override and other changes	
IA Follow-Up:	IA confirmed an audit trail function exists in V3 noting the original and new FAS, change date and Changed by.	
OBSERVATION #1 - MANUAL FAS OVERRIDE		CLOSED
Completion Date:	09/13/2022	
Action Plan:	Management agreed to the following recommendation: Subsequent changes made to FAS after the initial benefit setup process should require a supervisory approval prior to making an override in the	
IA Follow-Up:	IA to confirmed the new QA process reviews all manual FAS overrides with the new 100% accuracy process	
OBSERVATION #8 - MANUAL FAS SUPPORTING DOCUMENTATION		CLOSED
Completion Date:	09/16/2021	
Action Plan:	Management agreed to the following recommendation: All manual overrides to data should be fully documented with the staff that made the change, date the change was made, prior amount, revised	
IA Follow-Up:	IA to confirmed the FAS Review process contains steps to review the supporting documentation.	
OBSERVATION #5 - AUTOMATION WITH V3 SYSTEM		CLOSED
Completion Date:	06/05/2019	
Action Plan:	Every attempt is being done to incorporate as many of the manual processes into V3 as possible so the application is automated.	
IA Follow-Up:	IA has verified the implementation of automated process in V3 that were previously manual within PensionGold. Processes related to reciprocity, service credit purchases, interest postings, domestic	
OBSERVATION #2 - PENSIONGOLD DATA CLEANUP		CLOSED
Completion Date:		
Action Plan:		
IA Follow-Up:		



0080-0120-R0001 - Management Action Plan Status Report

Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

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OBSERVATION #3 - BENEFIT SETUP CHECKLIST		CLOSED
Completion Date:	05/21/2019	
Action Plan:	A check list that contains all of the required forms and documents necessary for each type of benefit setup will be created and scanned into LibertyNET until we have fully implemented V3. We have	
IA Follow-Up:	IA has verified the use of a workflow process in V3 in V3 benefit setup audits performed after V3 go-live in December 2014.	
OBSERVATION #6 - BENEFIT CALCULATION COMPLEXITY		CLOSED
Completion Date:		
Action Plan:		
IA Follow-Up:		
OBSERVATION #7 - UPDATE WRITTEN PROCEDURES		CLOSED
Completion Date:	05/21/2019	
Action Plan:	Member Services has agreed to revise its written procedures to explicitly state the reviewer's practice of signing and dating the spreadsheet template to indicate approval of the FAS calculation.	
IA Follow-Up:	IA has verified the signature requirement process with benefit setup audits performed after the V3 go-live date in December 2014.	

Project: 2 - Missing Member Affidavit
PROCESS OWNER: MEMBER SERVICES
 Report Date: 12/02/2014
 Total Observations: 1

OBSERVATION #2 - MISSING MEMBER AFFIDAVIT	CLOSED
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0080-0120-R0001 - Management Action Plan Status Report

Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

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Completion Date:	
Action Plan:	
IA Follow-Up:	

Project:	9 - Certification letters
PROCESS OWNER:	MEMBER SERVICES
Report Date:	06/24/2016
Total Observations:	8

OBSERVATION #6 - PRO-RATING FINAL PAYMENT FOR DECEASED MEMBERS		CLOSED
Completion Date:	02/25/2021	
Action Plan:	OCERS' management should consider the costs versus benefits of prorating a deceased member's final monthly benefit payment based upon the actual date of death versus making a full payment. V3 is	
IA Follow-Up:	Management considered the costs versus benefits of adopting a proration of the final benefit payment policy, but determined to continue the current practice of paying in full the final month's benefit.	

OBSERVATION #3 - CERTIFICATION LETTERS		CLOSED
Completion Date:	04/07/2021	
Action Plan:	Management agreed to the following recommendation: OCERS' management should consider sending a certification letter to payees over a selected age to confirm the status of the payee. Management	
IA Follow-Up:	After Member Services management discussed formulating a formal policy addressing when such certification letters should be sent and to whom after the result of a cost benefit analysis to be performed.	

OBSERVATION #5 - MEMBER BANKING INFORMATION WITHIN V3		CLOSED
Completion Date:	09/23/2021	
Action Plan:	Management agreed to the following recommendation: To reduce the possibility of fraudulently diverting benefit payments for deceased members, OCERS should implement automated checks and	



0080-0120-R0001 - Management Action Plan Status Report

Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

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IA Follow-Up:	Workflow approvals were reviewed by Internal Audit. An audit in member banking to be proposed as a future audit.
OBSERVATION #1 - OVERPAYMENT TO DECEASED MEMBERS	
CLOSED	
Completion Date:	12/21/2021
Action Plan:	The deceased members identified by Internal Audit will be processed immediately according to the specific circumstances of the accounts. Overpayments will be processed according to policy and
IA Follow-Up:	Member Services has repaid or wrote off \$421,402 of the \$990,694 of the 24 deferred members. Additionally, Member Services has recovered \$16,008 of the \$20,620 from the four deceased payees.
OBSERVATION #2 - MANUAL QUERY OF V3 UNTIL NEW REPORT IS CREATED	
CLOSED	
Completion Date:	12/21/2021
Action Plan:	The overpayment to the specific member and DRO payee identified by Internal Audit will be dealt with immediately according to current policy. As V3 is currently configured the system will prevent future
IA Follow-Up:	Query has been implemented. Recoupment of overpayment to be reviewed biannually with Internal Audit. The Benefit Recoupment Report has been created, refer to Benefit Recoupment Report 2021.pdf
OBSERVATION #4 - DEATH DATA VENDORS	
CLOSED	
Completion Date:	
Action Plan:	Management agreed to the following recommendation: OCERS management should consider using only death audit vendors that hire external auditors to review its client data security controls. OCERS
IA Follow-Up:	Management to discuss the approach for obtaining and reviewing vendor security report on an entity wide approach, with a completion date of 6/30/2023. This observation and action plan will be tracked
OBSERVATION #7 - DEBT COLLECTION VERSUS DEBT FORGIVENESS	
CLOSED	
Completion Date:	04/17/2020
Action Plan:	Management agreed to the following recommendation: For overpayments in which Member Services has exhausted internal collection efforts, Member Services should inquire of the CEO and/or Board to
IA Follow-Up:	OCERS' Board Policy Write Off Policy now provides guidelines regarding when OCERS is permitted to forgo collection of amounts overpaid by or owing to OCERS, and when OCERS will not be required to
OBSERVATION #3 - CERTIFICATION LETTERS	
CLOSED	
Completion Date:	04/07/2021
Action Plan:	



