# **LEGISLATIVE FACT SHEET**

DATE:	08/13/18	вт	or RC No:	NA
13		(Administra	ation & City Council Bills)	
SPONSOR:	Employee Services Depa	vtmont		
SPONSON.		partment/Division/Agency	//Council Member)	
Contact for all inc	quiries and presentations	Todd Norma	n, Chief of Labor Rel	ations
Provide Name:	,	·		· · · · · · · · · · · · · · · · · · ·
Contact	Number:	255-5578	10 p	-
Email A	ddress:	ToddN@coj.net		
Research will complete (Minimum of 350 v	er (Explain Why this legislation is ne this form for Council introduced legi words - Maximum of 1 page.) ces Department seeks to file leg	slation and the Administration	n is responsible for all other I	egislation.
the FOP concerning Statute.	providing survivor health care co	overage to officers dying in	n the line of duty not cove	red by Florida
steming from a crimin a call would now be e	the coverage currently provided nal act. For example, the family eligible. Since records have be Of those, 38 were a result of a v r this new benefit.	of an Officer who dies in a en maintained commencir	a motor vehicle accident v ng in 1890, there have be	while responding to en 62 in the line of
	remain in effect for the surviving the coverage would remain in ef			eligible. For
	the FOP Police collective barga nts would be modified according		icle 13 in the Corrections	collective
surviving family even spouse and children	s of costs has been conducted. I y three years will be eligible. The when the event occurs. The cost that there are also 2 covered cl ore children.	e value of this benefit varies sting conservatively assur	es a great deal depending ned that the spouse would	on the age of the dremain on the City
With all of these as	sumptions, the expected annu	al cost is \$127,000.		
	d on November 6, 2019 and was RC approval, appropriate legisla			rship on November
	*.			

# APPROPRIATION: Total Amount Appropriated

### as follows:

List the source <u>name</u> and provide Object and Subobject Numbers for each category listed below:

Name of Federal Funding Source(s)	From:	Amount:
	То:	Amount:
Name of State Funding Source(s):	From:	Amount:
	То:	Amount:
Name of City of Jacksonville	From:	Amount:
Funding Source(s):	То:	Amount:
Name of In-Kind Contribution(s):	From:	Amount:
	То:	Amount:
Name & Number of Bond	From:	Amount:
Account(s):	То:	Amount:

(Name of Fund as it will appear in title of legislation)

#### PLAIN LANGUAGE OF APPROPRIATION / FINANCIAL IMPACT / OTHER:

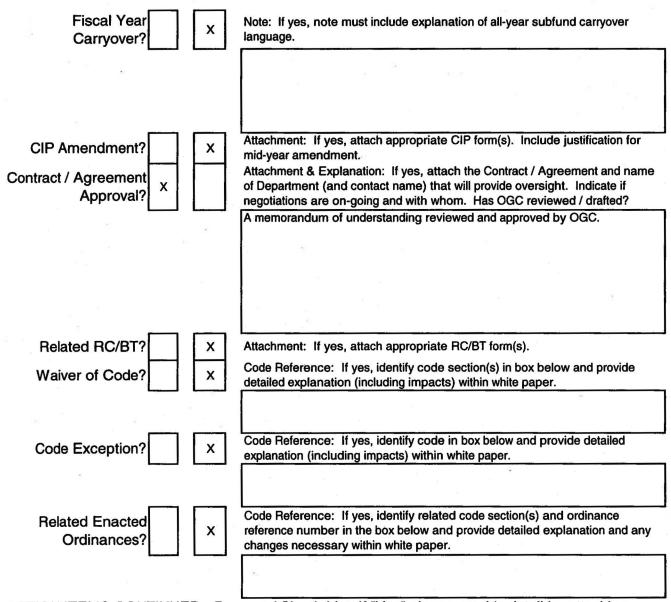
Explain: Where are the funds coming from, going to, how will the funds be used? Does the funding require a match? Is the funding for a specific time frame? Will there be an ongoing maintenance? ... and staffing obligation? Per Chapters 122 & 106 regarding funding of anticipated post-construction operation costs.

(Minimum of 350 words - Maximum of 1 page.)

