## CITY OF MILWAUKEE FISCAL NOTE

A) DATE
A) DATE

FILE NUMBER:


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: | $\square \square$ ADOPTION OF THIS FILE AUTHORIZES EXPENDITURES |
| :--- | :--- |
|  | $\square$ ADOPTION OF THIS FILE DOES NOT AUTHORZE EXPENDTURES: FURTHER COMMON COUNCIL ACTION |
|  | NEEDED. LIST ANTICIPATED COSTS IN SECTION G BELOW. |
|  | $\square$ NOT APPLICABLE/NO FISCAL IMPACT. |


| D) CHARGE TO: | $\square$ DEPARTMENT ACCOUNT(DA) | $\square$ CONTINGENT FUND (CF) |
| :--- | :--- | :--- |
|  | $\square$ CAPTAL PROJECTS FUND (CPF) | $\square$ SPECIAL PURPOSE ACCOUNTS (SPA) |
|  | $\square$ PERM. IMPROVEMENT FUNDS (PIF) | $\square$ GRANT \& AID ACCOUNTS (G \& AA) |
|  | $\square$ OTHER (SPECIFY) |  |


| E P PURPOSE | SPECIFY TYPE/USE | ACCOUNT | EXPENDITURE | REVENUE | SAVINGS |
| :--- | :--- | :--- | :--- | :--- | :--- |
| SALARIES/WAGES: |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| SUPPLIES: |  |  |  |  |  |
|  |  |  |  |  |  |
| MATERIALS: |  |  |  |  |  |
|  |  |  |  |  |  |
| NEW EQUIPMENT: |  |  |  |  |  |
|  |  |  |  |  |  |
| EQUIPMENT REPAIR: |  |  |  |  |  |
|  |  |  |  |  |  |
| OTHER: |  |  |  |  |  |
|  | Sental Insurance Benefits |  |  |  |  |


| F) | FOR EXPENDTURES AND REVENUES WHICH WILL OCCUR ON AN ANNUAL BASIS OVER SEVERAL YEARS CHECK THE |
| :--- | :--- |
|  | APPROPRIATE BOX BELOW AND THEN LIST EACH TEM AND DOLLAR AMOUNT SEPARATELY. |


| $\square 1-3$ YEARS | $\square$ | $3-5$ YEARS |
| :--- | :--- | :--- |
| $\square$ | $\square-3$ YEARS | $\square$ |
| $\square-5$ YEARS |  |  |
| $\square 1-3$ YEARS | $\square$ | $3-5$ YEARS |

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

[^0]PLEASE LIST ANY COMMENTS ON REVERSE SIDE AND CHECK HERE


[^0]:    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