0080-0120-R0001 - Management Action Plan Status Report

Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

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IA Follow-Up:

Project: 15 - Use of 2,088 hours for benefit calculation
PROCESS OWNER: MEMBER SERVICES
Report Date: 07/21/2016
Total Observations: 2

OBSERVATION #2 - V3 WORKFLOW PROCESS CLOSED

Completion Date: 04/02/2020

Action Plan: The workflow module in V3 was an area that contained defects when we went live with the new system which prevented effective use. The majority of the defects have been addressed and staff is utilizing

IA Follow-Up: IA confirmed worksteps are completed and V3 enhancements were implemented.

OBSERVATION #1 - USE OF 2,088 HOURS FOR BENEFIT CALCULATION CLOSED

Completion Date: 04/01/2020

Action Plan: Management will follow up with staff regarding the applicability of 2,088 to all retiring members and will review all benefits established in V3 to ensure the appropriate salary was used regardless of status.

IA Follow-Up: IA reviewed the FAS recalculations performed by Member Services.

Project: 18 - Reconfigure V3 data entry sheet
PROCESS OWNER: MEMBER SERVICES
Report Date: 11/26/2016



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Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

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Total Observations: 2	
OBSERVATION #1 - WORK IN PROCESS REPORTING	
CLOSED	
Completion Date:	04/07/2021
Action Plan:	OCERS' management agrees to initiate discussions with Vitech for best cost-benefit solutions to building work-in-process reporting to track the status of buybacks throughout its business processes to
IA Follow-Up:	IA has verified that OCERS has implemented a work-in-process tracking database within SharePoint.
OBSERVATION #2 - RECONFIGURE V3 DATA ENTRY SHEET	
CLOSED	
Completion Date:	06/04/2019
Action Plan:	Management agreed to investigate the costs versus benefits of reconfiguring V3's SCP datasheet for faster data entry.
IA Follow-Up:	IA verified that OCERS has implemented an automated data entry process for SCP calculations.

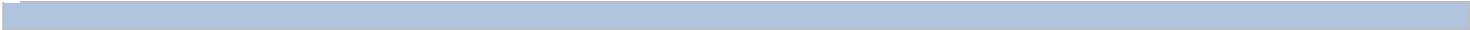
Project:	5 - Incorrect age of entry
PROCESS OWNER:	MEMBER SERVICES
Report Date:	03/22/2017
Total Observations:	1
OBSERVATION #4 - INCORRECT AGE OF ENTRY	
CLOSED	
Completion Date:	05/21/2019
Action Plan:	Member Services will notify the member that there was an error in the contribution basis date used to collect contributions since their date of entry. Member Services will update V3 accordingly and
IA Follow-Up:	IA verified that the Member Services communicated the age of entry error to the member and that the member repaid undercollected contributions via payroll adjustments.



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Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

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Project: 24 - Write off
PROCESS OWNER: MEMBER SERVICES
Report Date: 08/02/2017
Total Observations: 3

OBSERVATION #3 - WRITE OFF		CLOSED
Completion Date:	06/05/2019	
Action Plan:	Management agreed to the following recommendation: Member Services should write off the \$36 due to immateriality or attempt to recover the \$36 overpayment from the member.	
IA Follow-Up:	IA verified that Member Services has written off the amount as per OCERS Write-Off policy.	
OBSERVATION #2 - CALCULATION OF OCFA RECIPROCITY REFUNDS		CLOSED
Completion Date:	06/05/2019	
Action Plan:	Management agreed to the following recommendation: Member Services staff should be trained, with the assistance of OCFA payroll personnel, in how OCFA calculates reciprocity refunds so that Member	
IA Follow-Up:	IA verified that OCERS Member Services is now calculating OCFA's reciprocity refund calculations. The calculations are reviewed by management.	
OBSERVATION #1 - MEMBER EDUCATIONAL EFFORTS		CLOSED
Completion Date:	05/21/2019	
Action Plan:	Consideration will be given to the following: OCERS should take additional steps to educate members of the benefits of reciprocity and the importance of timely notifying OCERS of previous public service.	
IA Follow-Up:	IA verified that quarterly newsletters to OCERS membership discussed the benefits of establishing reciprocity with other systems as well as the steps necessary to establish reciprocity.	



