



Funding Verification Form

EVENT #: 5341

TITLE: Voluntary Employee Dental and Vision Insurance

TOTAL FUNDING AMOUNT:

AMOUNT
\$0.00

FUNDING SOURCE:

BUDGET YEAR	FUND	DEPARTMENT	ACCOUNT	ACTIVITY
2020	N/A	N/A	N/A	N/A

NOTES

Fiscal Impact Statement: There will be no financial impact to the City. The premiums are paid by those employees who are enrolled in the insurance coverage.