

# Agency Summary and Certification

## 280 -- Insurance, Department of

Original Submission  or Rev No. \_\_\_\_

FY2018 Request

AUG 25 2016

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In accordance with 67-3503, Idaho Code, I certify the attached forms properly state the receipts and expenditures of the department (agency, office, or institution) for the fiscal years indicated. The summary of expenditures by major program, fund source, and standard class is indicated below.

Signature of Department Director : Dean L Cameron Date: 8/25/16

Function/Activity	FY 2016 Total Appropriation	FY 2016 Total Expenditures	FY 2017 Original Appropriation	FY 2017 Estimated Expenditures	FY 2018 Total Request
Insurance Regulation	7,947,000	6,371,600	8,419,600	8,419,600	8,483,200
Division of State Fire Marshal	1,081,500	922,400	1,137,300	1,137,300	1,188,200
<b>Total</b>	9,028,500	7,294,000	9,556,900	9,556,900	9,671,400
By Fund Source	Total Appropriation	Actual Expenditures	Original Appropriation	Estimated Expenditures	Total Request
D 0229-10 Self-governing Operating	7,289,700	5,894,300	7,723,000	7,723,000	7,808,800
D 0229-11 State Fire Marshal	1,081,500	922,400	1,137,300	1,137,300	1,188,200
F 0348-00 Federal Grant	657,300	477,300	696,600	696,600	674,400
<b>Total</b>	9,028,500	7,294,000	9,556,900	9,556,900	9,671,400
By Object	Total Appropriation	Actual Expenditures	Original Appropriation	Estimated Expenditures	Total Request
Personnel Costs	5,311,700	4,994,300	5,693,200	5,693,200	5,935,800
Operating Expenditures	3,557,400	2,150,800	3,555,800	3,555,800	3,550,800
Capital Outlay	159,400	148,900	307,900	307,900	184,800
Trustee And Benefit Payments	0	0	0	0	0
Lump Sum	0	0	0	0	0
<b>Total</b>	9,028,500	7,294,000	9,556,900	9,556,900	9,671,400
<b>FTP Total</b>	73.50	73.50	73.50	73.50	76.50

**FORM B3: DIVISION DESCRIPTIONS**

Agency/Department: Insurance, Dept of  
Division: Ins Regulation/State Fire Marshal

Request for Fiscal Year : 2018  
Agency Number: 280

Original Request Date: August 25, 2016  
Revision Request Date:

Department-wide description changes. See attached Word document for specifics using "Track Changes".

#### Department Description

The mission of the Department of Insurance is to equitably, effectively, and efficiently administer the Idaho Insurance Code and the International Fire Code. The department has two budgeted programs: the Insurance Regulation Division and the State Fire Marshal's Office. The Insurance Regulation Division consists of three bureaus and one section (IT) overseen by a deputy director. Support services are provided by an administrative group reporting to the director. The responsibilities can be summarized as follows:

Insurance Regulation Division, Company Activities Bureau: This bureau monitors the financial condition of all insurance entities domiciled in the state of Idaho to assure that each complies with Idaho law, and that the financial obligations of the company to its policyholders will be met. The bureau also licenses producers, adjusters and third party administrators; collects and audits insurance premium tax returns; regulates title agencies; and performs market analyses and ~~conducts~~ examinations of insurers and self-funded plans doing business in Idaho.

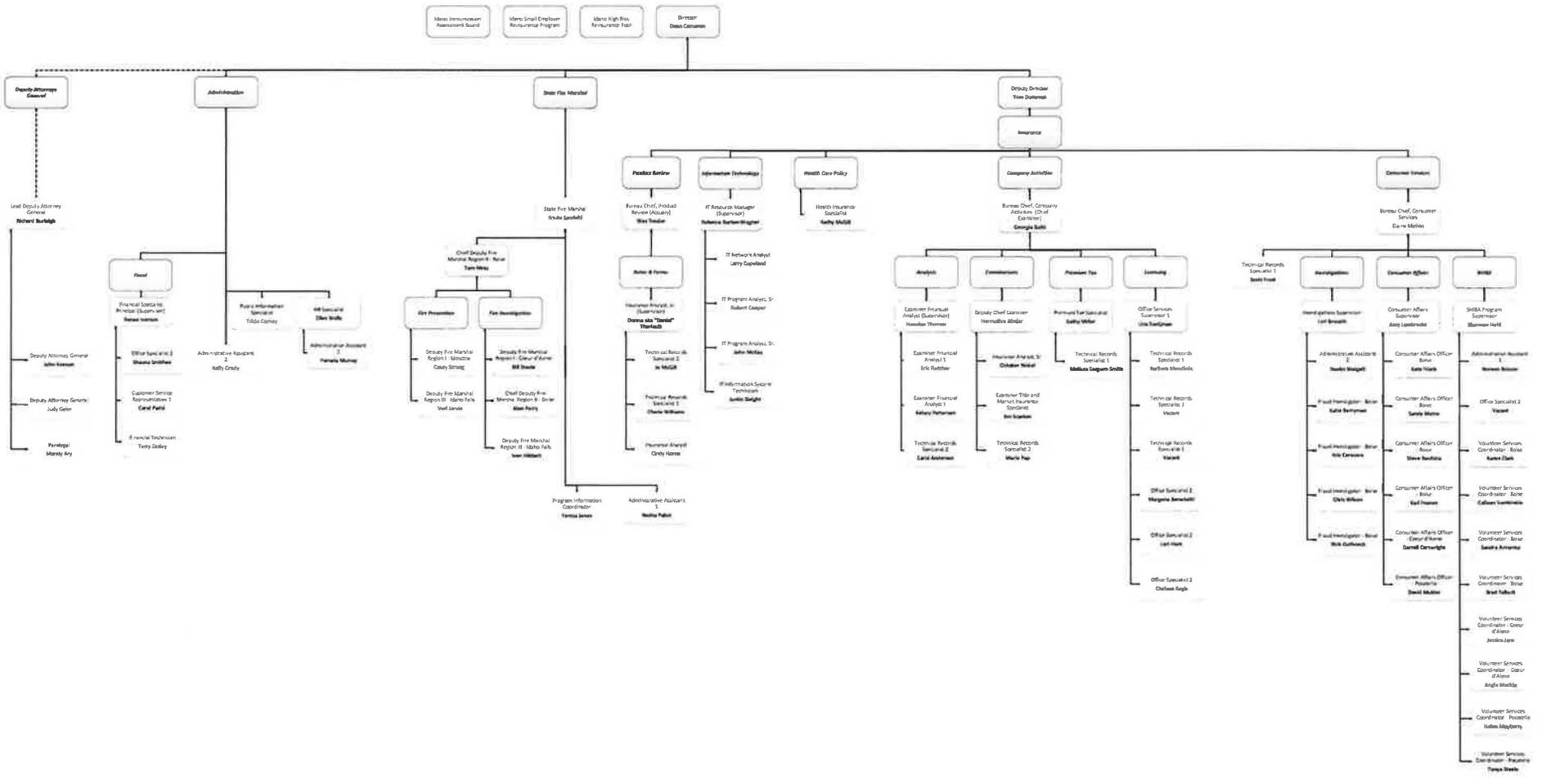
Insurance Regulation Division, Consumer Services Bureau: This bureau researches consumer and industry complaints, and provides assistance to consumers and the insurance industry on matters involving insurance contracts and potential violations of the insurance code. This bureau investigates criminal and civil violations of insurance laws, and refers cases involving criminal or administrative violations to the Attorney General or appropriate county prosecutor. Also within this bureau is Idaho's Senior Health Insurance Benefits Advisors (SHIBA) program which provides free, unbiased information, counseling and assistance on Medicare coverage issues to Idaho's senior citizens, through a network of over 100-150 volunteers/partners and a call center staffed to service a toll-free telephone line.

Insurance Regulation Division, Product Review Bureau: This bureau reviews filed rates and forms. The bureau meets the effective rate review standards for the individual and small group health insurance markets, retaining state-level regulatory authority. The bureau reviews and certifies that health plans meet the Qualified Health Plan (QHP) standards as required by law.

