



City of Milwaukee Fiscal Impact Statement

A	Date <u>5/3/2017</u> File Number <u>161771</u> <input type="checkbox"/> Original <input checked="" type="checkbox"/> Substitute
	Subject <u>Line of Duty Death Surviving Spouse Health Insurance Premium</u>

B	Submitted By (Name/Title/Dept./Ext.) <u>John Ledvina / Fiscal Planning Specialist / CCCC-LRB / 286-8637</u>
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C	This File <input checked="" type="checkbox"/> Increases or decreases previously authorized expenditures.
	<input type="checkbox"/> Suspends expenditure authority.
	<input type="checkbox"/> Increases or decreases city services.
	<input type="checkbox"/> Authorizes a department to administer a program affecting the city's fiscal liability.
	<input type="checkbox"/> Increases or decreases revenue.
	<input type="checkbox"/> Requests an amendment to the salary or positions ordinance.
	<input type="checkbox"/> Authorizes borrowing and related debt service.
	<input type="checkbox"/> Authorizes contingent borrowing (authority only).
	<input type="checkbox"/> Authorizes the expenditure of funds not authorized in adopted City Budget.

D	Charge To <input type="checkbox"/> Department Account <input type="checkbox"/> Contingent Fund
	<input type="checkbox"/> Capital Projects Fund <input checked="" type="checkbox"/> Special Purpose Accounts
	<input type="checkbox"/> Debt Service <input type="checkbox"/> Grant & Aid Accounts
	<input type="checkbox"/> Other (Specify) _____

E	Purpose	Specify Type/Use	Expenditure	Revenue
	Salaries/Wages		\$0.00	\$0.00
			\$0.00	\$0.00
	Supplies/Materials		\$0.00	\$0.00
			\$0.00	\$0.00
	Equipment		\$0.00	\$0.00
			\$0.00	\$0.00
	Services	Employee Health Care Benefits	\$9,993.75	\$0.00
			\$0.00	\$0.00
	Other		\$0.00	\$0.00
			\$0.00	\$0.00
	TOTALS		\$9,993.75	\$ 0.00

F

Assumptions used in arriving at fiscal estimate.

Surviving spouses, under age 65, of city employees who died in the line-of-duty before January 1, 1985 would receive the same full subsidy of health benefit premium payments as those surviving spouses of city employees who died on or after January 1, 1985.

The cost to the City would be the 75% of the premium now paid by the pre-January 1, 1985 surviving spouses. Their 2017 monthly premium payment is \$768.75 with a City subsidy of \$256.25. Effective June 1, 2017, the City would assume the \$768.75 as well.

G

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 2017 = \$9,993.75. 2018 through 2022 = \$9,225 annually. _____
- 1-3 Years 3-5 Years _____
- 1-3 Years 3-5 Years _____

H

List any costs not included in Sections D and E above. _____

I

Additional information. _____

J

This Note Was requested by committee chair.