| FISCAL ESTIMATE FORM  |                 |                          | 1999 Session   |
|---|-----------------|--------------------------|--|
|   |                 | LRB # 99 – 4             | 068/2  |
| ⊠ ORIGINAL  | ☐ UPDATED       | INTRODUCTI               | ON # 99 SB 326   |
| ☐ CORRECTED   | ☐ SUPPLEMENTAL  | Admin. Rule #            |  |
| Subject Remedial changes under the WRS and Deferred Compensation Program  |                 |                          |  |
| Fiscal Effect   |                 |                          |  |
| State:  No State Fiscal Effect  |                 |                          |  |
| Check columns below only if bill makes a direct appropriation or affects a sum sufficient appropriation.                        |                 |                          | ☐ Increase Costs - May be possible to Absorb Within Agency's Budget ☐ Yes ☐ No |
| ☐ Increase Existing Appropriation ☐ Increase Existing Revenues ☐ Decrease Existing Appropriation ☐ Decrease Existing Revenues   |                 |                          | ☐ Decrease Costs   |
| ☐ Create New Appropriation  |                 |                          |  |
| Local: ☐ No local government costs  1. ☐ Increase Costs  3. ☐ Increase Revenues  5. Types of Local Governmental Units Affected: |                 |                          |  |
| □ Increase Costs     □ Permissive □ Mandatory   | □ Permissi      |                          |  |
| 2.   Decrease Costs   | 4. ☐ Decrease R | , 1                      |  |
| ☐ Permissive ☐ Mandatory  | ☐ Permissi      | ve   Mandatory           | ☐ School Districts ☐ WTCS Districts  |
| Fund Sources Affected   |                 |                          | Ch. 20 Appropriations  |
| ☐ GPR ☐ FED ☐ PRO ☐ PRS ☐ SEG ☐ SEG-S   |                 |                          |  |
| Assumptions Used in Arriving at Fiscal E  | stimate:        |                          |  |
| SB 326 has no fiscal impact.  |                 |                          |  |
| OB 626 flat fle flocal impact.  |                 |                          |  |
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| Long-Range Fiscal Implications:   |                 |                          |  |
| None.   |                 |                          |  |
| Prepared By: / Phone # / Agency Name Authorized Signature Telephone No. Date  |                 |                          |  |
| Prepared By: / Phone # / Agency N<br>Pamela Henning 267-2929  | ame Auth        | orized Signature (Telepl | 1 / /  |
| Department of Employe Trust Funds   | 266-            | -3641 / Wu               | 1/21/00  |