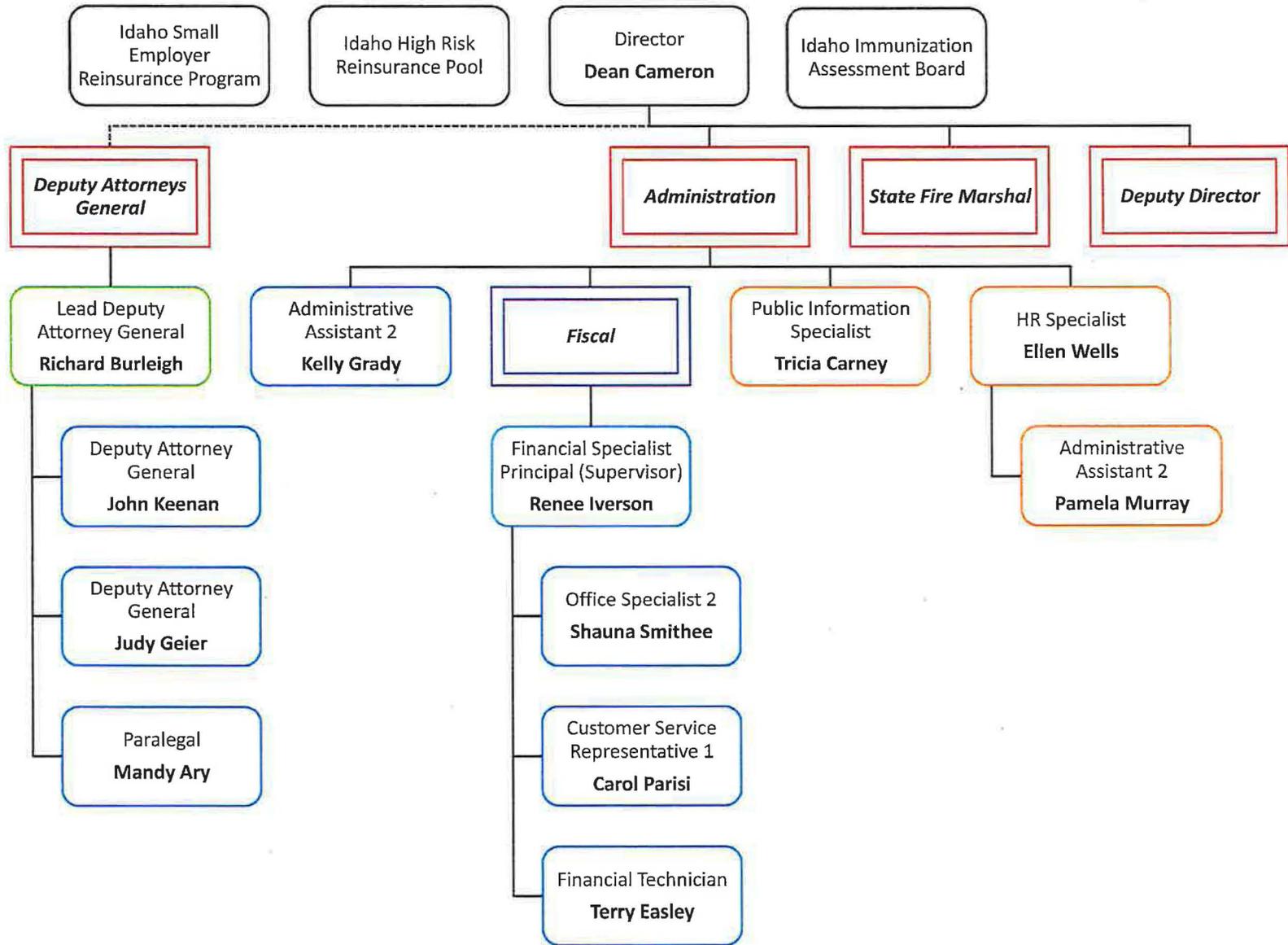
State Fire Marshal Division: The State Fire Marshal's Office participates in and coordinates an integrated statewide system designed to protect human life from fire and explosions through fire prevention, investigation and public education activities. The program involves fire prevention activities, fire/arson investigations, code enforcement and the operation of various statistical systems, including the Idaho Fire Incident Reporting System. The State Fire Marshal's Office provides assistance to local fire agencies throughout the state.

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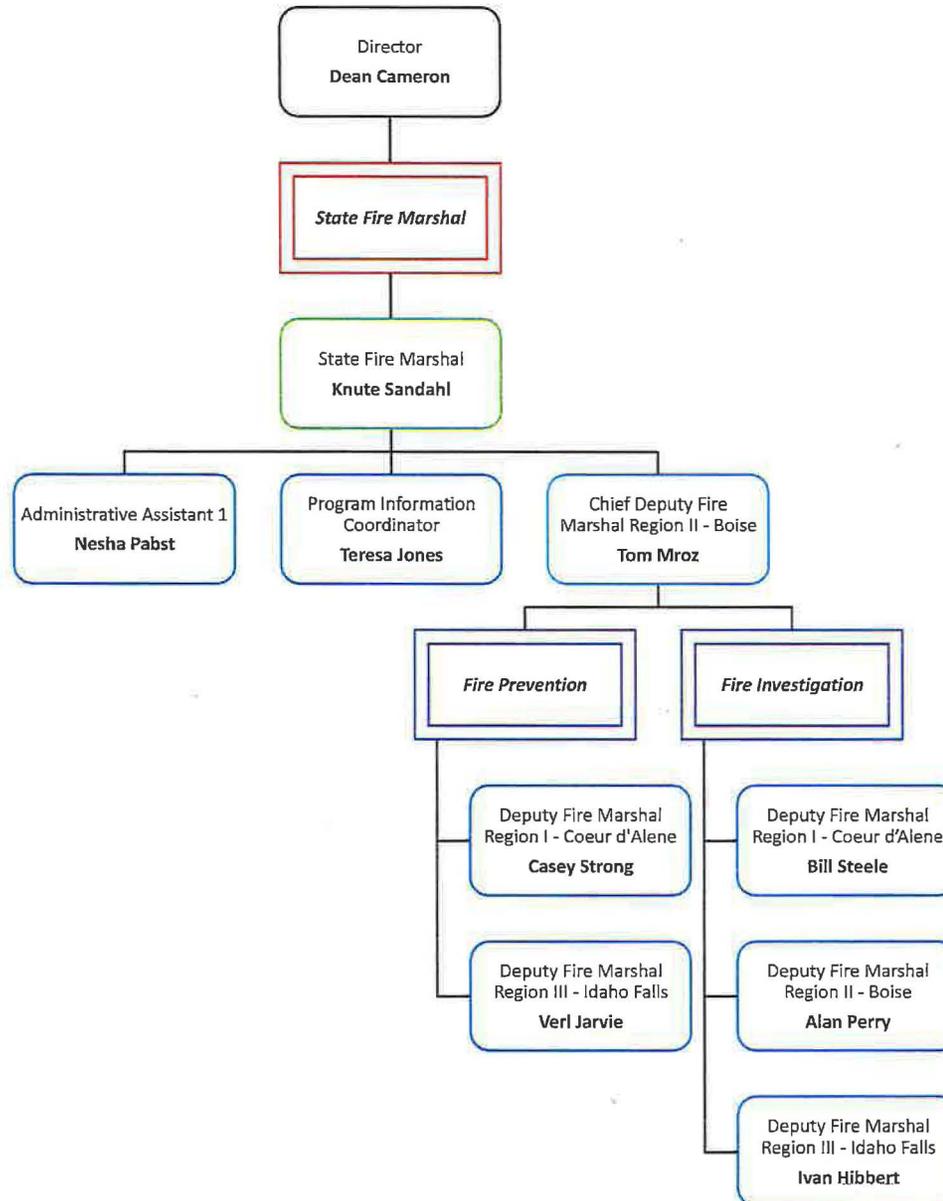
Last revision date: July 11, 2016



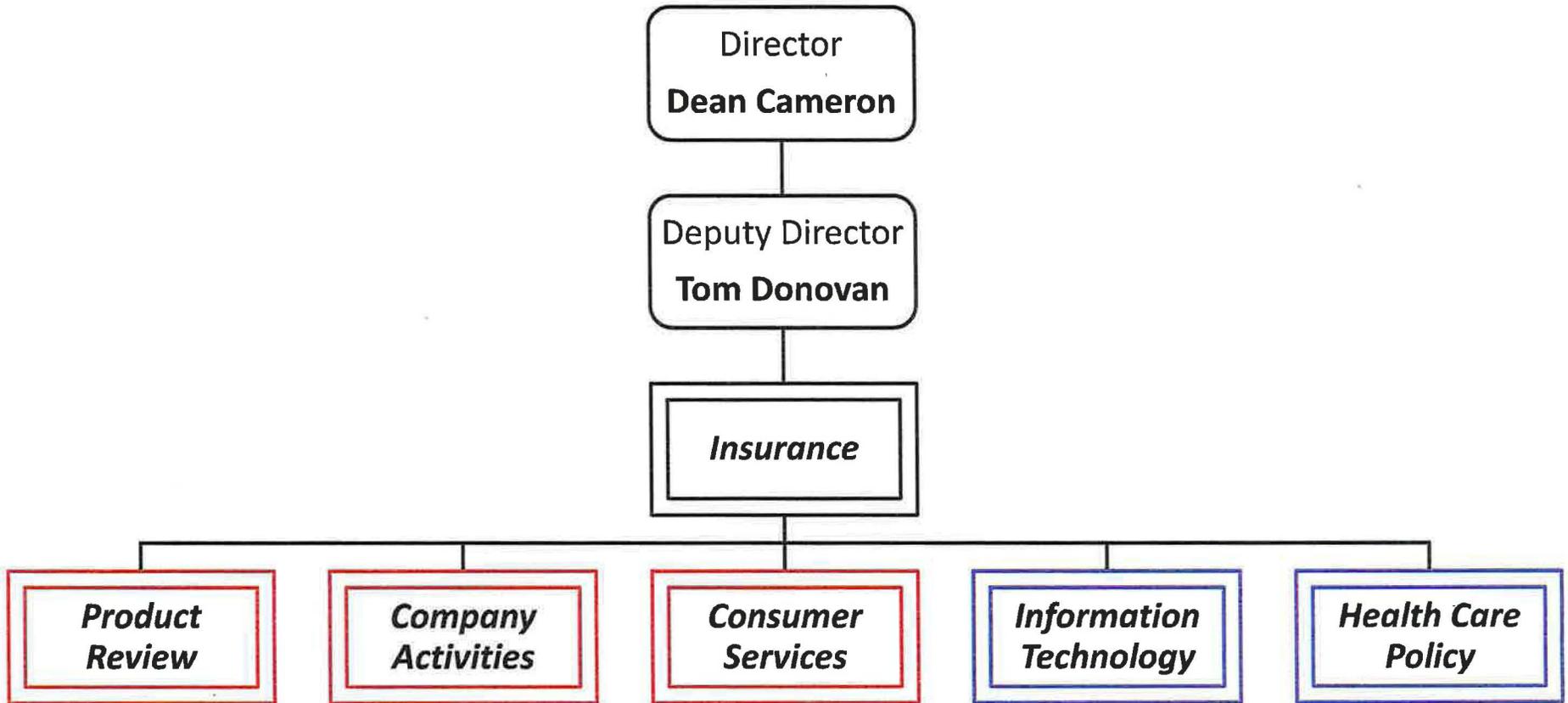
Department of Insurance  
 Organization Chart  
 Administration



