# PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS AGENDA ITEM SUMMARY

Meeting Date: July	11, 2017	[x]	Consent	ſ	1	Regular		
		[ ]	Ordinance	[	]	Public Hearing		
Department: Submitted By: Submitted For:	Palm Beach County Sheriff's Office Palm Beach County Sheriff's Office							
	l.	EXEC	UTIVE BRIEF					
Motion and Title: S County Sheriff's Off \$14,645; and B) Ap	fice, a donation	through	an insurance po	olicy bene	efit	in the amount of		
Summary: The Pale former employee's donation will be tran match requiremen	Great American nsferred to the e	Financi employee	al Resources 45 e welfare organi	7 Fixed Azation 50	λnn 1(c	uity Policy. The		
Background and insurance policies designated as a ber	for individuals.	. The	Palm Beach C	County S	her	iff's Office was		
Attachments:								
1. Budget A 2. Insurance	mendment Annuity Letter	and Cer	tification					
RECOMMENDED E	BY:	NT DIRI	ECTOR	7	- 5	5-17 DATE		
APPROVED BY: _	COUNTYAL	J B MINIST	RATOR	7/r DATE	<u>1/1</u>			

## II. FISCAL IMPACT ANALYSIS

## **Five Year Summary of Fiscal Impact:** 2019 2020 2021 2017 2018 **Fiscal Years** Capital Expenditures 0 \$14,645 **Operating Costs** External Revenues (\$14,645)Program Income (County) In-Kind Match (County) 0 **Net Fiscal Impact** 0 # Additional FTE 0 **Positions** (Cumulative) NO X Is Item Included in Current Budget: YES \_\_\_\_\_ Budget Account No.: Fund 1152 Agency 160 Org 2318 Object 6600 Reporting Category **Recommended Sources of Funds / Summary of Fiscal Impact:** B. Pass-through contribution received from Great American Financial Resources. There is no match requirement associated with this award. Pass-through funds \$14,645 Total Program Budget \$14,645 **REVIEW COMMENTS** 111 **OFMB Fiscal and/or Contract Administration Comments:** A. B. Legal Sufficiency: Other Department Review: C.

This summary is not to be used as a basis for payment.

**Department Director** 



## BOARD OF COUNTY COMMISSIONERS PALM BEACH COUNTY, FLORIDA BUDGET AMENDMENT

Page 1 of 1

FUND 1152 - Sheriff's Grants Fund

Use this form to provide budget for items not anticipated in the budget.

ACCT.NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	CURRENT BUDGET	INCREASE	DECREASE	ADJUSTED BUDGET	EXPENDED/ ENCUMBERED	REMAINING BALANCE
Revenues								
Great American Financ	cial Resources FY14							
160-2318-6600	Contribution/Donation Fr Private Sources	0	0	14,645	0	14,645		
	TOTAL REVENUES	874,740	\$6,873,835	\$14,645	\$0	\$6,888,480		
Expenditures								
Great American Financ	cial Resources FY14							
160-2318-9498	Transfer to Sheriff's Fund 1902	0	0	14,645	0	14,645		
	TOTAL EXPENDITURES	874,740	<b>/</b> \$6,873,835	\$14,645	\$0	\$6,888,480		
							•	
			/					
Palm Beach County Sh	periff's Office	Signatures		Date			By Board of County C At Meeting of July 1	
Fain Beach County of	lenn's Office	h					At incoming of oddy	1, 2017
INITIATING DEPART	MENT/DIVISION			7-5-17	7			
Administration/Budget Department Approval		10/16	hl	1/6/17			Deputy Clerk to the Board of County Com	nmissioners
		10000	_		<del></del>			
OFMB Department - F	Posted							



May 12, 2017

PALM BEACH SHERIFF'S OFFICE ATTN: RISK MGMT 3228 GUN CLUB RD WEST PALM BEACH FL 33406 RISK MANAGEMENT DIVISION

MAY I & 2017

WORKERS COMP/BENEFITS

RE:

Great American Life Insurance Company

Policy Number:

05531583

Deceased Name:

John David Anderson

#### Dear Sir/Madam:

This is in response to the lump sum election of the death benefit proceeds. Enclosed is our check #00051888666 in the amount of \$14,644.91, representing the death benefit payment.

As per policy provisions and/or your instructions, we have made the following addition/deductions:

Death Benefit as of 5/12/2017	\$18,295.86
Interest at 0.11% from 5/11/2017 through 5/12/2017	+\$0.06
Interest at 4.16% from 5/13/2017 through 5/17/2017	+\$10.22
Federal Income Tax Withheld	-\$3,661.23
State Income Tax Withheld	-\$0.00
TOTAL AMOUNT PAYABLE	\$14,644.91

The amount that is taxable and reportable to the IRS under your Federal Tax ID Number is \$18,306.14. The non-taxable amount is \$0.00.

If you have any questions, do not hesitate to contact our office at (800) 854-3649.

Sincerely,

Arley Zailk Ashley Zavislak, ACS, ALMI

Life & Annuity Claims Department

cc: A5224 / 90000RS

Member Life Insurance and Annuities Companies: Annuity Investors Life Insurance Company<sup>®</sup> Great American Life Insurance Company<sup>®</sup> Manhattan National Life Insurance Company Administration for Life Insurance and Annuities:
Central Reserve Life Insurance Company
Continental General Insurance Company
Loyal American Life Insurance Company
Provident American Life & Health Insurance Company

### **Great American Life Insurance Company**

PALM BEACH SHERIFF'S OFFICE ATTN: RISK MGMT WEST PALM BEACH, FL 33406

CHECK NUMBER CHECK DATE PAYEE CODE

0051888666 05/14/17 PALM BEACH SHER

<u>Date</u> Reference 120517139004958

Description

Amount

Death Clear 05531583

Death Claim Pay

14,644.91

RISK MANAGEMENT DIVISION RECEIVED WORKERS COMP/ FMLA / RETIREMENT

**Great American Life Insurance Company** 

PO Box 5420

Cincinnati OH 45201-5420

PNC Bank 070

THIS CHECK IS PROCESSED USING POSITIVE PAY AND IS VOID WITHOUT A BLUE AND RED BACKGROUND AND A TRUE WATERMARK - HOLD TO LIGHT TO VIEW

56-389 412

Void After 180 Days 0051888666

Security localises
Included.
Details on back.

05/14/17

\$\*\*\*\*14,644.91

FOURTEEN THOUSAND SIX HUNDRED FORTY FOUR DOLLARS & 91/100

PALM BEACH SHERIFF'S OFFICE ATTN: RISK MGMT 3228 GUN CLUB RD WEST PALM BEACH, FL 33406

Two Signatures Required if \$100,000 or Greater

#OO51888666# #O41203895# 4239723049#