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Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

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<p>Project: 26 - Contributions - On Call Pay PROCESS OWNER: MEMBER SERVICES Report Date: 10/23/2018 Total Observations: 2</p>
<p>OBSERVATION #3 - CONTRIBUTIONS - ON CALL PAY CLOSED</p> <p>Completion Date: 04/02/2019</p> <p>Action Plan: Management agreed to the following recommendation: On a go-forward basis, OCERS should now require that OCFA report "On Call" pay to Legacy members as a pensionable pay item in its automated bi-</p> <p>IA Follow-Up: 3</p>
<p>OBSERVATION #1 - CONTRIBUTIONS - VACATION EXCESS PAY CLOSED</p> <p>Completion Date: 04/02/2019</p> <p>Action Plan: Management agreed to the following recommendation: On a go-forward basis, OCERS should now require that OCFA and its Legacy employees pay employer and employee contributions on the "Vacation</p> <p>IA Follow-Up: 1</p>
<p>Project: 17 - Member Affidavit PROCESS OWNER: MEMBER SERVICES Report Date: 11/08/2018 Total Observations: 1</p>



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Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

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OBSERVATION #6 - MEMBER AFFIDAVIT		CLOSED
Completion Date:	04/03/2019	
Action Plan:	Beginning in 4th quarter 2018, OCERS' Member Services will run a recently updated V3 report ("Missing Member Affidavit" report) that flags any member account without the Member Affidavit document	
IA Follow-Up:	Confirmed missing Member Affidavit was received and Member Services has scheduled the Missing Member Affidavit to be run on a monthly basis.	

Project: 29 - Contributions on PTO cashouts
PROCESS OWNER: MEMBER SERVICES
Report Date: 11/12/2018
Total Observations: 1

OBSERVATION #1 - CONTRIBUTIONS ON PTO CASHOUTS		CLOSED
Completion Date:	04/02/2019	
Action Plan:	OCERS is in the process of reviewing and evaluating all pay items in order to categorize and document in policy each item of compensation earnable for Legacy members and pensionable compensation for	
IA Follow-Up:	Internal Audit confirmed the circular letters have been posted to the OCERS website.	

Project: 31 - Disability payment calculation
PROCESS OWNER: MEMBER SERVICES
Report Date: 01/28/2019
Total Observations: 1



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Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

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OBSERVATION #1 - DISABILITY PAYMENT CALCULATION CLOSED

Completion Date: 01/05/2022

Action Plan: Member Services will be continuing to review with increased diligence or newly implementing to ensure accuracy of Disability benefits that are setup:

IA Follow-Up: IA confirmed action plan has been implemented. A new Disability Process has been implemented along with the appropriate training.

Project: 87 - A formal project management methodology for the Pay Item Review was not documented.
PROCESS OWNER: MEMBER SERVICES
Report Date: 06/04/2020
Total Observations: 5

OBSERVATION #1 - A FORMAL RECONCILIATION WAS NOT PERFORMED TO ENSURE THE PAY ITEMS REPORTED TO THE BOARD ACCURATELY AND COMPLETELY CORRESPONDED WITH THE CONFIGURATION IN V3. CLOSED

Completion Date: 09/16/2021

Action Plan: Member Services will address the variances noted in the audit, which includes making the appropriate configuration updates to the V3 system, communicating the updates to the Employers and following

IA Follow-Up: Internal Audit reviewed updated procedure document and annual reconciliation file.

OBSERVATION #3 - A PROCESS DOES NOT EXIST TO IDENTIFY UPDATES TO EMPLOYER DOCUMENTATION THAT MAY IMPACT THE LIST OF PAY ITEMS. CLOSED

Completion Date: 03/14/2023

Action Plan: Member Services is in the process of documenting all current MOU's and will draft an update to the pay item review procedure to include a section on monitoring MOU's for adjustments made by

IA Follow-Up: IA confirmed a process and supporting documentation was implemented.



0080-0120-R0001 - Management Action Plan Status Report

Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

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OBSERVATION #5 - A FORMAL PROJECT MANAGEMENT METHODOLOGY FOR THE PAY ITEM REVIEW WAS NOT DOCUMENTED.		CLOSED
Completion Date:	09/22/2021	
Action Plan:	Member Services team will establish formal project management protocols and best practices on all future projects which will include:	
IA Follow-Up:	OCERS as an organization is working towards an overall project management approach. This MAP is considered closed as the entity wide project is being formed.	
OBSERVATION #2 - MEMBER SERVICES DOES NOT HAVE WRITTEN PROCEDURES IN REGARDS TO THE PROCESSING, REVIEW AND AUTHORIZATION OF EMPLOYER PAY ITEMS INTO V3.		CLOSED
Completion Date:	09/16/2020	
Action Plan:	Member Services has since implemented a process to review the configurations made by OCERS IT to ensure every new or updated Pay Item is configured accurately in OCERS V3 Pension Administration	
IA Follow-Up:	IA confirmed the review process of pay codes in V3 was implemented and documented.The review consisted of walking through a pay item.	
OBSERVATION #4 - MEMBER SERVICE MANAGEMENT DOES NOT FORMALLY APPROVE PAY ITEM REQUEST FORMS VIA SIGNATURE.		CLOSED
Completion Date:	09/16/2020	
Action Plan:	Member Services is working with our third party vendor (Vitech) to implement a process for submitting and approving pay items within the V3 Pension Administration Software. Early analysis began prior	
IA Follow-Up:	Internal Audit confirmed the Pay ItemRequest process and form include electronic signatures.	

Project:	90 - 5. Member Services does not have policies and procedures related to the use of the pension administration system member data validation queries.	
PROCESS OWNER:	MEMBER SERVICES	
Report Date:	10/13/2020	
Total Observations:	1	
OBSERVATION #5 - 5. MEMBER SERVICES DOES NOT HAVE POLICIES AND PROCEDURES RELATED TO THE USE OF THE PENSION ADMINISTRATION SYSTEM MEMBER DATA VALIDATION QUERIES.		CLOSED



0080-0120-R0001 - Management Action Plan Status Report

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Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

Completion Date:	05/15/2023
Action Plan:	The Member Services team will document and formalize policies and procedures related to the pension administration system data queries created by the OCERS IT Department. We will also document
IA Follow-Up:	Internal Audit confirmed a Member Services procedural document was created.