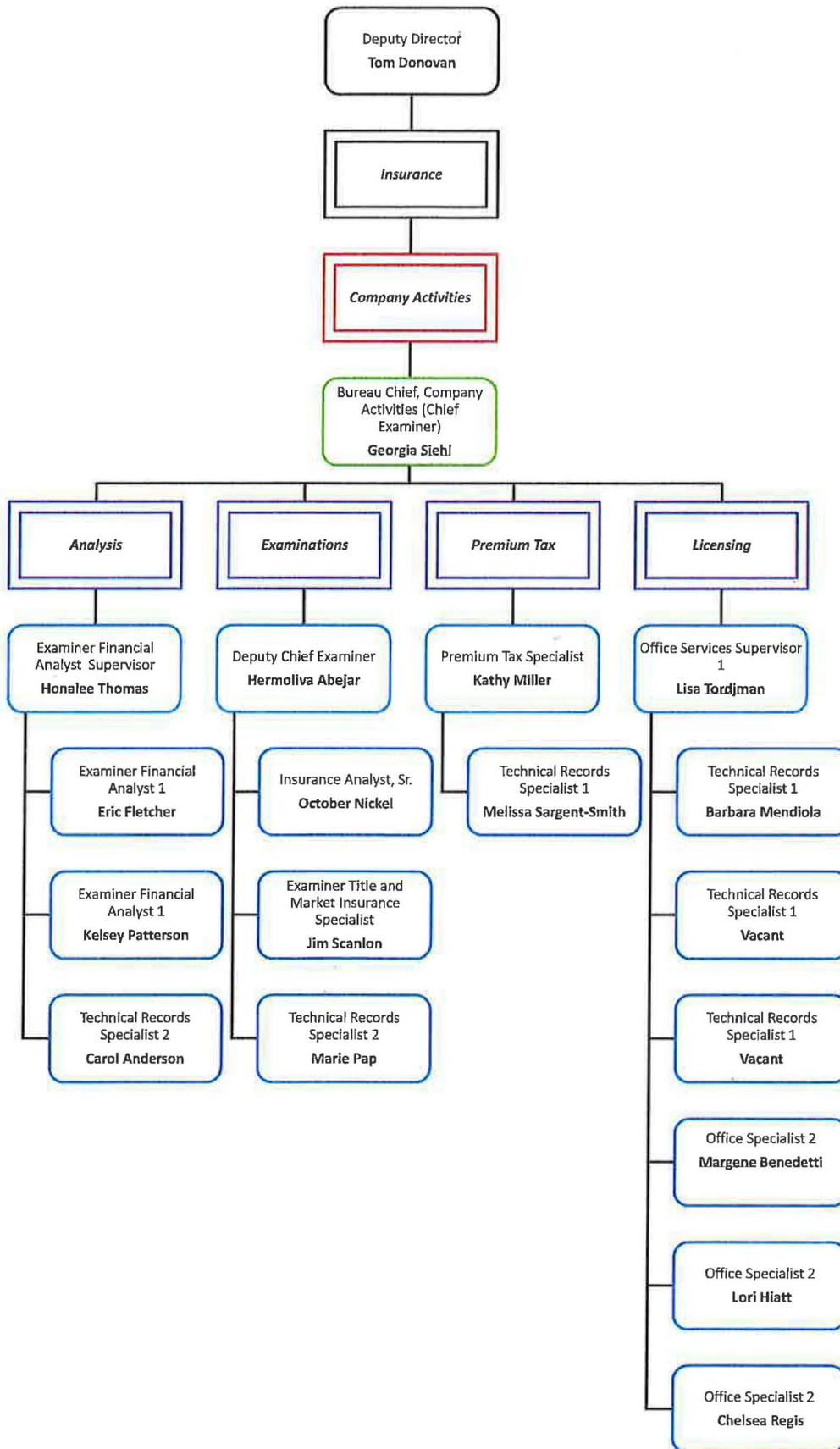
Department of Insurance  
Organization Chart  
Fire Marshal



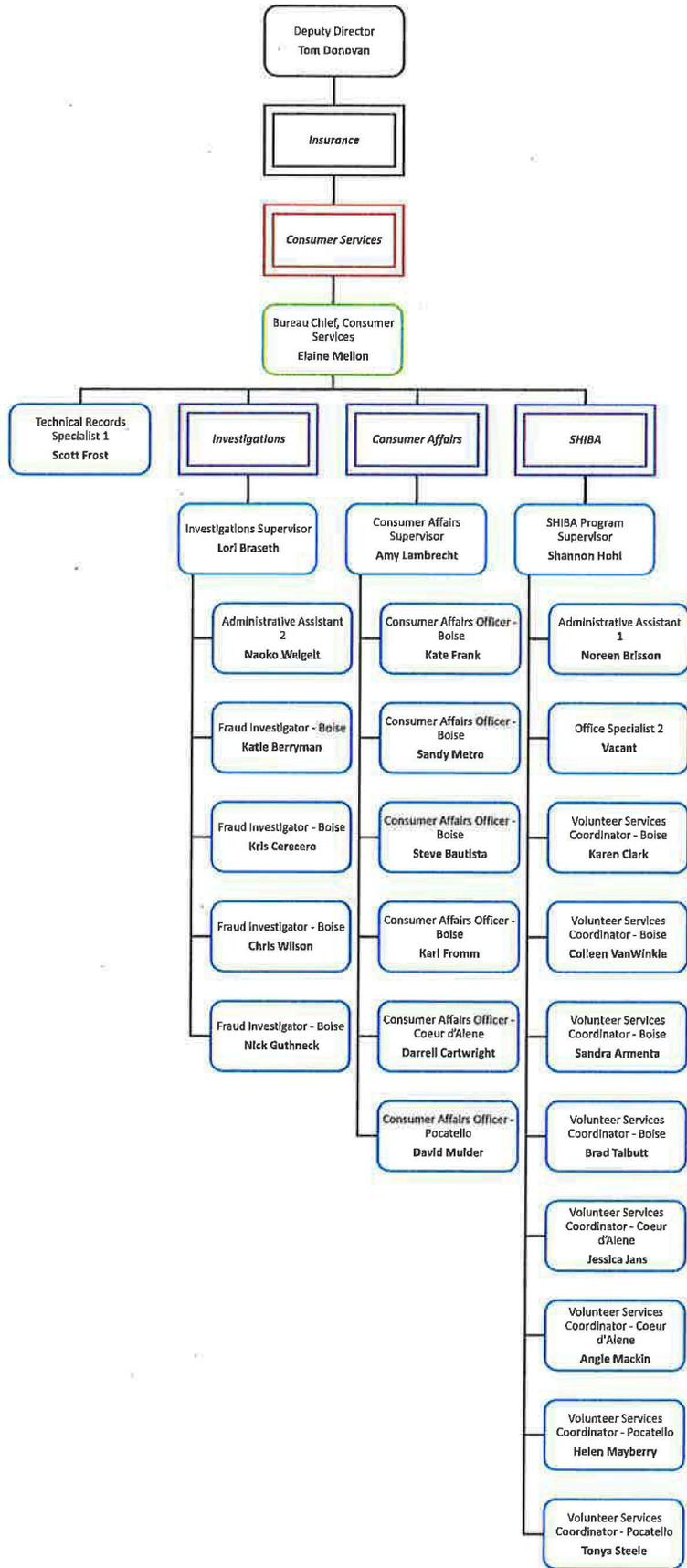
Department of Insurance  
Organization Chart  
Insurance



