CITY OF MILWAUKEE FISCAL NOTE

A)	DATE	July 13, 2009	FILE	FILE NUMBER: 090337				
			Origin	nal Fiscal Note x	Substitute			
SUBJECT: Authorizes the City to enter into and extend contracts on behalf of City employees for dental insurance.								
B)	B) SUBMITTED BY (Name/title/dept./ext.): Michael Brady, Director of Employee Benefits, DER, 2317							
C)	C) CHECK ONE: X 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.							
		NOT APPLICABLE/NO FISCAL IIVIPACT						
D)	D) CHARGE TO: DEPARTMENT ACCOUNT(DA) CONTINGENT FUND (CF)				CF)			
		CAPITAL PROJECTS FUND (CPF)	X s	SPECIAL PURPOSE A	CCOUNTS (SPA)			
		PERM. IMPROVEMENT FUNDS (PIF)		GRANT & AID ACCO	UNTS (G & AA)			
		OTHER (SPECIFY)						
	PURPOSE	ODEOUT/ TYPE/USE	4000107	EVENIENTURE	DD/DUI5	041/11/00		
E)	PURPOSE .ARIES/WAGES:	SPECIFY TYPE/USE	ACCOUNT	EXPENDITURE	REVENUE	SAVINGS		
JAL	ANILS/WAGES.							
SUP	PLIES:							
MATERIALS:								
NEW EQUIPMENT:								
EQU	IPMENT REPAIR:							
OTHER:		Dental Insurance Benefits	006100 0001 0165 0001	\$2,200,000				
			S121 2010					
			0.2.20.0					
тот	ALS			\$2,200,000				
F)		ES AND REVENUES WHICH WILL OCCUR ON A			S CHECK THE			
	APPROPRIA LE BO.	X BELOW AND THEN LIST EACH ITEM AND DO	JLLAR AMOUNT SEPA	RAILLY.				
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L	1-3 YEARS	3-5 YEARS						
	1-3 YEARS	3-5 YEARS						
<u> </u>	1-3 YEARS	3-5 YEARS	L					
G) LIST ANY ANTICIPATED FUTURE COSTS THIS PROJECT WILL REQUIRE FOR COMPLETION:								

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

COMPUTATIONS USED IN ARRIVING AT FISCAL ESTIMATE:

H)

employee for the plan selected. DER receives \$134,000 in revenue from \	Nater and Parking for their dental insurance costs.
PLEASE LIST ANY COMMENTS ON REVERSE SIDE AND CHECK HERE	