Project: 47 - 1. Internal Audit noted an 8% error rate (six errors) with the 75 FAS calculations sampled from the 3rd and 4th quarters of 2020.
PROCESS OWNER: MEMBER SERVICES
Report Date: 03/22/2021
Total Observations: 2

OBSERVATION #1 - 1. INTERNAL AUDIT NOTED AN 8% ERROR RATE (SIX ERRORS) WITH THE 75 FAS CALCULATIONS SAMPLED FROM THE 3RD AND 4TH QUARTERS OF 2020. CLOSED

Completion Date:	
Action Plan:	Member Services has reviewed and is in the process of addressing the recalculations for members identified by Internal Audit during their review. Member Services Management has also taken the
IA Follow-Up:	As part of the continuous audit for the FAS calculation, Internal Audit noted the MAP was completed during the July 1 payroll review.

OBSERVATION #2 - 2. THE FAS SUPPORTING DOCUMENTATION FOR THREE MEMBERS NEEDED TO BE UPDATED IN THE PENSION ADMINISTRATION SYSTEM (NO FAS IMPACT). CLOSED

Completion Date:	04/02/2021
Action Plan:	Member Services has reviewed and updated the member files for the calculation documents for members identified by Internal Audit during their review. Member Services Management has also
IA Follow-Up:	Internal Audit noted the checklist was included in the new FAS tool.

Project: 48 - 1. Internal Audit noted a 6.7% error rate (four errors) out of the 60 FAS calculations sampled from the 2nd quarter of 2021.



0080-0120-R0001 - Management Action Plan Status Report

Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

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PROCESS OWNER: MEMBER SERVICES	
Report Date:	06/04/2021
Total Observations: 2	
OBSERVATION #1 - 1. INTERNAL AUDIT NOTED A 6.7% ERROR RATE (FOUR ERRORS) OUT OF THE 60 FAS CALCULATIONS SAMPLED FROM THE 2ND QUARTER OF 2021.	
CLOSED	
Completion Date:	05/20/2021
Action Plan:	Member Services Management team takes all errors very seriously. As discussed before, we reorganized our team and implemented a full Quality Assurance process to review all payroll transactions and
IA Follow-Up:	Internal Audit reviewed the VITech submission and confirmed with Member Services of the additional training.
OBSERVATION #2 - 2. THE FAS SUPPORTING DOCUMENTATION FOR TWO MEMBERS NEEDED TO BE UPDATED IN THE PENSION ADMINISTRATION SYSTEM (NO FAS IMPACT).	
CLOSED	
Completion Date:	05/20/2021
Action Plan:	Member Services Management team is providing feedback to our team and the 2 specific team members who did not upload the fully completed supporting documentation to the V3 system. We will
IA Follow-Up:	Internal Audit confirmed the documents have been uploaded and the feedback to the team members have been provided.

Project:	55 - 1. Internal Audit noted an 8% error rate (six errors) with the 75 FAS calculations tested from the 3rd quarter of 2021.
PROCESS OWNER: MEMBER SERVICES	
Report Date:	10/04/2021
Total Observations: 1	
OBSERVATION #1 - 1. INTERNAL AUDIT NOTED AN 8% ERROR RATE (SIX ERRORS) WITH THE 75 FAS CALCULATIONS TESTED FROM THE 3RD QUARTER OF 2021.	
CLOSED	
Completion Date:	10/01/2021



0080-0120-R0001 - Management Action Plan Status Report

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Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

Action Plan:	Member Services has recalculated the 6 accounts and made corrective retroactive payments/adjustments to each of the members in accordance with OCERS Overpaid and Underpaid Plan Benefits Policy.
IA Follow-Up:	Member Services shared the updated version of the FAS excel tool.

Project:	56 - A lump sum beneficiary payment to a deceased DRO survivor payee's estate was overpaid by \$200.
PROCESS OWNER:	MEMBER SERVICES
Report Date:	10/04/2021
Total Observations:	4

OBSERVATION #1 - 1. OCERS DOES NOT HAVE A FORMALIZED AND SYSTEMATIC PROCESS TO ADDRESS SURVIVOR BENEFITS UNCLAIMED OVER AN EXTENDED PERIOD OF TIME.		CLOSED
Completion Date:	01/05/2022	
Action Plan:	Member Services Management has worked with our IT partners to develop two reports that will alert us if we have a member that has a death date entered but does not have a survivorship processed.	
IA Follow-Up:	Internal Audit confirmed the reports have been implemented	
OBSERVATION #4 - 4. A MEMBER'S DISABILITY APPLICATION WAS NOT LOCATED IN THE MEMBER'S V3 RECORDS.		CLOSED
Completion Date:	03/16/2022	
Action Plan:	Member Services/Disability team will ensure all the documents are uploaded before completing the Required Proof Doc Checklist. Member Services will validate at the time of disability recalculation that	
IA Follow-Up:	IA confirmed the disability documents have been uploaded to V3 and a process was implemented to validate documents have been uploaded.	
OBSERVATION #2 - 2. UPON REVIEWING A SURVIVOR'S BENEFIT PAYMENT, WE NOTED ERRORS WITH THE DECEASED MEMBER'S BENEFIT PAYMENT HISTORY FROM 2002 TO THE MEMBER'S DEATH IN 2018.		CLOSED
Completion Date:	01/26/2023	
Action Plan:	1. Per the OCERS' Overpaid and Underpaid Plan Benefits Policy, OCERS will not recoup the overpaid funds from the surviving spouse's continuance.	
IA Follow-Up:	Confirmed procedures were updated for Member Services to verify COLA and Pension amounts for survivor benefit payments.	