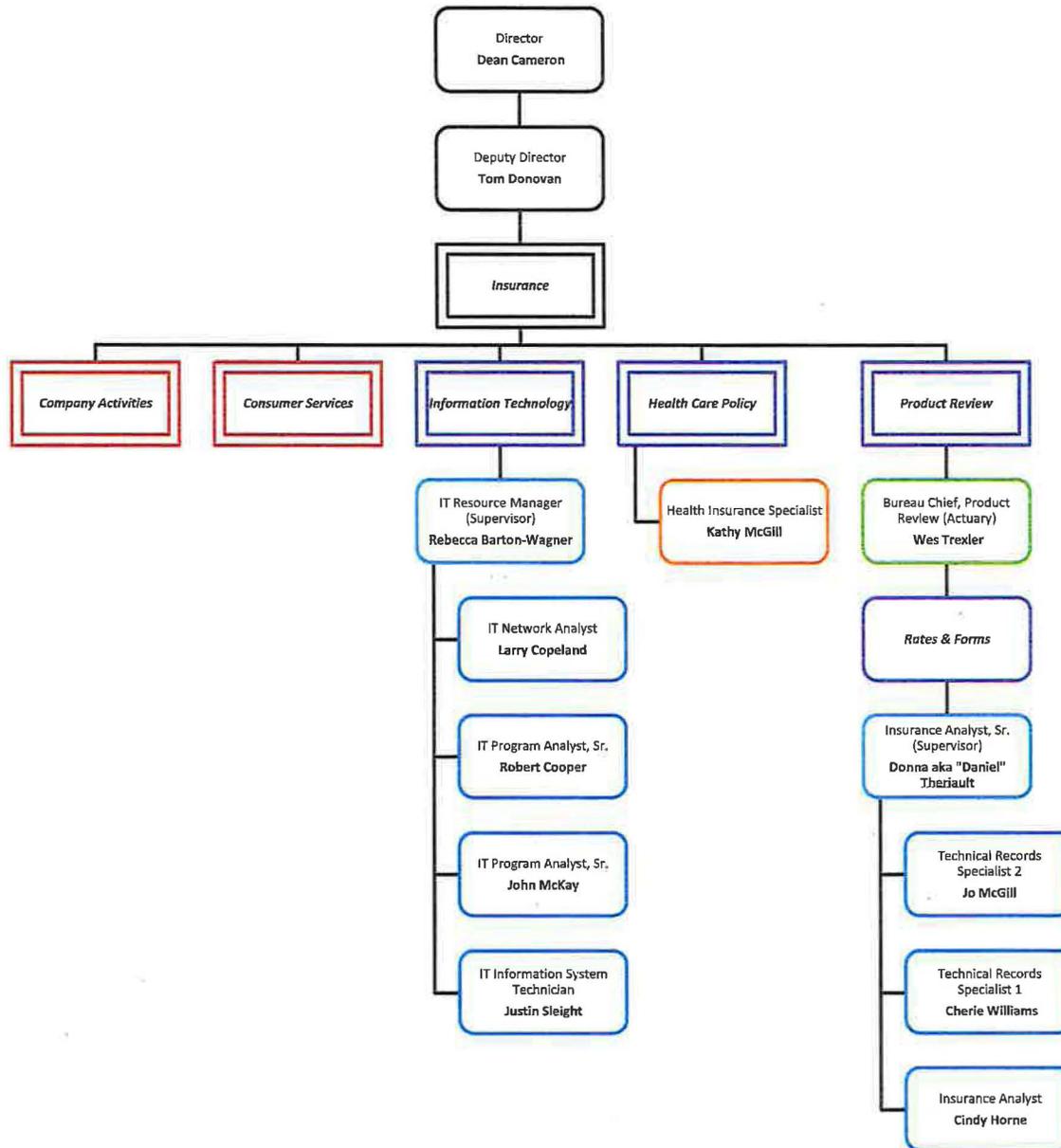
**Department of Insurance  
Organization Chart  
Company Activities**



**Department of Insurance  
Organization Chart  
Consumer Services**



**Department Insurance  
Organization Chart  
IT / Product Review / Health Care Policy**



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**FY 2018 Agency Budget - Request****Line Item Report****Agency: 280 Insurance, Department of**

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Decision Unit	Priority	Agency Request		
		FTP	General	Total
<b>Insurance Regulation</b>				
12.01 Reduced Contractor Use	0	2.00	0	224,400
<b>Division of State Fire Marshal</b>				
12.01 Reduced Contractor Use	0	1.00	0	66,300
		<b>3.00</b>	<b>0</b>	<b>290,700</b>

**FORM B11: REVENUE**

Agency/Department: Insurance, Department of  
 Program (If applicable) Insurance Regulation

Request for Fiscal Year: 2018  
 Agency Number: 280  
 Budget Unit (If Applicable): INAB  
 Function/Activity Number (If Applicable): 30

Original Request Date: August 25, 2016      Revision Request Date: \_\_\_\_\_

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Fund No.	Fund Detail No.	Fund Name	Significant Assumption Number	Summary Object Code	Revenue Source Description -Summary Level	FY 2014 Actual Revenue	FY 2015 Actual Revenue	FY 2016 Actual Revenue	FY 2017 Estimated Revenue	FY 2018 Estimated Revenue
0172		Immunization Dedicated Vaccine Fund	1	1025	Regulatory Fees	16,560,802	17,772,769	18,044,153	18,000,000	0
<b>0172</b>		<b>Immunization Dedicated Vacci FUND TOTAL 0172</b>				<b>\$16,560,802</b>	<b>\$17,772,769</b>	<b>\$18,044,153</b>	<b>\$18,000,000</b>	<b>\$0</b>
0229	10	Insurance Administrative Account	2	0560	Insurance Premium Tax	71,874,202	79,466,298	84,000,564	84,840,600	85,689,000
			2	1315	Fines	60,059	53,142	143,099	144,500	145,900
			2	1020	Regulatory Licenses	3,367,502	3,491,241	3,715,226	3,752,400	3,789,900
			2	1025	Regulatory Fees	3,922,654	3,779,788	3,825,192	3,863,400	3,902,000
			2	1155	Filing Fees	779	3,495	546	600	600
			2	1160	Educational	88,140	65,277	70,820	71,500	72,200
			2	1500	Sale of Service, Goods & Property	11,169	11,540	4,478	4,500	4,500
			2	3500	Other Revenue	215,545	52,031	22,293	22,500	22,700
<b>0229</b>	<b>10</b>	<b>Insurance Administrative Accc FUND TOTAL</b>				<b>\$79,540,051</b>	<b>\$86,922,812</b>	<b>\$91,782,218</b>	<b>\$92,700,000</b>	<b>\$93,626,800</b>
0348		Federal Grants		2039	Federal Grant	371,065	313,405	475,701	696,600	703,566
<b>0348</b>		<b>Federal Grants</b>			<b>FUND TOTAL</b>	<b>\$371,065</b>	<b>\$313,405</b>	<b>\$475,701</b>	<b>\$696,600</b>	<b>\$703,566</b>
<b>GRAND TOTAL</b>						<b>\$79,911,116</b>	<b>\$87,236,217</b>	<b>\$92,257,919</b>	<b>\$93,396,600</b>	<b>\$94,330,366</b>

**SIGNIFICANT ASSUMPTIONS**

Fund No.	Fund Detail No.	Fund Name	Significant Assumption Number	Provide Details for any Significant Assumptions Listed	FY 2018 Estimated Impact
0172		Immunization Dedicated Vaccine Fund	1	The Idaho Immunization Assessments are scheduled to sunset on July 1, 2017.	(\$18,000,000)
0229	10	Insurance Administrative Account	2	1% Growth in Premium Tax, Licensing and Fees for FY 2017 and 2018.	\$926,800
					\$0
					\$0
					\$0

**FORM B11: REVENUE**

Agency/Department: Insurance, Department of  
 Program (If applicable) State Fire Marshal

Request for Fiscal Year: 2018  
 Agency Number: 280  
 Budget Unit (If Applicable): INAC  
 Function/Activity Number (If Applicable): 50

Original Request Date: August 25, 2016  
 Revision Request Date: \_\_\_\_\_

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Fund No.	Fund Detail No.	Fund Name	Significant Assumption Number	Summary Object Code	Revenue Source Description -Summary Level	FY 2014 Actual Revenue	FY 2015 Actual Revenue	FY 2016 Actual Revenue	FY 2017 Estimated Revenue	FY 2018 Estimated Revenue
0229	11	Arson Fire & Fraud Prevention Acct		1018	Examination Fees	1,055	650	1,150	1,000	1,000
				1020	Regulatory Licenses	20,023	14,742	19,691	17,000	17,000
				1025	Regulatory Fees	729,033	828,527	814,758	780,000	780,000
				1155	Filing Fees	81,173	98,809	114,500	90,000	90,000
				1500	Sale of Service, Goods & Property	41,760	0	4,161	1,500	0
				2515	Interest Income	3,845	(4,034)	6,927	4,000	4,000
				3500	Other Revenue	0	6,783	2,088	0	0
<b>0229</b>	<b>11</b>	<b>Arson Fire &amp; Fraud Prevention FUND TOTAL</b>				<b>\$876,889</b>	<b>\$945,477</b>	<b>\$963,275</b>	<b>\$893,500</b>	<b>\$892,000</b>
0349	35	Reduced Cigarette Ignition Enforcement	1	1025	Regulatory Fees	10,000	91,000	9,000	10,000	90,000
<b>0349</b>	<b>35</b>	<b>Reduced Cigarette Ignition En FUND TOTAL</b>				<b>\$10,000</b>	<b>\$91,000</b>	<b>\$9,000</b>	<b>\$10,000</b>	<b>\$90,000</b>
<b>GRAND TOTAL</b>						<b>\$886,889</b>	<b>\$1,036,477</b>	<b>\$972,275</b>	<b>\$903,500</b>	<b>\$982,000</b>

