

(Return in triplicate)

FISCAL NOTE

Bill/Resolution No.: House Bill 1134 Amendment to: _____

Requested by: Legislative Council Date of Receipt: 1/11/85

Please estimate the fiscal impact of the above measure for:

State general or special funds Counties Cities

In the following space note the fiscal effect in dollars of this measure:

Narrative:

Cost estimates are for development of programs and infrastructure for a self-administered group medical plan. These costs are:

| | |
|-------------------------|------------------|
| Printing | \$ 5,000 |
| Supplies | 5,000 |
| Postage | 10,000 |
| Central Data Processing | - <u>100,000</u> |
| | \$120,000 |

State Fiscal Effect:

| 1985-86 | | 1986-87 | | Biennium Total | |
|----------------------|---------------------|----------------------|---------------------|----------------------|---------------------|
| <u>Special Funds</u> | <u>General Fund</u> | <u>Special Funds</u> | <u>General Fund</u> | <u>Special Funds</u> | <u>General Fund</u> |
| \$60,000 | - | \$60,000 | - | \$120,000 | - |

County and City Fiscal Effect:

| 1985-86 | | 1986-87 | | Biennium Total | |
|-----------------|---------------|-----------------|---------------|-----------------|---------------|
| <u>Counties</u> | <u>Cities</u> | <u>Counties</u> | <u>Cities</u> | <u>Counties</u> | <u>Cities</u> |
| None | | None | | None | |

If additional space is needed, attach a supplemental sheet.

Signed *Alan Person*

Typed Name Alan Person

Date prepared: 1/11/85

Department Public Employees Retirement System