0080-0120-R0001 - Management Action Plan Status Report

Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

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OBSERVATION #3 - A LUMP SUM BENEFICIARY PAYMENT TO A DECEASED DRO SURVIVOR PAYEE'S ESTATE WAS OVERPAID BY \$200. CLOSED

Completion Date:	04/25/2024
Action Plan:	Member Services Management will perform a root cause analysis and develop a QA process specific to the Manual Tertiary Applications. This type of application is very rare and is not fully developed and
IA Follow-Up:	IA reviewed new QA Process document

Project: 59 - 1. Internal Audit noted a 4.0% error rate (two errors) with the 50 FAS calculations sampled from the 1st quarter of 2022
PROCESS OWNER: MEMBER SERVICES
Report Date: 03/30/2022
Total Observations: 1

OBSERVATION #1 - 1. INTERNAL AUDIT NOTED A 4.0% ERROR RATE (TWO ERRORS) WITH THE 50 FAS CALCULATIONS SAMPLED FROM THE 1ST QUARTER OF 2022 CLOSED

Completion Date:	01/26/2023
Action Plan:	Member Services (M.S.) Management team investigated the first error reported by Internal Audit for this quarter, and we determined that the original data came to OCERS from CalPERS in an Excel
IA Follow-Up:	Internal Audit confirmed the training was performed and a JIRA ticket was created to identify the proration issue.

Project: 57 - 1. The job title in the OCERS pension administration system (PAS) records for a Social Services Agency retiree in our sample did not reflect the retiree's actual job title.
PROCESS OWNER: MEMBER SERVICES
Report Date: 03/30/2022
Total Observations: 1



0080-0120-R0001 - Management Action Plan Status Report

Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

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OBSERVATION #1 - 1. THE JOB TITLE IN THE OCERS PENSION ADMINISTRATION SYSTEM (PAS) RECORDS FOR A SOCIAL SERVICES AGENCY RETIREE IN OUR SAMPLE DID NOT REFLECT THE RETIREE'S ACTUAL JOB TITLE. CLOSED

Completion Date: 01/30/2023

Action Plan: Member Services Employer Payroll (EP) Management Team will perform a one-time audit of the records between OCERS and all employers supported through the County (Not Just SSA). Once Complete,

IA Follow-Up: Internal Audit confirmed the reconciliation of job title and job codes between the County and OCERS PAS. The issue identified has been corrected.

Project: 62 - Internal Audit noted a 2.4% error rate (one error) with the 41 FAS calculations sampled from the 2nd Quarter of 2022.
PROCESS OWNER: MEMBER SERVICES
Report Date: 10/03/2022
Total Observations: 1

OBSERVATION #1 - INTERNAL AUDIT NOTED A 2.4% ERROR RATE (ONE ERROR) WITH THE 41 FAS CALCULATIONS SAMPLED FROM THE 2ND QUARTER OF 2022. CLOSED

Completion Date: 03/17/2023

Action Plan: Provide additional training to the Team members when calculating a Sanitation District FAS and benefit. This would include reiterating that Quality Assurance will need to perform a completely separate

IA Follow-Up: IA confirmed Member Services provided the additional training and communicated the error with OC Sanitation District.

Project: 67 - Internal Audit noted a 13.3% error rate (four errors out of the sample of 30) with the manual allocation of the total overpaid benefits to be recovered between the retiree and the employer (Not FAS Impactful).
PROCESS OWNER: MEMBER SERVICES
Report Date: 04/05/2023



0080-0120-R0001 - Management Action Plan Status Report

Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

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Total Observations: 3	
OBSERVATION #1 - 1. INTERNAL AUDIT NOTED A 6.7% ERROR RATE (TWO ERRORS OUT OF THE SAMPLE OF 30) WITH THE FAS CALCULATIONS SAMPLED.	
CLOSED	
Completion Date:	05/15/2023
Action Plan:	These errors were associated to the first 30 transactions performed by external contractors. The prior 6 transactions (October and November 2022) where Member Services did not have any errors were
IA Follow-Up:	Internal Audit confirmed the communication was made to the contractors to follow the documented procedure. The payroll deadline was also extended from 30 to 45 days.
OBSERVATION #2 - INTERNAL AUDIT NOTED A 13.3% ERROR RATE (FOUR ERRORS OUT OF THE SAMPLE OF 30) WITH THE MANUAL ALLOCATION OF THE TOTAL OVERPAID BENEFITS TO BE RECOVERED BETWEEN THE RETIREE AND THE EMPLOYER (NOT FAS IMPACTING).	
CLOSED	
Completion Date:	05/15/2023
Action Plan:	These errors were on a new Excel tab specifically created for Alameda recalculations. With the Board direction to only collect overpayments from 10/1/2020 forward from the member, Member Services
IA Follow-Up:	Confirmed new control for overpayment allocation was implemented.
OBSERVATION #3 - FOR ONE RETIREE IN OUR SAMPLE, THREE PAY ITEMS IN ONE PARTIAL PAY PERIOD WERE NOT PRORATED IN A CONSISTENT MANNER.	
CLOSED	
Completion Date:	01/19/2024
Action Plan:	Member Services followed a standing practice for this observation. OCERS current practice is to accept pay items that have already been prorated by the employer as reported in the transmittal. We will
IA Follow-Up:	Member Services provided the updated procedure.