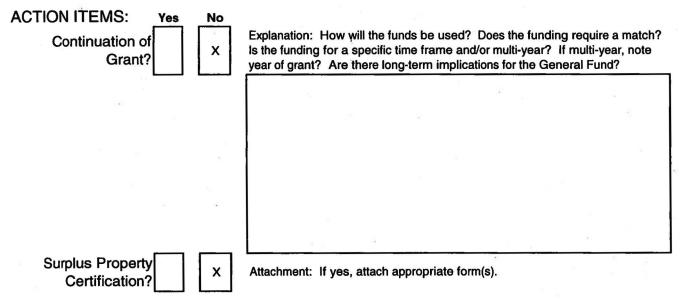
An actuarial analysis of costs has been conducted. Unfortunately, experience tells us that approximately 1 officer's surviving family every three years will be eligible. The value of this benefit varies a great deal depending on the age of the spouse and children when the event occurs. The costing conservatively assumed that the spouse would remain on the City plan until age 65 and that there are also 2 covered children. In fact, only about 25% of FOP enrollees cover a spouse and 30% cover one or more children.

With all of these assumptions, the expected annual cost to the City is \$127,000.

ACTION ITEMS: Yes Emergency?	No	Justification of Emergency: If yes, explanation must include detailed nature of emergency.
Federal or State Mandate?	×	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.



ACTION ITEMS CONTINUED: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.



Reporting X Requirements?	Explanation: List agencies (including City C and frequency of reports, including when rep (include contact name and telephone number	oorts are due. Provide Department
		*
Division Chief:	2AZ	Date: 1 6 20
Prepared By:	(signature)	Date: 1 6 20

### **ADMINISTRATIVE TRANSMITTAL**

To:	MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325
Thru:	
	(Name, Job Title, Department)
	Phone: E-mail:
From:	
	Initiating Department Representative (Name, Job Title, Department)
	Phone: E-mail:
Primary	
Contact:	(Name, Job Title, Department)
-	Phone: E-mail:
CC:	Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor
	904-630-1825 E-mail: jelsbury@coj.net
COUN	CIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL
To:	Peggy Sidman, Office of General Counsel, St. James Suite 480
10.	
10.	Phone: 904-630-4647 E-mail: psidman@coj.net
From:	
	Phone: 904-630-4647 E-mail: psidman@coj.net   Initiating Council Member / Independent Agency / Constitutional Officer
	Phone: 904-630-4647 E-mail: psidman@coj.net   Initiating Council Member / Independent Agency / Constitutional Officer
From: Primary	Phone: 904-630-4647 E-mail: psidman@coj.net   Initiating Council Member / Independent Agency / Constitutional Officer
From: Primary	Phone: 904-630-4647 E-mail: psidman@coj.net   Initiating Council Member / Independent Agency / Constitutional Officer   Phone: E-mail:
From: Primary	Phone: 904-630-4647 E-mail: psidman@coj.net   Initiating Council Member / Independent Agency / Constitutional Officer   Phone: E-mail:   (Name, Job Title, Department)   Phone: E-mail:
From: Primary Contact:	Phone: 904-630-4647 E-mail:psidman@coj.net   Initiating Council Member / Independent Agency / Constitutional Officer   Phone: E-mail:   (Name, Job Title, Department)
From: Primary Contact:	Phone: 904-630-4647 E-mail:
From: Primary Contact: CC:	Phone: 904-630-4647 E-mail: psidman@coj.net   Initiating Council Member / Independent Agency / Constitutional Officer   Phone: E-mail:   (Name, Job Title, Department)   Phone: E-mail:   Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor   904-630-1825 E-mail:
From: Primary Contact: CC: Legislati	Phone: 904-630-4647 E-mail: psidman@coj.net   Initiating Council Member / Independent Agency / Constitutional Officer   Phone: E-mail:   (Name, Job Title, Department)   Phone: E-mail:   Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor   904-630-1825 E-mail:   on from Independent Agencies requires a resolution from the Independent Agency Board
From: Primary Contact: CC: Legislati approvin	Phone: 904-630-4647 E-mail: psidman@coj.net   Initiating Council Member / Independent Agency / Constitutional Officer   Phone: E-mail:   (Name, Job Title, Department)   Phone: E-mail:   Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor   904-630-1825 E-mail:
From: Primary Contact: CC: Legislati approvin Independ	Phone: 904-630-4647 E-mail: psidman@coj.net   Initiating Council Member / Independent Agency / Constitutional Officer   Phone: E-mail:   (Name, Job Title, Department)   Phone: E-mail:   Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor   904-630-1825 E-mail:   on from Independent Agencies requires a resolution from the Independent Agency Board   og the legislation.

## FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

Rev. 8/2/2016 (CLB RM)