

CITY OF MILWAUKEE FISCAL NOTE

A) **DATE** July 14, 2007

FILE NUMBER: 080373

Original Fiscal Note Substitute

SUBJECT: Authorizes the City to enter into and extend contracts on behalf of City employees for dental insurance.

B) **SUBMITTED BY (Name/title/dept./ext.):** Michael Brady, Director of Employee Benefits, DER, 2317

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.

D) **CHARGE TO:** DEPARTMENT ACCOUNT(DA) CONTINGENT FUND (CF)
 CAPITAL PROJECTS FUND (CPF) SPECIAL PURPOSE ACCOUNTS (SPA)
 PERM. IMPROVEMENT FUNDS (PIF) GRANT & AID ACCOUNTS (G & AA)
 OTHER (SPECIFY)

E) PURPOSE	SPECIFY TYPE/USE	ACCOUNT	EXPENDITURE	REVENUE	SAVINGS
SALARIES/WAGES:					
SUPPLIES:					
MATERIALS:					
NEW EQUIPMENT:					
EQUIPMENT REPAIR:					
OTHER:	Dental Insurance Benefits	006100 0001 1650 0001 5121 200	\$2,200,000		
TOTALS			\$2,200,000		

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**.

<input type="checkbox"/> 1-3 YEARS	<input type="checkbox"/> 3-5 YEARS
<input type="checkbox"/> 1-3 YEARS	<input type="checkbox"/> 3-5 YEARS
<input type="checkbox"/> 1-3 YEARS	<input type="checkbox"/> 3-5 YEARS

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

H) **COMPUTATIONS USED IN ARRIVING AT FISCAL ESTIMATE:**
 The City share of dental, paying \$13 for single and \$37.50 for family coverage is \$2,200,000. The balance of the monthly premium cost is paid by the employee for the plan selected. DER receives \$134,000 in revenue from Water and Parking for their dental insurance costs.

PLEASE LIST ANY COMMENTS ON REVERSE SIDE AND CHECK HERE