Project:	68 - The Benefit Effective date on the MSS direct deposit form could be misunderstood as the payment effective date by the Member.
PROCESS OWNER:	MEMBER SERVICES
Report Date:	06/01/2023
Total Observations:	12



0080-0120-R0001 - Management Action Plan Status Report

Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

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OBSERVATION #2 - A FORMAL SIGNOFF IS NOT USED TO EVIDENCE MANAGEMENT REVIEW OF MEMBERS' BANK CHANGE CONFIRMATION LETTERS PRIOR TO MAILING.		CLOSED
Completion Date:	12/18/2023	
Action Plan:	The process was developed at the time MSS was implemented. The intent of the process was to ensure changes made by members in the MSS were made successfully and resulted in applicable	
IA Follow-Up:	Member Services provided examples of reviewed confirmation letters.	
OBSERVATION #1 - MANAGEMENT WAS NOT MONITORING IF MEMBER SERVICES STAFF ARE MAKING UNAUTHORIZED CHANGES TO MEMBERS' ACCOUNTS USING A SPECIALIZED PENSION ADMINISTRATION SYSTEM (PAS) FUNCTION.		CLOSED
Completion Date:	06/01/2023	
Action Plan:	Continue to monitor the daily report indicating any changes to EFT or Tax Withholdings made by OCERS staff on behalf of members.	
IA Follow-Up:	Internal Audit confirmed management action plan has been implemented.	
OBSERVATION #6 - IMPROVEMENTS COULD BE MADE TO MONITOR THE PROGRESS OF THE CORRECTIVE ACTION NEEDED ON THE AUTOMATED CLEARING HOUSE RETURNS/NOTIFICATION OF CHANGE REPORT (ACH ERRORS) RECEIVED FROM THE OPERATING BANK.		CLOSED
Completion Date:	08/22/2023	
Action Plan:	This recommendation will be taken into consideration for the next PAS.	
IA Follow-Up:	Member Services noted this will be included in the requirements for the new PAS	
OBSERVATION #3 - BANKING CHANGE CONFIRMATION LETTERS TO MEMBERS ARE NOT AUTO GENERATED FOR ALL THE METHODS BY WHICH A MEMBER'S BANK INFORMATION IS UPDATED IN THE PAS.		CLOSED
Completion Date:	12/18/2023	
Action Plan:	A request has been placed to IT Department to develop a letter confirming any banking change (different bank, different account).	
IA Follow-Up:	Member Services provided IT ticket to PAS vendor for letter generation.	
OBSERVATION #7 - THERE WAS INADEQUATE OR MISSING DOCUMENTATION IN MEMBER ACCOUNTS IN PAS FOR SEVEN MEMBERS REGARDING THE OPERATING BANK'S ACH RETURN/NOC REPORT.		CLOSED
Completion Date:	12/18/2023	
Action Plan:	Reminders regarding notes in V3 have been made and will continue to be made to staff setting up retirements, and staff making changes.	
IA Follow-Up:	Member Services included a reminder to update notes in the PAS.	



0080-0120-R0001 - Management Action Plan Status Report

Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

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OBSERVATION #5 - FOR THREE MEMBERS, BANK ACCOUNT ENTRY ERRORS WERE NOT CORRECTED DURING THE INTERNAL REVIEW PROCESS.		CLOSED
Completion Date:	01/18/2024	
Action Plan:	Reminder will be issued to staff at upcoming meetings regarding reviews not being performed by the same individual, and that entries and reviews need to ensure accuracy.	
IA Follow-Up:	Member Services included reminders during team meetings and updated materials to verify information.	
OBSERVATION #4 - FOR FOUR MEMBERS, THE PAS DID NOT HAVE SUPPORTING DOCUMENTATION REQUIRED FOR DIRECT DEPOSIT CHANGES.		CLOSED
Completion Date:	01/18/2024	
Action Plan:	Authorization for Direct Deposit form to be sent to identified members.	
IA Follow-Up:	Member Services confirmed direct deposit information, included reminders in meeting agendas and updated member facing information with reminders.	
OBSERVATION #1 - DIRECT DEPOSIT FORMS VIA MSS SELF-SERVICE PORTAL FILLED OUT INCORRECTLY REGARDING NAME AND ADDRESS FOR 14 MEMBERS.		CLOSED
Completion Date:	12/18/2023	
Action Plan:	Given that a new PAS system will be pursued in the near future, and the minimal risk involved, this may not be feasible at this time. However, the question will be posed to Vitech to provide a quote on	
IA Follow-Up:	Member Services will implement the change in the new PAS.	
OBSERVATION #2 - PAS WORKFLOWS FOR THE SETUP OF NEW RETIREES WERE OPEN FOR ALL TEN RECENT NEW RETIREES IN OUR SAMPLE.		CLOSED
Completion Date:	12/18/2023	
Action Plan:	10 members with listed OIDs closed.	
IA Follow-Up:	Member Services provided evidence of reminders and IA has attended discussions with RPA vendor to automate workflows.	
OBSERVATION #3 - FOR ONE BANK IN OUR TEST SAMPLE, OCERS PAS DOES NOT REFLECT THE CURRENT NAME OF THE BANK ASSOCIATED WITH THE BANK'S ROUTING NUMBER.		CLOSED
Completion Date:	12/18/2023	
Action Plan:	IT completes a Financial Institution matching report, which updates any changes in the preceding year. Anticipate IT will complete the process this year as well.	
IA Follow-Up:	Matter discussed with Member Services to close	



0080-0120-R0001 - Management Action Plan Status Report

Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

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OBSERVATION #5 - FOR SIX MEMBERS, WE NOTED NEW OR UPDATED BANKING INFORMATION DID NOT GO THROUGH THE WELLS FARGO BANK'S PRENOTE PROCESS TO CONFIRM VALIDITY OF THE ACCOUNTS.		CLOSED
Completion Date:	01/31/2024	
Action Plan:	Reminder will be provided to staff to place new setups and corrections in pre-note status.	
IA Follow-Up:	MS provided documentation for pre-note reminder to staff.	
OBSERVATION #4 - THE BENEFIT EFFECTIVE DATE ON THE MSS DIRECT DEPOSIT FORM COULD BE MISUNDERSTOOD AS THE PAYMENT EFFECTIVE DATE BY THE MEMBER.		CLOSED
Completion Date:	12/18/2023	
Action Plan:	Members will likely continue to be confused, due to the payment in arrears process that we use. It currently is not an issue that has been brought forward to our attention regularly by members.	
IA Follow-Up:	Member Services noted the form will not change and have accepted the risk.	

