

## **Gaston County**

Gaston County
Board of Commissioners
www.gastongov.com

# Budget and Purchasing Board Action

File #: 20-233

Commissioner Philbeck - Finance - To Accept and Appropriate Additional Revenues and Expenditures in the Self Insurance Fund (\$956,460)

### **STAFF CONTACT**

Tiffany Murray - Finance - 704-866-3032

#### **BUDGET IMPACT**

Increase Self Insurance Fund Revenues and Expenditures. No Additional County Funds.

#### **BUDGET ORDINANCE IMPACT**

Increase Self Insurance Fund Revenues by \$956,460 and Expenditures by \$956,460.

#### **BACKGROUND**

Adjusting the Self Insurance Fund Budget to Cover the Remainder of the Current Fiscal Year, Recognizing Additional Revenues and Expenditures.

#### **POLICY IMPACT**

[N/A]

#### **ATTACHMENTS**

**Budget Change Request (BCR)** 

#### DO NOT TYPE BELOW THIS LINE

	. Buff, Clerk to ne Board of C					ereby certif	y that the	above is a true and correct copy of action
NO.	DATE	М1	M2	CBrown	JBrown	AFraley C	BHovis	TKeigher TAbilibeck RWorley Vote
2020-133  DISTRIBU  Laserfiche		ВН	RW	A	A	A	A	AAAU

	GASTON C	OUNTY BUDGET CHA	NGE REQUEST	
TO: _	Dr. Kim S. Eagle	COUNTY	MANAGER	
FROM: _	4130	Finance		
T INOIVI		partment Name	•	
	Tiffany Murray	5/26/2020		
_	Department Director's Nam			
	•			
TYPE OF REQUES	ST:			
X Line Item 7	ransfer Within Department & Fur	nd	Line Item Transfer Betwee	n Funds *
Project Tra	nsfer Within Department & Fund		Additional Appropriation of	f Funds *
Line Item T	ransfer Between Departments*		* Requires resolution by the	Board of Commissioners
		ACCOUNT N	IUMBER	AMOUNT
ACCOU	NT DESCRIPTION	Fund - Function - Dept - Div	islon - Object - Project	Whole Dollars Only
(As it app	ears in the budget)	xxx - xx - xxxx - xxxx	: - xxxxx - xxxxxx	(See Note Below)
Insurances:Coun		081-01-4190-0000-417000-		[\$1,068,035]
Health Insurance	· ·	081-01-4190-0000-417001		\$214,393
Health Insurance	•	081-01-4190-0000-417002		[\$45,802]
Health Insurance	:Cobra \$	081-01-4190-0000-417003	3-	\$29,688
Dental Insurance	Payroll\$	081-01-4190-0000-417004		[\$9,372]
Dental Insurance	· · · · · ·	081-01-4190-0000-417005	; }-	[\$8,035]
Dental Insurance	:Cobra \$	081-01-4190-0000-417006		[\$1,808]
Life Insurance:Re	tiree\$	081-01-4190-0000-417007		[\$74,475]
Life Insurance:Pa	yroll\$	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 F	OR REQUEST:			
		ures for the Self Insurance F	Sund	
rvecognize addition	onar revenue and expendit	ares for the Self Insurance r	runu.	

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 NUMBER	AMOUNT
ACCOUNT DESCRIPTION	Fund – Function – Dept – Division – Object – Project	Whole Dollars Only
(As it appears in the budget)	XXX – XX – XXXX – XXXX – XXXXX – XXXXXX	(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]