



City of Milwaukee Fiscal Impact Statement

A

Date 6/17/2014 File Number 140208 ☒ Original ☐ Substitute
 Subject Resolution approving a change in design for employee and retiree health and prescription drug benefits for 2015.

B

Submitted By (Name/Title/Dept./Ext.) Michael Brady, Employee Benefits Director, DER, 2317

C

- This File
- ☐ Increases or decreases previously authorized expenditures.
 - ☐ Suspends expenditure authority.
 - ☐ Increases or decreases city services.
 - ☒ Authorizes a department to administer a program affecting the city's fiscal liability.
 - ☐ Increases or decreases revenue.
 - ☐ Requests an amendment to the salary or positions ordinance.
 - ☐ Authorizes borrowing and related debt service.
 - ☐ Authorizes contingent borrowing (authority only).
 - ☐ Authorizes the expenditure of funds not authorized in adopted City Budget.

D

- Charge To
- ☐ Department Account
 - ☐ Capital Projects Fund
 - ☐ Debt Service
 - ☐ Other (Specify) _____
 - ☐ Contingent Fund
 - ☒ Special Purpose Accounts
 - ☐ Grant & Aid Accounts

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	2015 Health Benefits Account	(\$4,000,000.00)	\$0.00
		\$0.00	\$0.00
Other		\$0.00	\$0.00
		\$0.00	\$0.00
TOTALS		(\$4,000,000.00)	\$ 0.00

F**Assumptions used in arriving at fiscal estimate.**

Changes in benefit design are reflected in the 2015 Health Care SPA Budget Request which was reduced by \$4,000,000 (from \$124M to \$120M).

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☐ 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.