Insurance & Willness Fund	ACCOUNT #	NAME	FY25 Budget	FY25 Actual	FY26 Budget	FY26 Estimate	% Estimate vs Budget	FY27 Budget Request	% Change FY27 vs FY26 Budget	FY2027 Notes
BUDGETED CASH	08-998-3101	CASH	229,384.19	265,761.40	274,003.04	490,181.00	178.90%	482,645.00	176.15%	Cash as of 6/1/26
BUDGETED CASH	08-998-3250	INVESTMENTS (UNRESTRICTED)	-	-	-	-	0.00%	-		
BUDGETED CASH		**BUDGETED CASH TOTAL**	**229,384.19**	**265,761.40**	**274,003.04**	**490,181.00**	**178.90%**	**482,645.00**	**176.15%**	
MISC. REVENUE	08-028-4504	INTEREST	250.00	732.52	500.00	850.00	170.00%	800.00	160.00%	
MISC. REVENUE	08-028-4560	HRA CONTRIBUTION	150,000.00	146,165.99	150,000.00	148,000.00	98.67%	150,000.00	100.00%	
MISC. REVENUE	08-028-4580	DENTAL & VISION INS DEPOSITS	45,000.00	58,040.50	45,000.00	52,000.00	115.56%	52,000.00	115.56%	
MISC. REVENUE	08-028-4583	FLEX PLAN	6,000.00	-	6,000.00	-	0.00%	2,000.00	33.33%	
MISC. REVENUE	08-028-4584	COBRA D & V (BL HOUSING)	3,000.00	2,653.50	3,000.00	2,500.00	83.33%	2,500.00	83.33%	
MISC. REVENUE	08-028-4780	TRANS IN FSA	-	43,592.65	-	-	0.00%	-	0.00%	
TRANSFER IN OF FUNDS	08-028-4788	TRANS FROM SALES TAX	-	-	35,000.00	35,000.00	100.00%	35,000.00	100.00%	Wellness Program
MISC. REVENUE		**MISC. REVENUE TOTAL**	**204,250.00**	**251,185.16**	**239,500.00**	**238,350.00**	**99.52%**	**242,300.00**	**101.17%**	
		TOTAL REVENUE	**433,634.19**	**516,946.56**	**513,503.04**	**728,531.00**	**141.87%**	**724,945.00**	**141.18%**	
TRANSFER OUT OF FUNDS	08-028-6320	TRANS TO GENERAL	-	-	-	-	0.00%	-	0.00%	
TRANSFER OUT OF FUNDS		**TRANSFER OUT OF FUNDS TOTAL**	**-**	**-**	**-**	**-**	**0.00%**	**-**	**0.00%**	
INSURANCE EXPENSE	08-028-5012	HRA	150,000.00	26,150.78	150,000.00	16,000.00	10.67%	150,000.00	100.00%	
INSURANCE EXPENSE	08-028-5014	ADMINISTRATION FEES	2,000.00	1,098.00	2,000.00	2,000.00	100.00%	2,000.00	100.00%	
INSURANCE EXPENSE	08-028-5015	FLEX PLAN	10,000.00	22,464.70	10,000.00	18,000.00	180.00%	18,000.00	180.00%	
INSURANCE EXPENSE	08-028-5017	DENTAL INSURANCE	50,000.00	40,325.52	50,000.00	42,500.00	85.00%	45,000.00	90.00%	
INSURANCE EXPENSE	08-028-5018	V S P (VISION CARE)	13,000.00	10,133.59	13,000.00	16,500.00	126.92%	18,000.00	138.46%	
INSURANCE EXPENSE	08-028-5019	INSURANCE (UHC)	-	-	-	-	0.00%	-	0.00%	
INSURANCE EXPENSE	08-028-5020	WELLNESS PROGRAM	35,000.00	-	35,000.00	35,000.00	100.00%	35,000.00	100.00%	Wellness Program
INSURANCE EXPENSE		**INSURANCE EXPENSE TOTAL**	**260,000.00**	**100,172.59**	**260,000.00**	**130,000.00**	**50.00%**	**268,000.00**	**103.08%**	
REQUIREMENTS	08-028-9009	NECESSARY CASH RESERVE	173,634.19	-	253,503.04	-	0.00%	456,945.00	180.25%	
REQUIREMENTS		**REQUIREMENTS TOTAL**	**173,634.19**	**-**	**253,503.04**	**-**	**0.00%**	**456,945.00**	**180.25%**	
		TOTAL EXPENSES	**433,634.19**	**100,172.59**	**513,503.04**	**130,000.00**	**25.32%**	**724,945.00**	**141.18%**	
		INSURANCE FUND TOTAL	**-**	**416,773.97**	**-**	**598,531.00**	**0.00%**	**-**	**0.00%**	