GASTON COUNTY BUDGET CHANGE REQUEST

TO: Dr. Kim S. Eagle COUNTY MANAGER

FROM: 4130 Finance
Dept. # Department Name

Tiffany Murray 5/26/2020
Department Director's Name Date

TYPE OF REQUEST:

[x] Line Item Transfer Within Department & Fund

[ ] Line Item Transfer Between Funds *

[ ] Project Transfer Within Department & Fund

[ ] Additional Appropriation of Funds *

[ ] Line Item Transfer Between Departments*

* Requires resolution by the Board of Commissioners

ACCOUNT DESCRIPTION (As it appears in the budget)	ACCOUNT NUMBER Fund - Function - Dept - Division - Object - Project xxx - xx - xxxx - xxxx - xxxxx - xxxxxx	AMOUNT Whole Dollars Only (See Note Below)
Insurances:County $	081-01-4190-0000-417000-	[$1,068,035]
Health Insurance:Payroll$	081-01-4190-0000-417001-	$214,393
Health Insurance:Retiree$	081-01-4190-0000-417002-	[$45,802]
Health Insurance:Cobra $	081-01-4190-0000-417003-	$29,688
Dental Insurance:Payroll$	081-01-4190-0000-417004-	[$9,372]
Dental Insurance:Retiree$	081-01-4190-0000-417005-	[$8,035]
Dental Insurance:Cobra $	081-01-4190-0000-417006-	[$1,808]
Life Insurance:Retiree$	081-01-4190-0000-417007-	[$74,475]
Life Insurance:Payroll$	081-01-4190-0000-417008-	$6,986
Health Ins Claims: Active	081-01-4190-0000-510200-	[$2,808,880]
Health Insurance Admin Fee	081-01-4190-0000-510201-	$411,285

JUSTIFICATION FOR REQUEST:

Recognize additional revenue and expenditures for the Self Insurance Fund.

Note: Decreases in expenditures & increases in revenue accounts require brackets. Increases in expenditures & decreases in revenue do not require brackets. Please note that transfers between funds require interfund transfer accounts.

ACCOUNT DESCRIPTION (As it appears in the budget)	ACCOUNT NUMBER Fund – Function – Dept – Division – Object – Project XXX – XX – XXXX – XXXX – XXXXX – XXXXXX	AMOUNT Whole Dollars Only (See Note Below)
Dental Insurance Claims	081-01-4190-0000-510202-	$84,850
Life Insurance - Active	081-01-4190-0000-510204-	$27,500
HSA - County Contribution	081-01-4190-0000-510205-	$712,654
HSA - Retiree	081-01-4190-0000-510206-	[$21,550]
HSA Co Contrib - Retire-NO$	081-01-4190-0000-510207-	$47,850
Retiree Insurance Claims	081-01-4190-0000-510221-	[$1,651,971]
Retiree Insurance Admin	081-01-4190-0000-510222-	$82,000
Retiree Dental Claims	081-01-4190-0000-510223-	$11,850
Retiree Dental Admin	081-01-4190-0000-510224-	[$158]
Retiree Life Insurance	081-01-4190-0000-510225-	[$31,080]
Cobra Health Ins - Admin Fees	081-01-4190-0000-510230-	[$2,822]
Cobra Dental Ins - Admin Fees	081-01-4190-0000-510231-	[$210]
Cobra Dental Ins - Claims	081-01-4190-0000-510232-	[$5,800]
Cobra Health Ins - Claims	081-01-4190-0000-510233-	[$474,297]
GFHS / Medical: Active	081-01-4190-0000-510240-	[$182,500]
GFHS / Medical: Retiree	081-01-4190-0000-510241-	[$38,011]
GFHS / Pharmacy: Active	081-01-4190-0000-510243-	$158,000
GFHS / Pharmacy: Retiree	081-01-4190-0000-510244-	$25,500
Pharmacy Claims: Active	081-01-4190-0000-510208-	$3,750,000
Pharmacy Claims: Retirees	081-01-4190-0000-510227-	$855,000
Pharmacy Claims: Cobra	081-01-4190-0000-510234-	$8,250
Professional Services	081-01-4190-0000-530010-	[$1,000]