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Edited by Judith F. Mazo Anna M. Rappaport Sylvester J. Schieber

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Pension Research Council Publications

Concepts of Actuarial Soundness in Pension Plans. Dorrance C. Bronson. 1957.

Continuing Care Retirement Communities: An Empirical, Financial, and Legal Analysis. Howard E. Winklevoss and Alwyn V. Powell with David L. Cohen, Esq. and Ann Trueblood-Raper. 1983.

Corporate Book Reserving for Postretirement Healthcare Benefits. Edited by Dwight K. Bartlett. 1990.

Demography and Retirement: The Twenty-First Century. Edited by Anna M. Rappaport and Sylvester J. Schieber. 1993.

An Economic Appraisal of Pension Tax Policy in the United States. Richard A. Ippolito. 1990.

The Economics of Pension Insurance. Richard A. Ippolito. 1989.

Employer Accounting for Pensions: Analysis of the Financial Accounting Standards Board's Preliminary Views and Exposure Draft. E.L. Hicks and C.L. Trowbridge. 1985.

Fundamentals of Private Pensions (Sixth Edition). Dan M. McGill and Donald S. Grubbs, Jr. 1988.

The Future of Pensions in the United States. Edited by Raymond Schmitt. 1993.

Inflation and Pensions. Susan M. Wachter. 1987.

It's My Retirement Money, Take Good Care of It; The TIAA-CREF Story. William C. Greenough. 1990.

Joint Trust Pension Plans: Understanding and Administering Collectively Bargained Multiemployer Plans under ERISA. Daniel F. McGinn. 1977.

Pension Asset Management: An International Perspective. Edited by Leslie Hannah. 1988.

Pension Mathematics with Numerical Illustrations (Second Edition). Howard E. Winklevoss. 1993.

Pensions and the Economy: Sources, Uses, and Limitations of Data. Edited by Zvi Bodie and Alicia H. Munnell. 1992.

Pensions, Economics and Public Policy. Richard A. Ippolito. 1985.

Providing Health Care Benefits in Retirement. Edited by Judith F. Mazo, Anna M. Rappaport, and Sylvester J. Schieber. 1994

Proxy Voting of Pension Plan Equity Securities. Edited by Dan M. McGill. 1989.

Retirement Systems for Public Employees. Thomas P. Bleakney. 1972.

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Social Investing. Edited by Dan M. McGill. 1984.

Social Security (Fourth Edition). Robert J. Myers. 1993.

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