**SIGNIFICANT ASSUMPTIONS**

Fund No.	Fund Detail No.	Fund Name	Significant Assumption Number	Provide Details for any Significant Assumptions Listed	FY 2018 Estimated Impact
0349	35	Reduced Cigarette Ignition Enforcement	1	FY 2018 is the 3rd year in a 3-year cycle for cigarette brand family certification renewals.	\$80,000
					\$0
					\$0
					\$0
					\$0
					\$0



**FORM B12: ANALYSIS OF FUND BALANCES**

Request for Fiscal Year : 2018

Agency/Department: Insurance, Department of

Agency Number: 280

Original Request Date: August 25, 2016 or Revision Request Date: \_\_\_\_\_

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Sources and Uses: Insurance carriers pay an annual assessment based upon the total number of children eligible for the vaccine program in Idaho and the estimated cost of those vaccines (§41-6006, Idaho Code). All funds in excess to the cost required to perform the administrative functions required under this chapter shall be paid to the Idaho Department of Health and Welfare for the sole purposes of purchasing vaccine for use in the Idaho immunization program (§41-6007, Idaho Code).

FUND NAME:	Idaho Immunization Dedicated Vaccine Fund	FUND CODE:	0172	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
<b>1. Beginning Free Fund Balance</b>				0	0	0	0	0
2. Encumbrances as of July 1				0	0	0	0	0
2a. Reappropriation (Legislative Carryover)				NA	NA	NA	0	0
<b>3. Beginning Cash Balance</b>				0	0	0	0	0
4. Revenues (from Form B-11)				16,560,802	17,772,769	18,044,153	18,000,000	0
5. Non-Revenue Receipts and Other Adjustments				0	0	0	0	0
6. Statutory Transfers in:		Fund or Reference:		0	0	0	0	0
7. Operating Transfers in:		Fund or Reference:		0	0	0	0	0
<b>8. Total Available for Year</b>				<b>16,560,802</b>	<b>17,772,769</b>	<b>18,044,153</b>	<b>18,000,000</b>	<b>0</b>
9. Statutory Transfers Out:		Fund or Reference:		0	0	0	0	0
10. Operating Transfers Out: <b>Dept of H&amp;W - Vaccine Fund</b>		Fund or Reference:	0172 41-6007	16,560,802	17,772,769	18,044,153	18,000,000	0
11. Non-Expenditure Disbursements and Other Adjustments				0	0	0	0	0
12. Cash Expenditures for Prior Year Encumbrances				0	0	0	0	0
13. Original Appropriation				0	0	0	0	0
14. Prior Year Reappropriations, Supplementals, Rescissions				0	0	0	0	0
15. Non-cogs, Receipts to Appropriation, etc				0	0	0	0	0
16. Reversions				0	0	0	0	0
17. Current Year Reappropriation				0	0	0	0	0
18. Reserve for Current Year Encumbrances				0	0	0	0	0
19. Current Year Cash Expenditures				0	0	0	0	0
<b>20. Ending Cash Balance</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
21. Prior Year Encumbrances as of June 30				0	0	0	0	0
22. Current Year Encumbrances as of June 30				0	0	0	0	0
22a. Current Year Reappropriation				NA	NA	0	0	0
23. Borrowing Limit				0	0	0	0	0
<b>24. Ending Free Fund Balance</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>25. Budgetary Basis Expenditures (CY Cash Exp + CY Enc)</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>26. Outstanding Loans (if this fund is part of a loan program)</b>								

Notes: The Idaho Immunization Assessments are scheduled to sunset on July 1, 2017.

**FORM B12: ANALYSIS OF FUND BALANCES**

**Request for Fiscal Year : 2018**

Agency/Department: Insurance, Department of

Agency Number: 280

Original Request Date: August 25, 2016 or Revision Request Date: 12/9/16

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Sources and Uses: Receipts deposited into this fund are from premium taxes with associated fines and penalties (IC§41-406(1)), regulatory fees and licensing fees (IC§41-401). Premium taxes are transferred to the General Fund after transfers to the Insurance Refund, Firemen's Retirement, Insurance Insolvency Fund, High Risk Individual Reinsurance Fund and the Department of Health and Welfare's Access Card Program (IC§41-406(1)(a)-(e)). Fees, licenses and miscellaneous charges provide for the operating expenses of the Department of Insurance (IC§41-401(3)(a)). At the beginning of each fiscal year, those moneys which exceed the current year's appropriation plus any residual encumbrances made against the prior year's appropriations by twenty-five percent (25%) or more are transferred to the General Fund (IC§41-401(3)(e)).

FUND NAME:	Insurance Administrative Account	FUND CODE:	0229-10	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
<b>1. Beginning Free Fund Balance</b>				<b>9,776,249</b>	<b>10,712,345</b>	<b>10,823,697</b>	<b>10,845,632</b>	<b>9,650,053</b>
2. Encumbrances as of July 1				25,958	1,993	1,077	17,110	0
2a. Reappropriation (Legislative Carryover)				NA	NA	NA	0	0
<b>3. Beginning Cash Balance</b>				<b>9,802,207</b>	<b>10,714,338</b>	<b>10,824,775</b>	<b>10,862,742</b>	<b>9,650,053</b>
4. Revenues (from Form B-11)				79,540,051	86,922,812	91,782,218	92,700,000	93,626,800
5. Non-Revenue Receipts and Other Adjustments				0	0	0	0	0
6. Statutory Transfers in:	Fund or Reference:			0	0	0	0	0
7. Operating Transfers in:	Fund or Reference:			0	0	0	0	0
<b>8. Total Available for Year</b>				<b>89,342,258</b>	<b>97,637,150</b>	<b>102,606,993</b>	<b>103,562,742</b>	<b>103,276,853</b>
9. Statutory Transfers Out:	<b>General Fund - Excess Cash</b>	Fund or Reference:	0001 / 41-401(3)(e)	1,207,054	1,758,790	1,710,987	1,187,479	1,000,000
9. Statutory Transfers Out:	<b>General Fund - Premium Tax</b>	Fund or Reference:	0001 / 41-406(1)(e)	54,782,446	59,029,166	72,123,281	72,668,808	66,296,590
9. Statutory Transfers Out:	<b>Firemen's Retirement (PERSI)</b>	Fund or Reference:	(b)/59-1394 0515 / 41-0523 / 41-0229-13/41-	3,311,094	3,568,189	3,779,982	3,817,782	3,855,960
10. Operating Transfers Out:	<b>Insurance Refund Fund</b>	Fund or Reference:	406(1)(a)	6,731,200	7,750,900	8,240,400	8,498,510	8,583,490
10. Operating Transfers Out:	<b>Insurance Insolvency Fund</b>	Fund or Reference:	406(1)(c)	0	0	0	0	0
10. Operating Transfers Out:	<b>Idaho High Risk Individual Reinsurance</b>	Fund or Reference:	406(1)(d) 0173/41-	4,804,761	5,717,460	5,626	0	7,098,860
10. Operating Transfers Out:	<b>Dept of H&amp;W - Access Card</b>	Fund or Reference:	406(1)(d)	2,304,761	3,217,460	5,626	0	0
11. Non-Expenditure Disbursements and Other Adjustments				0	0	0	0	0
12. Cash Expenditures for Prior Year Encumbrances				24,947	1,976	1,077	17,110	0
13. Original Appropriation				6,849,900	7,160,500	7,289,700	7,723,000	7,808,800
14. Prior Year Reappropriations, Supplementals, Rescissions				0	0	0	0	0
15. Non-cogs, Receipts to Appropriation, etc				3,150	4,395	2,914	0	0
16. Reversions				(1,389,400)	(1,395,383)	(1,398,233)	0	0
17. Current Year Reappropriation				0	0	0	0	0
18. Reserve for Current Year Encumbrances				(1,993)	(1,077)	(17,110)	0	0
19. Current Year Cash Expenditures				5,461,657	5,768,435	5,877,272	7,723,000	7,808,800
<b>20. Ending Cash Balance</b>				<b>10,714,338</b>	<b>10,824,775</b>	<b>10,862,742</b>	<b>9,650,053</b>	<b>8,633,153</b>
21. Prior Year Encumbrances as of June 30				0	0	0	0	0
22. Current Year Encumbrances as of June 30				1,993	1,077	17,110	0	0
22a. Current Year Reappropriation				NA	NA	0	0	0
23. Borrowing Limit				0	0	0	0	0
<b>24. Ending Free Fund Balance</b>				<b>10,712,345</b>	<b>10,823,697</b>	<b>10,845,632</b>	<b>9,650,053</b>	<b>8,633,153</b>
<b>25. Budgetary Basis Expenditures (CY Cash Exp + CY Enc)</b>				<b>5,463,650</b>	<b>5,769,512</b>	<b>5,894,382</b>	<b>7,723,000</b>	<b>7,808,800</b>
<b>26. Outstanding Loans (if this fund is part of a loan program)</b>								

Notes: The transfers to the Idaho High Risk Individual Reinsurance Pool and to the Dept of H&W for the Access Card programs sunsetted on October 1, 2015. The transfer and expenditures shown for FY 2016 were adjustments for FY 2015 transactions. Payments to the High Risk Individual Reinsurance Pool fund become effective again on July 1, 2017.

