(Return in triplicate)	FISCAL N	OTE		
Bill/Resolution No.: _	SB 2062	Amendment	to:	
Requested by: Legisla	ative Council	Date of R	eceipt:	
Please estimate the fi X State general or			measure fo	or:
In the following space measure:	note the fisc	al effect	in dollars	of this
Narrative:				
The fiscal effect of fast health care insurance premium ing these matters, negligible savings. estimated possible biennium.	costs increases set. Without our best estimate The Administ	se and at at specific nate is that crator for	what leve informati at there wi the CHAND	1 the CHI on regard- ll be program
State Fiscal Effect: 1989-90 General Special Fund Funds 0	1990-9 General Fund 0	l Special Funds	Bienniu General Fund 0	um Total Specia Funds
County and City Fiscal 1 1989-90 Counties Cities	1990-91	<u>Cities</u>	Biennium Counties	<u>Total</u> <u>Cities</u>
			7,1	

If additional space is needed, attach a supplemental sheet.

Signed

Typed Name ROD WARNER

Date Prepared: 12/13/88 Department N.D. INSURANCE DEPAREMENT