



Fiscal Impact Statement

Indicate the **Total Fiscal Impact** of the action requested, including personnel, operating, and capital costs. Indicate costs for the current fiscal year and annualized costs. Include all related costs necessary to place the asset in service.

Description: Renewal with existing Stop Loss Insurance carrier, Symetra Life Insurance Company, for Stop Loss Insurance effective 1/1/2019

Expenses

Will the action be funded from the Department's current year budget? ☐ Yes ☒ No

If No, please identify how this action will be funded, including any proposed Budget Resolution Committee (BRC) action(s). (enter text here)

	Current Fiscal Year Cost Estimate	Estimated Annualized Cost Thereafter
Personnel	\$0	\$0
Operating/Capital	\$282,750	\$94,250
Total Amount	\$282,750	\$94,250

Comments (optional): The contract is for the 2019 Calendar Year, so the above figures represent nine months of cost in the Current Fiscal Year column and three months of cost in the Estimated Annualized Cost Thereafter column.

Revenues

What is the source of any revenue and the estimated amount? (enter text here) Amount \$0

Is this recurring revenue? ☐ Yes ☒ No

Comments (optional): (enter text here)

Funding

Expenses/Revenues will be recorded to:

	Source #1	Source #2	Source #3
Fund	5010 F Healthcare Fund	(enter text here)	(enter text here)
Department /Division	Executive Offices/Human Resources	(enter text here)	(enter text here)
Cost Center/Project/Grant	HRD0006 C	(enter text here)	(enter text here)
Total Amount	\$377,000	\$0	\$0