**FORM B12: ANALYSIS OF FUND BALANCES**

Request for Fiscal Year : 2018

Agency/Department: Insurance, Department of

Agency Number: 280

Original Request Date: August 25, 2016 or Revision Request Date: \_\_\_\_\_

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Sources and Uses: The Arson, Fire and Fraud Prevention Account consists of penalties collected under the provisions of §41-261 and §41-263, Idaho Code; a portion of the continuation fee collected from insurers; other moneys or revenues derived from whatever source for arson or fraud investigation or fire prevention; and interest earned on the investment of the fund (IC§41-268). The account is used to provide for the expenses of the State Fire Marshal Program in the enforcement of the International Fire Code; prescribe regulations for the prevention of fires and protection of life and property; and investigation of alleged causes of arson, fraud and related alleged violation of the laws of Idaho (IC§41-268(1)).

FUND NAME:	Arson, Fire & Fraud Prevention Account	FUND CODE: 0229-11	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
<b>1. Beginning Free Fund Balance</b>			1,457,315	1,412,454	1,543,986	1,584,951	1,341,151
2. Encumbrances as of July 1			374	508	0	1,520	0
2a. Reappropriation (Legislative Carryover)			NA	NA	NA	0	0
<b>3. Beginning Cash Balance</b>			1,457,689	1,412,962	1,543,986	1,586,471	1,341,151
4. Revenues (from Form B-11)			876,889	945,477	963,275	893,500	892,000
5. Non-Revenue Receipts and Other Adjustments			0	0	0	0	0
6. Statutory Transfers in:	Fund or Reference:		0	0	0	0	0
7. Operating Transfers in:	Fund or Reference:		0	0	0	0	0
<b>8. Total Available for Year</b>			2,334,578	2,358,439	2,507,262	2,479,971	2,233,151
9. Statutory Transfers Out:	Fund or Reference:		0	0	0	0	0
10. Operating Transfers Out:	Fund or Reference:		0	0	0	0	0
11. Non-Expenditure Disbursements and Other Adjustments			0	0	0	0	0
12. Cash Expenditures for Prior Year Encumbrances			374	472	0	1,520	0
13. Original Appropriation			1,057,300	1,011,400	1,081,500	1,137,300	1,188,200
14. Prior Year Reappropriations, Supplementals, Rescissions			0	0	0	0	0
15. Non-cogs, Receipts to Appropriation, etc			41,765	6,720	3,288	0	0
16. Reversions			(177,315)	(204,139)	(162,477)	0	0
17. Current Year Reappropriation			0	0	0	0	0
18. Reserve for Current Year Encumbrances			(508)	0	(1,520)	0	0
19. Current Year Cash Expenditures			921,242	813,981	920,791	1,137,300	1,188,200
<b>20. Ending Cash Balance</b>			1,412,962	1,543,986	1,586,471	1,341,151	1,044,951
21. Prior Year Encumbrances as of June 30			0	0	0	0	0
22. Current Year Encumbrances as of June 30			508	0	1,520	0	0
22a. Current Year Reappropriation			NA	NA	0	0	0
23. Borrowing Limit			0	0	0	0	0
<b>24. Ending Free Fund Balance</b>			1,412,454	1,543,986	1,584,951	1,341,151	1,044,951
<b>25. Budgetary Basis Expenditures (CY Cash Exp + CY Enc)</b>			921,750	813,981	922,311	1,137,300	1,188,200
<b>26. Outstanding Loans (if this fund is part of a loan program)</b>							

Notes:

**FORM B12: ANALYSIS OF FUND BALANCES**

Request for Fiscal Year : 2018

Agency/Department: Insurance, Department of

Agency Number: 280

Original Request Date: August 25, 2016 or Revision Request Date: \_\_\_\_\_

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Sources and Uses: [EFFECTIVE UNTIL OCTOBER 1, 2015] After all other statutory deductions from insurance premium tax revenues have been made, if the revenues remaining exceed \$45 million, one-fourth of such excess is appropriated and paid to the Idaho High Risk Individual Reinsurance Pool fund (§41-406(1)(d), Idaho Code). The moneys in this fund are used to pay the costs associated with providing health insurance coverage to high risk individuals regardless of health status or claims experience (IC§41-5501).

FUND NAME:	Idaho High Risk Individual Reinsurance Pool	FUND CODE:	0229-13	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
<b>1. Beginning Free Fund Balance</b>				0	0	0	0	0
2. Encumbrances as of July 1				0	0	0	0	0
2a. Reappropriation (Legislative Carryover)				NA	NA	NA	0	0
<b>3. Beginning Cash Balance</b>				0	0	0	0	0
4. Revenues (from Form B-11)				0	0	0	0	0
5. Non-Revenue Receipts and Other Adjustments				0	0	0	0	0
6. Statutory Transfers in:		Fund or Reference:		0	0	0	0	0
			0229-10/41-					
7. Operating Transfers in:	<b>Insurance Administrative Account</b>	Fund or Reference:	406(1)(d)	4,804,761	5,717,460	5,626	0	0
<b>8. Total Available for Year</b>				<b>4,804,761</b>	<b>5,717,460</b>	<b>5,626</b>	<b>0</b>	<b>0</b>
9. Statutory Transfers Out:		Fund or Reference:		0	0	0	0	0
10. Operating Transfers Out:		Fund or Reference:		0	0	0	0	0
11. Non-Expenditure Disbursements and Other Adjustments				0	0	0	0	0
12. Cash Expenditures for Prior Year Encumbrances				0	0	0	0	0
13. Original Appropriation				4,804,761	5,717,460	5,626	0	0
14. Prior Year Reappropriations, Supplementals, Rescissions				0	0	0	0	0
15. Non-cogs, Receipts to Appropriation, etc				0	0	0	0	0
16. Reversions				0	0	0	0	0
17. Current Year Reappropriation				0	0	0	0	0
18. Reserve for Current Year Encumbrances				0	0	0	0	0
19. Current Year Cash Expenditures				4,804,761	5,717,460	5,626	0	0
<b>20. Ending Cash Balance</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
21. Prior Year Encumbrances as of June 30				0	0	0	0	0
22. Current Year Encumbrances as of June 30				0	0	0	0	0
22a. Current Year Reappropriation				NA	NA	0	0	0
23. Borrowing Limit				0	0	0	0	0
<b>24. Ending Free Fund Balance</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>25. Budgetary Basis Expenditures (CY Cash Exp + CY Enc)</b>				<b>4,804,761</b>	<b>5,717,460</b>	<b>5,626</b>	<b>0</b>	<b>0</b>
<b>26. Outstanding Loans (if this fund is part of a loan program)</b>								

Notes: The transfers to the Idaho High Risk Individual Reinsurance Pool sunsetted on October 1, 2015. The transfer and expenditures shown for FY 2016 were adjustments for FY 2015 transactions. Payments to the High Risk Individual Reinsurance Pool fund become effective again on July 1, 2017.

**FORM B12: ANALYSIS OF FUND BALANCES**

Request for Fiscal Year : 2018

Agency/Department: Insurance, Department of

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Sources and Uses: Federal grant funds obtained through an application process and reimbursed to the state after expenditures are completed.

FUND NAME:	Federal Grant Fund	FUND CODE:	0348	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
<b>1. Beginning Free Fund Balance</b>				(26,068)	(18,917)	(13,249)	(14,844)	(14,844)
2. Encumbrances as of July 1				0	0	0	0	0
2a. Reappropriation (Legislative Carryover)				NA	NA	NA	0	0
<b>3. Beginning Cash Balance</b>				(26,068)	(18,917)	(13,249)	(14,844)	(14,844)
4. Revenues (from Form B-11)				371,065	313,405	475,701	696,600	674,400
5. Non-Revenue Receipts and Other Adjustments				0	0	0	0	0
6. Statutory Transfers in:		Fund or Reference:		0	0	0	0	0
7. Operating Transfers in:		Fund or Reference:		0	0	0	0	0
<b>8. Total Available for Year</b>				<b>344,997</b>	<b>294,488</b>	<b>462,452</b>	<b>681,756</b>	<b>659,556</b>
9. Statutory Transfers Out:		Fund or Reference:		0	0	0	0	0
10. Operating Transfers Out:		Fund or Reference:		0	0	0	0	0
11. Non-Expenditure Disbursements and Other Adjustments				0	0	0	0	0
12. Cash Expenditures for Prior Year Encumbrances				0	0	0	0	0
13. Original Appropriation				640,700	650,600	657,300	696,600	674,400
14. Prior Year Reappropriations, Supplementals, Rescissions				0	0	0	0	0
15. Non-cogs, Receipts to Appropriation, etc				0	0	0	0	0
16. Reversions				(276,786)	(342,863)	(180,003)	0	0
17. Current Year Reappropriation				0	0	0	0	0
18. Reserve for Current Year Encumbrances				0	0	0	0	0
19. Current Year Cash Expenditures				363,914	307,737	477,297	696,600	674,400
<b>20. Ending Cash Balance</b>				<b>(18,917)</b>	<b>(13,249)</b>	<b>(14,844)</b>	<b>(14,844)</b>	<b>(14,844)</b>
21. Prior Year Encumbrances as of June 30				0	0	0	0	0
22. Current Year Encumbrances as of June 30				0	0	0	0	0
22a. Current Year Reappropriation				NA	NA	0	0	0
23. Borrowing Limit				0	0	0	0	0
<b>24. Ending Free Fund Balance</b>				<b>(18,917)</b>	<b>(13,249)</b>	<b>(14,844)</b>	<b>(14,844)</b>	<b>(14,844)</b>
<b>25. Budgetary Basis Expenditures (CY Cash Exp + CY Enc)</b>				<b>363,914</b>	<b>307,737</b>	<b>477,297</b>	<b>696,600</b>	<b>674,400</b>
<b>26. Outstanding Loans (if this fund is part of a loan program)</b>								