Project:	81 - The Employer Payroll Team's documentation does not provide staff guidance on procedures for checking new Member Affidavit forms for completeness and accuracy or describe escalation steps to take when Member Affidavit forms missing, incomplete, or contain errors.	
PROCESS OWNER:	MEMBER SERVICES	
Report Date:	03/28/2024	
Total Observations:	5	
OBSERVATION #3 - THE EMPLOYER PAYROLL TEAM'S PROCEDURE DOCUMENTATION DOES NOT PROVIDE GUIDANCE TO STAFF FOR HOW TO MONITOR IF THE EMPLOYERS ARE CORRECTING PAYROLL EXCEPTIONS.		CLOSED
Completion Date:	09/23/2024	
Action Plan:	Along with development of Policy, procedural guidance will be developed for processing exceptions.	
IA Follow-Up:	IA reviewed Member Services' new Employer Handbook and verified completion of the action plan.	



0080-0120-R0001 - Management Action Plan Status Report

Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

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OBSERVATION #4 - THE EMPLOYER PAYROLL TEAM'S DOCUMENTATION DOES NOT PROVIDE STAFF GUIDANCE ON PROCEDURES FOR CHECKING NEW MEMBER AFFIDAVIT FORMS FOR COMPLETENESS AND ACCURACY OR DESCRIBE ESCALATION STEPS TO TAKE WHEN MEMBER AFFIDAVIT FORMS MISSING, INCOMPLETE, OR CONTA		CLOSED
Completion Date:	09/23/2024	
Action Plan:	A New Member Affidavit has been developed and is in the final stage of review. This version gathers more and clearer information.	
IA Follow-Up:	IA reviewed Member Services' new Member Affidavit guidance sheet and new Member Affidavit form and verified completion of the action plan.	
OBSERVATION #2 - INTERNAL AUDIT IDENTIFIED TWO TYPES OF PAYROLL EXCEPTIONS TRACKED BY THE PAS THAT GENERATE NUMEROUS FALSE POSITIVES DUE TO EITHER PAS PROGRAMMING OR INSTANCES IN WHICH EMPLOYERS ARE REPORTING INCORRECT EMPLOYEE STATUS.		CLOSED
Completion Date:		
Action Plan:	Review exceptions by importance/priority and determine if certain exceptions can be changed/deleted, especially looking at False Positives. Reach out to the PAS vendor to determine the cost to change in	
IA Follow-Up:	IA was informed by Member Services that a ticket resolution has been filed with the PAS vendor, Vitech.	
OBSERVATION #1 - OCERS DOES NOT HAVE A WRITTEN POLICY ESTABLISHING PURPOSE, SCOPE, AND ROLES REGARDING THE EMPLOYERS' RESPONSIBILITY TO ADDRESS EMPLOYER PAYROLL TRANSMITTAL EXCEPTIONS IN A TIMELY MANNER.		CLOSED
Completion Date:	09/03/2024	
Action Plan:	The Employer Payroll Team will develop a written policy establishing purpose, scope, and roles regarding the employers' responsibility to address employer payroll transmittal exceptions in a timely	
IA Follow-Up:	Draft policy has been presented to the Governance Committee on August 15, 2024 for its review. IA considers this MAP closed. See item A-9 on the agenda.	
OBSERVATION #4 - THE EMPLOYER PAYROLL TEAM'S DOCUMENTATION DOES NOT PROVIDE STAFF GUIDANCE ON PROCEDURES FOR CHECKING NEW MEMBER AFFIDAVIT FORMS FOR COMPLETENESS AND ACCURACY OR DESCRIBE ESCALATION STEPS TO TAKE WHEN MEMBER AFFIDAVIT FORMS MISSING, INCOMPLETE, OR CONTA		CLOSED
Completion Date:	09/23/2024	
Action Plan:		
IA Follow-Up:		

Project: 82 - Internal Audit noted a 5.0% error rate (two errors) with the 40 FAS calculations sampled from the 3rd Quarter of 2023.
PROCESS OWNER: MEMBER SERVICES



0080-0120-R0001 - Management Action Plan Status Report

Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

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Report Date: 03/28/2024
Total Observations: 1

OBSERVATION #1 - INTERNAL AUDIT NOTED A 5.0% ERROR RATE (TWO ERRORS) WITH THE 40 FAS CALCULATIONS SAMPLED FROM THE 3RD QUARTER OF 2023. CLOSED

Completion Date: 12/02/2024

Action Plan: Management takes all errors very seriously.

IA Follow-Up: IA verified implementation after receiving MOU training class agenda regarding, MOU training guides, an employer meeting agenda from November 2024, and recent BOT report results.

