# CITY OF MILWAUKEE FISCAL NOTE

CC-170 (REV. 6/86)

**A) DATE:** November 11, 2004

**FILE NUMBER:040974**
**Original Fiscal Note** ☒ **Substitute** ☐

**SUBJECT:** **Two person rates for retirees over 65 without medicare in 2005**

.

**B) SUBMITTED BY** (name/title/dept./ext.): Michael Brady/Employee Benefits Director/DER/x2317

**C) CHECK ONE:**
- ☐ ADOPTION OF THIS FILE AUTHORIZES EXPENDITURES
- ☐ ADOPTION OF THIS FILE DOES NOT AUTHORIZE EXPENDITURES; FURTHER COMMON COUNCIL ACTION NEEDED. LIST ANTICIPATED COSTS IN SECTION G BELOW.
- ☒ NOT APPLICABLE/NO FISCAL IMPACT.

**C) CHECK ONE:**
- ☐ DEPARTMENTAL ACCOUNT (DA)
- ☐ CAPITAL PROJECTS FUND (CPF)
- ☐ PERM. IMPROVEMENT FUNDS (PIF)
- ☐ OTHER (SPECIFY)
- ☐ CONTINGENT FUND (CF)
- ☒ SPECIAL PURPOSE ACCOUNTS (SPA)
- ☐ GRANT & AID ACCOUNTS (G & AA)

| E) PURPOSE | SPECIFY TYPE/USE | ACCOUNT | EXPENDITURE | REVENUE | SAVINGS |
|---|---|---|---|---|---|
| **SALARIES/WAGES:** | | | | | |
| | | | | | |
| | | | | | |
| **SUPPLIES:** | | | | | |
| | | | | | |
| **MATERIALS:** | | | | | |
| | | | | | |
| **NEW EQUIPMENT:** | | | | | |
| | | | | | |
| **EQUIPMENT REPAIR:** | | | | | |
| | | | | | |
| **OTHER:** | | | | | |
| **HMO SPA** | 613001 001 1654 1613 S140 2005 | | | | |
| | | | | | |
| **TOTALS** | | | | | |

**F)** FOR EXPENDITURES AND REVENUES WHICH WILL OCCUR ON AN **ANNUAL** BASIS OVER SEVERAL YEARS CHECK THE APPROPRIATE BOX BELOW AND THEN LIST EACH ITEM AND DOLLAR AMOUNT **SEPARATELY.**

| | | |
|---|---|---|
| ☐ 1-3 YEARS | ☐ 3-5 YEARS | |
| ☐ 1-3 YEARS | ☐ 3-5 YEARS | |
| ☐ 1-3 YEARS | ☐ 3-5 YEARS | |

**F) LIST ANY ANTICIPATED FUTURE COSTS THIS PROJECT WILL REQUIRE FOR COMPLETION:**

The cost of $39,000 will be absorbed in the HMO SPA account in 2005.

**H) COMPUTATIONS USED IN ARRIVING AT FISCAL ESTIMATE:**

**PLEASE LIST ANY COMMENTS ON REVERSE SIDE AND CHECK HERE** ☐