Fiscal Estimate - 2001 Session

| \boxtimes | Original | | Updated | | Corrected | | Supplemental |
|--|-----------------|--------------------------------------|-------------------------|---------------------------|---------------------|-----------------------------|---|
| LRB | Number | 01-2499/1 | | Introd | duction Numbe | er SI | B-189 |
| | tive occupation | on participant st sconsin Hospita | | | tirement system for | certain | state employees at |
| Fiscal | Effect | | | | | | |
| Local: | - | e Existing tions Existing | Rever Decre Rever | ase Existing | absorb w | ithin age Yes | May be possible to ency's budget |
| | 2. Decrea | e Costs sive☐Mandato | 4. Decrea | ssive Mand ase Revenue | Count | cted s :ies [ol [| overnment Village Cities Others WTCS Districts |
| Fund Sources Affected Affected Ch. 20 Appropriations | | | | | | | |
| ⊠ GF | PR 🔲 FED | PRO [| PRS : | SEG 🔲 SE | egs | | |
| Agend | y/Prepared | Ву | | Authorized S | Signature | | Date |
| RET/ William Ford (608) 266-0680 Willia | | | William Ford | lliam Ford (608) 266-0680 | | | |

Fiscal Estimate Narratives RET 11/26/01

| LRB Number | 01-2499/1 | Introduction Number | SB-189 | Estimate Type | Original | | |
|---|-----------|---------------------|--------|---------------|----------|--|--|
| Subject | | | | | | | |
| Protective occupation participant status under the Wisconsin retirement system for certain state employees at the University of Wisconsin Hospitals and Clinics Authority | | | | | | | |

Assumptions Used in Arriving at Fiscal Estimate

This bill would affect 16 employees with an approximate annual payroll of \$382,720. The cost to employers of this bill is \$382,720 times the 2.1% greater amount in WRS contribution rates for protective employees than for general employees plus an (assumed) average 3.88% duty disability rate times \$382,720. Based on these assumptions, it is estimated that this bill would increase employer costs for the WRS by \$22,900 annually.

Long-Range Fiscal Implications

Fiscal Estimate Worksheet - 2001 Session

Detailed Estimate of Annual Fiscal Effect

| \boxtimes | Original | | Updated | | Corrected | | Supplemental | | | | |
|--|---|--------------------------------------|-----------|--------------|---|--------------|-------------------|--|--|--|--|
| LRB | Number | 01-2499/ | 1 | Intro | duction Nur | nber | SB-189 | | | | |
| Subje | | | | the Missessi | n retirement eus | stom for o | autoin ototo | | | | |
| | | on participant i Iniversity of Wi | | | n retirement sys nics Authority | stern for ce | eriairi state | | | | |
| | I. One-time Costs or Revenue Impacts for State and/or Local Government (do not include in | | | | | | | | | | |
| annua | lized fiscal (| епест): | | | | | | | | | |
| II. Anr | ualized Cos | its: | | | Annualized Fiscal Impact on funds from: | | | | | | |
| | | | | | Increased Cos | ts | Decreased Costs | | | | |
| A. Sta | te Costs by | Category | | | | | | | | | |
| | | - Salaries and | l Fringes | | \$22,90 | 00 | | | | | |
| (FTI | E Position Ch | anges) | | | | | | | | | |
| | | - Other Costs | | | | | | | | | |
| | al Assistance | | | | | | | | | | |
| Aids | to Individual | ls or Organizat | ions | | | | | | | | |
| <u> </u> | OTAL State | Costs by Cate | egory | | \$22,90 | 00 | \$ | | | | |
| B. Sta | te Costs by | Source of Fur | nds | | | | | | | | |
| GPF | 3 | | | | 22,90 | 00 | | | | | |
| FEC | | | | | | | | | | | |
| PRO | D/PRS | | | | | | | | | | |
| SEC | S/SEG-S | | | | | | | | | | |
| | | s - Complete t , decrease in l | | | will increase o | r decreas | se state revenues | | | | |
| | | | | | Increased Re | ev | Decreased Rev | | | | |
| | R Taxes | | | | | \$ | \$ | | | | |
| | R Earned | | | | | | | | | | |
| FEC |) | | | | | | | | | | |
| PRO | D/PRS | | | | | | | | | | |
| | S/SEG-S | | | | | | | | | | |
| Ш | OTAL State | Revenues | | | | \$ | \$ | | | | |
| | | | NET ANNUA | LIZED FISC | | | | | | | |
| | | | | | Sta | | Local | | | | |
| NET CHANGE IN COSTS | | | | \$22,90 | | \$ | | | | | |
| NET CHANGE IN REVENUE | | | | | \$ | \$ | | | | | |
| | | | | | | | | | | | |
| Agency/Prepared By Autho | | | | | Signature | Date | | | | | |
| RET/ William Ford (608) 266-0680 Wil | | | | William Ford | I (608) 266-068 | 11/23/01 | | | | | |