Project: 99 - In our sample, six FAS calculation Excel files did not have formal evidence of a secondary QA (Quality Assurance) review performed by staff.
PROCESS OWNER: MEMBER SERVICES
Report Date: 12/12/2024
Total Observations: 1

OBSERVATION #1 - IN OUR SAMPLE, SIX FAS CALCULATION EXCEL FILES DID NOT HAVE FORMAL EVIDENCE OF A SECONDARY QA (QUALITY ASSURANCE) REVIEW PERFORMED BY STAFF. CLOSED

Completion Date:

Action Plan:

IA Follow-Up:

Project: 26 - Contributions - On Call Pay



0080-0120-R0001 - Management Action Plan Status Report

Project(s): 1, 10, 102, 103, 104, 105, 106, 107, 108, 12, 13, 14, 15, 17, 18, 2, 20, 21, 22, 23, 24, 25, 26, 29, 3,
 Mgmt. Status: Closed - No Further Action Process Owner(s): Employer, Executive, Finance,
 Plan Year(s): 2018, 2019, 2020, 2022, 2023, 2024, 2021, 2025, 2026 Total # of Records: 230

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PROCESS OWNER: OCFA	
Report Date:	10/23/2018
Total Observations: 2	
OBSERVATION #4 - CONTRIBUTIONS - ON CALL PAY	
<input type="button" value="CLOSED"/>	
Completion Date:	04/02/2019
Action Plan:	
IA Follow-Up:	
OBSERVATION #2 - CONTRIBUTIONS - VACATION EXCESS PAY	
<input type="button" value="CLOSED"/>	
Completion Date:	04/02/2019
Action Plan:	
IA Follow-Up:	



Memorandum

DATE: March 26, 2026
TO: Members of the Audit Committee
FROM: Alex McDowell, Senior Internal Auditor
SUBJECT: STATUS UPDATE OF 2026 AUDIT PLAN

Written Report

Background/Discussion

Attached is a comparison of budgeted 2026 audit plan hours versus the completed program actual hours, by project.

Submitted by:



AM – Approved

Alex McDowell
Senior Internal Auditor

**Orange County Employees Retirement System
2026 Internal Audit Plan**



Audit Activity	Description	Planned Hours	Actual Hours	Projected Remaining Hours	Comments
Internal Audit/Consulting/Planning/QAIP		3,725	252	3,433	
Internal Audits - Assurance		3,200	202	2,958	
Employer (Orange County Cemetery District)	Review employer's supporting documentation to verify accuracy and completeness of payroll data transmitted to OCERS pension administration system; review employer's controls to ensure compliance with OCERS Membership Eligibility Requirements Policy.	50	50	-	Completed
Service Credit Purchases	Review Member Services controls over Service Credit Purchase contracts and calculations.	100	60	-	Completed
Investment Accounting and Valuation Audit	Review the Finance Department's controls over the recording of investment accounting and valuation.	350	-	350	
Public Equity Consultant (Meketa) Audit	Review OCERS' public equity consultant, Meketa's, operating controls that monitor the completeness and accuracy of OCERS' public equity investment transactions, fees, and Investment Committee (IC) reporting.	350	-	350	
Death Match Process Audit	Audit of Member Services' controls over the entire Death Match process with a focus on the implementation of the recommendations made during the Death Match Review in 2025.	350	-	350	
Final Average Salary (FAS) Calculation Audit	Annual audit of FAS calculations.	350	30	320	Fieldwork in progress.
Employer (County of Orange - District Attorney) Audit	Review employer's supporting documentation to verify accuracy and completeness of payroll data transmitted to OCERS pension administration system; review employer's controls to ensure compliance with OCERS Membership Eligibility Requirements Policy.	350	30	320	Fieldwork in progress.
Employer (San Juan Capistrano) Audit	Review employer's supporting documentation to verify accuracy and completeness of payroll data transmitted to OCERS pension administration system; review employer's controls to ensure compliance with OCERS Membership Eligibility Requirements Policy.	350	25	325	Fieldwork in progress.
Disability Process Audit	Audit of the key controls in the application and benefit calculation process performed by the Disability team.	350	-	350	
Pension Administration System (PAS) Project Review	System Development Life Cycle review of the processes, controls, and documentation used to plan, create, test, and deploy the PAS system. Goal is to ensure that the PAS is developed securely, efficiently, within budget, and in compliance with internal policies, procedures, and best practices.	350	-	350	

**Orange County Employees Retirement System
2026 Internal Audit Plan**

Audit Activity	Description	Planned Hours	Actual Hours	Projected Remaining Hours	Comments
Robotic Process Automation (RPA) audit	Audit the design effectiveness of the RPA control environment, including the RPA bots designed and implemented by OCERS. The audit will focus on the controls governing the development and operation of the bots, while also considering the data and the environment in which the RPA bots operate.	150	-	150	
Internal Audit - Management Action Plan Follow-up	Action Plan Follow-up - Perform MAP follow-ups with management	100	7	93	
Internal Audits - Consulting		200	50	150	
Consulting/Ad-hoc projects	Open for any ad-hoc project TBD	200	50	150	Includes time to assist with ACFR, management or committee requests
Internal Audits - Planning		275	0	275	
Annual Audit Planning	Review and update Risk and Control Matrix.	125	-	125	Will update throughout 2026
	Annual preparation of the Audit Plan, updates to the current Audit Plan.	150	-	150	2027 Audit Plan to be presented for approval in early 1st quarter 2027 AC meeting
Internal Audits - Quality Assurance and Improvement Program		50	0	50	
Quality Assurance and Improvement Program	IA Quality Review- Self Assessment - Internal Quality Assurance and Improvement Program (QAIP)	50	-	50	Implement IIA's Global Standards with our QAIP program
Board, AC, OCERS Executive Meetings		425	72	353	
	Board meetings, Audit Committee, Personnel Committee, Governance Committee, Executive Meeting, Strategic Planning	300	60	240	-
	Weekly meetings with CEO	65	7	58	-
	Monthly meeting with Audit Committee Chair	60	5	55	-
General admin time		300	60	240	
	General admin time	300	60	240	5% of total hours
Leave (Holiday/Annual) and Training		830	93	749	
	Holidays (12 days), Annual Leave (15 days)	648	81	567	-
	Training and Continuing Education	182	12	182	-
Grand Total Hours		5,280	477	4,775	