

FINANCE & PERSONNEL COMMITTEE
CONTINGENT FUND REQUEST INFORMATION FORM

DEPT.: Employes' Retirement System CONTACT PERSON & PHONE NO.: Anne M Bahr ext 5454

A. REASON FOR REQUEST (Refer to File 921360 for definitions)

CHECK ONE: EMERGENCY CIRCUMSTANCES
 OBLIGATORY CIRCUMSTANCES
 FISCAL ADVANTAGE/COMPLIANCE WITH FISCAL MANAGEMENT PRINCIPALS

B. SUPPORTING INFORMATION

1. State the action requested, including the dollar amount and specific departmental accounts(s) to which the Contingent Fund appropriation would be made.

\$3,000 into a special account within the Contingent Fund

2. State the purpose of the action requested which includes the program, service or activity to be supported by the funding, as well as the objective(s) to be accomplished.

Consultant Services for implementation of new life insurance agreement.

3. Describe the circumstances which prompt the request.

The City's Group Life Insurance contract expires at the end of 2002 and we need to get a contract in place for 2003 through 2007. The consultant is recommending a new carrier. We will need the consultant's assistance to transition from one carrier to another.

4. What are the consequences of not providing the program, service, or activity which is funded by this request?

No group life insurance for City of Milwaukee employees or retirees.

5. Explain why funds authorized in the Budget are insufficient to provide for the program, service, or activity in question.

ERS funds are used to administer trust fund activities. Group Life insurance is not part of these activities.

5a. Are there any unexpended funds in the departmental control account for which this appropriation is requested, that could be used to fund this request?

No.

5b. What are the consequences of using budgeted operating funds for this request?

ERS budgeted funds are for operations of the trust.

6. State why funding was not included in the Budget.

Determination to change carriers was the result of response from the RFP issued by Mercer. A carrier change was not originally anticipated.

7. Will the conditions prompting the request be limited to the current year, or will they continue into the following year?

Current year only.

8. Has your department made a similar Contingent Fund request in previous years? YES NO

*If yes, what is the most recent year the request was made?

Life insurance carrier has been the same for the past 10 years.

9. Will this funding be used to implement provisions of a collective bargaining agreement? YES NO

10. Will the funding being requested provide a level of service authorized by the Budget? YES NO

*If yes, why can't your department accomplish the authorized service level with the authorized funding level?

Change of life insurance carriers. Money is to assist in transition activities. City still needs to provide continuation of life insurance program pursuant to labor agreements.

11. Will the requested funding provide a level of service higher than that authorized by the Budget? YES NO

*If yes, why is a higher service level necessary?

*What is the estimated amount of additional service units to be provided if the entire Contingent Fund request is approved?

12. What performance measures and sub-measures are affected by this request, and what are the anticipated changes if the entire Contingent Fund request is approved?

N/A

13. What reductions to performance measures are expected if the request is not approved?

N/A

14. Is any grant funding associated with the program service, or activity pertaining to the request? YES NO

*If yes, name the grant and current year amount.

15. Will the program, service, or activity affect any electronic data processing system? YES NO

Don't know at this time.

The following questions only apply to Contingent Fund requests which transfer appropriations into capital purpose accounts:

16. Does this request transfer an appropriation into a capital purpose subaccount? YES NO

*If yes, are similar projects planned and funding available in a capital purpose (parent) account for the current year?

17. Why is the project for which Contingent Funds are requested more important than other similar projects?

18. Does this request fund a project outside the normal order of planned projects of a kind which are funded through a capital purpose (parent) account for the current year? YES NO

*If yes, what is the consequence of deferring the lowest priority planned project until next year?

19. Was this project included in the Department's Budget request? YES NO

C. THANK YOU FOR YOUR COOPERATION. PLEASE SEND COPIES OF YOUR RESPONSE TO:

Staff Assistant, Finance & Personnel Committee, Room 205, City Hall (6 COPIES)
Special Assistant, Finance & Personnel Committee, Room 205, City Hall (1 COPY)
Fiscal Research Manager, LRB-Common Council, Room B-11, City Hall (2 COPIES)
Budget & Management Director, DOA, Room 307, City Hall (2 COPIES)

*If not, why not?

**If you have any questions about the completion of this form, you may call the
Fiscal Research Manager at extension 8686.**