

(Return in triplicate)

FISCAL NOTE

Bill/Resolution No.: HB 1506 Amendment to: _____

Requested by Legislative Council Date of Request: 1-24-91

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:

Overall no significant fiscal impact would occur as a result of this bill. Allocation of premium to certain employers may change, providing relief in some cases and penalty in others.

State Fiscal Effect:

| <u>1991-92</u> | | <u>1992-93</u> | | <u>Biennium Total</u> | |
|---------------------|----------------------|---------------------|----------------------|-----------------------|----------------------|
| <u>General Fund</u> | <u>Special Funds</u> | <u>General Fund</u> | <u>Special Funds</u> | <u>General Fund</u> | <u>Special Funds</u> |

County and City Fiscal Effect:

| <u>1991-92</u> | | <u>1992-93</u> | | <u>Biennium Total</u> | |
|-----------------|---------------|-----------------|---------------|-----------------------|---------------|
| <u>Counties</u> | <u>Cities</u> | <u>Counties</u> | <u>Cities</u> | <u>Counties</u> | <u>Cities</u> |

If additional space is needed, attach a supplemental sheet.

Signed 

Typed Name Randy Hoffman

Date Prepared: 1-31-91

Department Workers Compensation

Phone Number 224-3894