Notes:

**FORM B12: ANALYSIS OF FUND BALANCES**

Request for Fiscal Year : 2018

Agency/Department: Insurance, Department of

Agency Number: 280

Original Request Date: August 25, 2016 or Revision Request Date: \_\_\_\_\_

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Sources and Uses: Cigarette brand certification fees established under §39-8904, Idaho Code are collected to support processing, testing, enforcement and oversight activities.

FUND NAME:	Reduced Cigarette Ignition Enforcement	FUND CODE:	0349-35	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
<b>1. Beginning Free Fund Balance</b>				242,000	252,000	343,000	352,000	362,000
2. Encumbrances as of July 1				0	0	0	0	0
2a. Reappropriation (Legislative Carryover)				NA	NA	NA	0	0
<b>3. Beginning Cash Balance</b>				242,000	252,000	343,000	352,000	362,000
4. Revenues (from Form B-11)				10,000	91,000	9,000	10,000	90,000
5. Non-Revenue Receipts and Other Adjustments				0	0	0	0	0
6. Statutory Transfers in:		Fund or Reference:		0	0	0	0	0
7. Operating Transfers in:		Fund or Reference:		0	0	0	0	0
<b>8. Total Available for Year</b>				252,000	343,000	352,000	362,000	452,000
9. Statutory Transfers Out:		Fund or Reference:		0	0	0	0	0
10. Operating Transfers Out:		Fund or Reference:		0	0	0	0	0
11. Non-Expenditure Disbursements and Other Adjustments				0	0	0	0	0
12. Cash Expenditures for Prior Year Encumbrances				0	0	0	0	0
13. Original Appropriation				0	0	0	0	0
14. Prior Year Reappropriations, Supplementals, Rescissions				0	0	0	0	0
15. Non-cogs, Receipts to Appropriation, etc				0	0	0	0	0
16. Reversions				0	0	0	0	0
17. Current Year Reappropriation				0	0	0	0	0
18. Reserve for Current Year Encumbrances				0	0	0	0	0
19. Current Year Cash Expenditures				0	0	0	0	0
<b>20. Ending Cash Balance</b>				252,000	343,000	352,000	362,000	452,000
21. Prior Year Encumbrances as of June 30				0	0	0	0	0
22. Current Year Encumbrances as of June 30				0	0	0	0	0
22a. Current Year Reappropriation				NA	NA	0	0	0
23. Borrowing Limit				0	0	0	0	0
<b>24. Ending Free Fund Balance</b>				252,000	343,000	352,000	362,000	452,000
<b>25. Budgetary Basis Expenditures (CY Cash Exp + CY Enc)</b>				0	0	0	0	0
<b>26. Outstanding Loans (if this fund is part of a loan program)</b>								

Notes:

**FORM B12: ANALYSIS OF FUND BALANCES**

Request for Fiscal Year : 2018

Agency/Department: Insurance, Department of

Agency Number: 280

Original Request Date: August 25, 2016 or Revision Request Date:

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**Sources and Uses:** Up to twenty percent (20%) of all taxes, fines and penalties of premium tax collected may be deposited into the Insurance Refund Fund (§41-406(1)(a), Idaho Code). The purpose of this fund is to repay overpayments of any taxes, fines and penalties or other erroneous receipts. Amounts necessary to pay refunds are continuously appropriated. Any unencumbered balance remaining in the Insurance Refund Fund as of June 30 every year in excess of forty thousand dollars (\$40,000) is transferred to the General Fund (IC§41-406(1)(a)).

FUND NAME:	Insurance Refund Fund	FUND CODE:	0515	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
<b>1. Beginning Free Fund Balance</b>				40,000	40,000	40,000	40,000	40,000
2. Encumbrances as of July 1				0	0	0	0	0
2a. Reappropriation (Legislative Carryover)				NA	NA	NA	0	0
<b>3. Beginning Cash Balance</b>				40,000	40,000	40,000	40,000	40,000
4. Revenues (from Form B-11)				0	0	0	0	0
5. Non-Revenue Receipts and Other Adjustments				0	0	0	0	0
6. Statutory Transfers in:		Fund or Reference:		0	0	0	0	0
7. Operating Transfers in:	Insurance Administrative Account	Fund or Reference:	0229-10 41-406(1)(a)	6,731,200	7,750,900	8,240,400	8,498,510	8,583,490
<b>8. Total Available for Year</b>				6,771,200	7,790,900	8,280,400	8,538,510	8,623,490
9. Statutory Transfers Out:	General Fund - Excess Cash	Fund or Reference:	0001 41-406(1)(a)	3,400,158	2,717,891	4,514,639	4,249,300	4,291,700
10. Operating Transfers Out:		Fund or Reference:		0	0	0	0	0
11. Non-Expenditure Disbursements and Other Adjustments				0	0	0	0	0
12. Cash Expenditures for Prior Year Encumbrances				0	0	0	0	0
13. Original Appropriation				3,331,042	5,033,009	3,725,761	4,249,210	4,291,790
14. Prior Year Reappropriations, Supplementals, Rescissions				0	0	0	0	0
15. Non-cogs, Receipts to Appropriation, etc				0	0	0	0	0
16. Reversions				0	0	0	0	0
17. Current Year Reappropriation				0	0	0	0	0
18. Reserve for Current Year Encumbrances				0	0	0	0	0
19. Current Year Cash Expenditures				3,331,042	5,033,009	3,725,761	4,249,210	4,291,790
<b>20. Ending Cash Balance</b>				40,000	40,000	40,000	40,000	40,000
21. Prior Year Encumbrances as of June 30				0	0	0	0	0
22. Current Year Encumbrances as of June 30				0	0	0	0	0
22a. Current Year Reappropriation				NA	NA	0	0	0
23. Borrowing Limit				0	0	0	0	0
<b>24. Ending Free Fund Balance</b>				40,000	40,000	40,000	40,000	40,000
<b>25. Budgetary Basis Expenditures (CY Cash Exp + CY Enc)</b>				3,331,042	5,033,009	3,725,761	4,249,210	4,291,790
<b>26. Outstanding Loans (if this fund is part of a loan program)</b>								

Notes:

**FORM B12: ANALYSIS OF FUND BALANCES**

Request for Fiscal Year : 2018

Agency/Department: Insurance, Department of

Agency Number: 280

Original Request Date: August 25, 2016 or Revision Request Date:

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Sources and Uses: The Insurance Liquidation Trust consists of the monetary assets of an insurer being liquidated. The trust is used to liquidate monetary assets and pay claims of an insurer under the general supervision of the court. It also provides a means of accurate accounting to the court at such intervals as the court specifies in its order (§41-3318, Idaho Code).

