

(Prepare in triplicate)

FISCAL NOTE

Prepared in regard to:

HB No. 1161

(List bill or resolution and number, if available, or subject)

Amendment to: _____

(List bill or resolution and number)

Requested by: Legislative Council Date of receipt: 1-7 19 77

In the following space note the fiscal effect in dollars of the legislative proposal. If additional space is needed, attach a supplementary sheet. (Please type)

This will involve no increased premium to the Workmen's Compensation Bureau. We are proposing to receive the same amount of premium under the new payroll plan as we would be receiving if it stayed on the same basis, with a maximum of \$3,600 per year. Certainly there will be variations from employer to employer; some employers will have an increase in their premium. However, many employers will have a decrease in premiums due to the conversion we are proposing for premium collection purposes.

If it appears this legislative proposal may have a fiscal effect upon one or more of the cities and counties of this state but your agency does not have the information available, or cannot gather the information on a timely basis, to allow a dollar estimate, please check one or more of the following:

_____ The measure does have a fiscal impact in an unknown amount

_____ The measure does have a fiscal impact in a dollar amount estimated on the basis of inadequate information. (Enter dollar estimate in space above).

_____ The fiscal impact of the measure is unknown.

Date of preparation: 1-10-77

Signed _____

Typed Name Bronald Thompson

Department Workmen's Compensation Bureau