## **Budget Revision 2025 - 65**

Council Meeting Date: 05/20/2025

Fund & Department	Org	Object	Revenue (decrease)	Expenditures (decrease)	Transfers In	<b>Transfers</b> Out	Fund Balance (decrease)
Admin Medical Insurance/ Insurance (other)	73131110	8439		\$ (180,000)			\$ 180,000
Admin Medical Insurance/ Insurance (other)	73131110	8496		\$ (35,000)			\$ 35,000
Transfer Out	73131110	96*				\$ 215,000	\$ (215,000)
Transfer In	73331330	76*			\$ 215,000		\$ 215,000
Medical Insurance Fund/ Claims	73331330	8491		\$ 1,015,000			\$ (1,015,000)
							\$ -

**Description:**Due to an unexpected increase in medical claims within our self-insured medical fund, we are requesting a budget adjustment to ensure sufficient funding is available through the remainder of the fiscal year. Specifically, we are requesting approval to:

Transfer \$215,000 from the Administrative Medical Fund to the Medical Claims Fund, and

Allocate \$800,000 from the fund balance to supplement the Medical Claims Fund.

There are sufficient reserves available within the fund balance to support this adjustment without compromising the financial stability of the fund.

Fiscal Impact: -\$800,000

Victoria Pacheco 5/9/2025

Preparer Date County Manager Approval if Required

Department Director Signature

Erika Tuomas 5/9/2025

**Budget Manager/Analyst Signature**