CITY OF MILWAUKEE FISCAL NOTE

A) DATE: <u>July 1, 2002</u>			FILE NUMBER: 0204 19 Original Fiscal Note ⊠ Substitute □			
suвјестн <u> Heal</u> t	th Care Co-pay for Mana	gement Employees who retin	ree in 2003			
B) SUBMITTED BY	(name/title/dept./ext.): Michael Br	ady/Manager/Employee Benefits	/2317	<u> </u>		
C) CHECK ONE:	ADOPTION OF THIS FILE AL	ITHORIZES EXPENDITURES			·	
	☐ ADOPTION OF THIS FILE DO	DES NOT AUTHORIZE EXPENDITURES	FURTHER COMMON C	OUNCIL ACTION N	IEEDED. LIST	
	ANTICIPATED COSTS IN SE					
	☐ NOT APPLICABLE/NO FISCA	AL IMPACT.		······································		
) CHECK ONE:	☐ DEPARTMENTAL ACCOUNT	(DA) \(\sum_ \) CONTIN	GENT FUND (CF)			
	☐ CAPITAL PROJECTS FUND (CPF)					
	☐ PERM. IMPROVEMENT FUNDS (PIF) ☐ GRANT & AID ACCOUNTS (G & AA)					
	OTHER (SPECIFY)					
PURPOSE SALARIES/WAGES	SPECIFY TYPE/US	SE ACCOUNT	EXPENDITURE	REVENUE	SAVINGS	
ALARIES/WAGES.	•					
UPPLIES:				· .		
					<u> </u>	
IATERIALS:			·			
EW EQUIPMENT:						
QUIPMENT REPAI	R:			•		
OTHER:	Basic Plan Revenue Inc	reased 613001-0001-1654-	\$	<u>., </u>		
	Badio , idii itarania ili	1616-8114		· 		
	HMO Revenue Increase		\$		·	
		1613-S140		<u> </u>		
OTAL S						
OTALS FOR EXPENDITU	RES AND REVENUES WHICH WIL	L OCCUR ON AN ANNUAL BASIS OVE	R SEVERAL YEARS CHE	CK THE APPROPI	RIATE BOX	
	N LIST EACH ITEM AND DOLLAR	and the second s				
1-3 YEARS	3-5 YEARS		<u>.</u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
☐ 1-3 YEARS ☐ 1-3 YEARS	☐ 3-5 YEARS ☐ 3-5 YEARS					
					······································	
) LIST ANY ANTICI	PATED FUTURE COSTS THIS PRO	DJECT WILL REQUIRE FOR COMPLET	ION:			
				18.,1.		
COMPLITATIONS	USED IN ARRIVING AT FISCAL E	STIMATE:				
, John Clarions		,				
			 	······································	-	
	COMMENTS ON REVERSE SIDE A	ND CHECK HEDE EI				