FUND NAME:	Insurance Liquidation Trust	FUND CODE:	0520	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
<b>1. Beginning Free Fund Balance</b>				1,241,098	936,051	934,277	938,783	942,783
2. Encumbrances as of July 1				0	0	0	0	0
2a. Reappropriation (Legislative Carryover)				NA	NA	NA	0	0
<b>3. Beginning Cash Balance</b>				1,241,098	936,051	934,277	938,783	942,783
4. Revenues (from Form B-11)				2,842	(1,774)	4,506	4,000	4,000
5. Non-Revenue Receipts and Other Adjustments				0	0	0	0	0
6. Statutory Transfers in:		Fund or Reference:		0	0	0	0	0
7. Operating Transfers in:		Fund or Reference:		0	0	0	0	0
<b>8. Total Available for Year</b>				1,243,940	934,277	938,783	942,783	946,783
9. Statutory Transfers Out:		Fund or Reference:		0	0	0	0	0
10. Operating Transfers Out:		Fund or Reference:		0	0	0	0	0
11. Non-Expenditure Disbursements and Other Adjustments				0	0	0	0	0
12. Cash Expenditures for Prior Year Encumbrances				0	0	0	0	0
13. Original Appropriation				307,889	0	0	0	0
14. Prior Year Reappropriations, Supplementals, Rescissions				0	0	0	0	0
15. Non-cogs, Receipts to Appropriation, etc				0	0	0	0	0
16. Reversions				0	0	0	0	0
17. Current Year Reappropriation				0	0	0	0	0
18. Reserve for Current Year Encumbrances				0	0	0	0	0
19. Current Year Cash Expenditures				307,889	0	0	0	0
<b>20. Ending Cash Balance</b>				936,051	934,277	938,783	942,783	946,783
21. Prior Year Encumbrances as of June 30				0	0	0	0	0
22. Current Year Encumbrances as of June 30				0	0	0	0	0
22a. Current Year Reappropriation				NA	NA	0	0	0
23. Borrowing Limit				0	0	0	0	0
<b>24. Ending Free Fund Balance</b>				936,051	934,277	938,783	942,783	946,783
<b>25. Budgetary Basis Expenditures (CY Cash Exp + CY Enc)</b>				307,889	0	0	0	0
<b>26. Outstanding Loans (if this fund is part of a loan program)</b>								

Notes:

**FORM B12: ANALYSIS OF FUND BALANCES**

Request for Fiscal Year : 2018

Agency/Department: Insurance, Department of

Agency Number: 280

Original Request Date: August 25, 2016 or Revision Request Date: \_\_\_\_\_

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Sources and Uses: The Insurance Insolvency Administration Fund consists of the portion of the premium tax necessary to cover administrative costs incurred by the department in placing insurance companies or any other insurance entities into receivership or under administrative supervision, to the extent that such costs cannot be satisfied from the assets of these companies or entities. Expenditures are not to exceed two hundred thousand dollars (\$200,000) in any one (1) fiscal year. A balance of one hundred thousand dollars (\$100,000) shall be maintained in this fund on June 30 of each year (§41-406(1)(c), Idaho Code).

FUND NAME:	Insurance Insolvency Administration Fund	FUND CODE:	0523	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
<b>1. Beginning Free Fund Balance</b>				100,000	100,000	100,000	100,000	100,000
2. Encumbrances as of July 1				0	0	0	0	0
2a. Reappropriation (Legislative Carryover)				NA	NA	NA	0	0
<b>3. Beginning Cash Balance</b>				100,000	100,000	100,000	100,000	100,000
4. Revenues (from Form B-11)				0	0	0	0	0
5. Non-Revenue Receipts and Other Adjustments				0	0	0	0	0
6. Statutory Transfers in:		Fund or Reference:		0	0	0	0	0
7. Operating Transfers in:	<b>Insurance Administrative Account</b>	Fund or Reference:	0229-10 41-406(1)(c)	0	0	0	0	0
<b>8. Total Available for Year</b>				100,000	100,000	100,000	100,000	100,000
9. Statutory Transfers Out:	<b>General Fund - Excess Cash</b>	Fund or Reference:	0001 41-406(1)(c)	0	0	0	0	0
10. Operating Transfers Out:		Fund or Reference:		0	0	0	0	0
11. Non-Expenditure Disbursements and Other Adjustments				0	0	0	0	0
12. Cash Expenditures for Prior Year Encumbrances				0	0	0	0	0
13. Original Appropriation				200,000	200,000	200,000	200,000	200,000
14. Prior Year Reappropriations, Supplementals, Rescissions				0	0	0	0	0
15. Non-cogs, Receipts to Appropriation, etc				0	0	0	0	0
16. Reversions				(200,000)	(200,000)	(200,000)	(200,000)	(200,000)
17. Current Year Reappropriation				0	0	0	0	0
18. Reserve for Current Year Encumbrances				0	0	0	0	0
19. Current Year Cash Expenditures				0	0	0	0	0
<b>20. Ending Cash Balance</b>				100,000	100,000	100,000	100,000	100,000
21. Prior Year Encumbrances as of June 30				0	0	0	0	0
22. Current Year Encumbrances as of June 30				0	0	0	0	0
22a. Current Year Reappropriation				NA	NA	0	0	0
23. Borrowing Limit				0	0	0	0	0
<b>24. Ending Free Fund Balance</b>				100,000	100,000	100,000	100,000	100,000
<b>25. Budgetary Basis Expenditures (CY Cash Exp + CY Enc)</b>				0	0	0	0	0
<b>26. Outstanding Loans (if this fund is part of a loan program)</b>								

Notes:

# FY 2018 Agency Budget - Request

# Detail Report

Agency: 280 - Insurance, Department of

Function: 30 - Insurance Regulation

		FTP	Personnel Cost	Operating Expense	Capital Outlay	Trustee/Benefit	Lump Sum	Total
<b>FY 2016 Total Appropriation</b>								
1.00 FY 2016 Total Appropriation								
SB 1139								
0229-10	Dedicated	60.65	4,370,400	2,823,100	96,200	0	0	7,289,700
0348-00	Federal	3.85	259,200	398,100	0	0	0	657,300
	<b>Total</b>	<b>64.50</b>	<b>4,629,600</b>	<b>3,221,200</b>	<b>96,200</b>	<b>0</b>	<b>0</b>	<b>7,947,000</b>
1.41 Receipts to Appropriation								
Insurance payments								
0229-10	Dedicated	0.00	0	2,900	0	0	0	2,900
	<b>Total</b>	<b>0.00</b>	<b>0</b>	<b>2,900</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,900</b>
1.61 Reverted Appropriation Balances								
0229-10	Dedicated	0.00	(238,200)	(1,158,000)	(2,100)	0	0	(1,398,300)
0348-00	Federal	0.00	(29,500)	(150,500)	0	0	0	(180,000)
	<b>Total</b>	<b>0.00</b>	<b>(267,700)</b>	<b>(1,308,500)</b>	<b>(2,100)</b>	<b>0</b>	<b>0</b>	<b>(1,578,300)</b>
<b>FY 2016 Actual Expenditures</b>								
0229-10	Dedicated	60.65	4,132,200	1,668,000	94,100	0	0	5,894,300
0348-00	Federal	3.85	229,700	247,600	0	0	0	477,300
	<b>Total</b>	<b>64.50</b>	<b>4,361,900</b>	<b>1,915,600</b>	<b>94,100</b>	<b>0</b>	<b>0</b>	<b>6,371,600</b>
<b>FY 2017 Original Appropriation</b>								
3.00 FY 2017 Original Appropriation								
SB 1381								
0229-10	Dedicated	60.65	4,545,000	2,816,500	0	0	0	7,361,500
OT 0229-10	Dedicated	0.00	141,100	5,000	215,400	0	0	361,500
0348-00	Federal	3.85	269,600	398,100	0	0	0	667,700
OT 0348-00	Federal	0.00	7,700	0	21,200	0	0	28,900
	<b>Total</b>	<b>64.50</b>	<b>4,963,400</b>	<b>3,219,600</b>	<b>236,600</b>	<b>0</b>	<b>0</b>	<b>8,419,600</b>
<b>FY 2017 Total Appropriation</b>								
0229-10	Dedicated	60.65	4,545,000	2,816,500	0	0	0	7,361,500
OT 0229-10	Dedicated	0.00	141,100	5,000	215,400	0	0	361,500
0348-00	Federal	3.85	269,600	398,100	0	0	0	667,700
OT 0348-00	Federal	0.00	7,700	0	21,200	0	0	28,900
	<b>Total</b>	<b>64.50</b>	<b>4,963,400</b>	<b>3,219,600</b>	<b>236,600</b>	<b>0</b>	<b>0</b>	<b>8,419,600</b>

# FY 2018 Agency Budget - Request

# Detail Report

Agency: 280 - Insurance, Department of

Function: 30 - Insurance Regulation

	FTP	Personnel Cost	Operating Expense	Capital Outlay	Trustee/Benefit	Lump Sum	Total
<b>FY 2017 Estimated Expenditures</b>							
0229-10 Dedicated	60.65	4,545,000	2,816,500	0	0	0	7,361,500
OT 0229-10 Dedicated	0.00	141,100	5,000	215,400	0	0	361,500
0348-00 Federal	3.85	269,600	398,100	0	0	0	667,700
OT 0348-00 Federal	0.00	7,700	0	21,200	0	0	28,900
<b>Total</b>	<b>64.50</b>	<b>4,963,400</b>	<b>3,219,600</b>	<b>236,600</b>	<b>0</b>	<b>0</b>	<b>8,419,600</b>
<b>Base Adjustments</b>							
8.41 Removal of One-Time Expenditures							
OT 0229-10 Dedicated	0.00	(141,100)	(5,000)	(215,400)	0	0	(361,500)
OT 0348-00 Federal	0.00	(7,700)	0	(21,200)	0	0	(28,900)
<b>Total</b>	<b>0.00</b>	<b>(148,800)</b>	<b>(5,000)</b>	<b>(236,600)</b>	<b>0</b>	<b>0</b>	<b>(390,400)</b>
<b>FY 2018 Base</b>							
0229-10 Dedicated	60.65	4,545,000	2,816,500	0	0	0	7,361,500
OT 0229-10 Dedicated	0.00	0	0	0	0	0	0
0348-00 Federal	3.85	269,600	398,100	0	0	0	667,700
OT 0348-00 Federal	0.00	0	0	0	0	0	0
<b>Total</b>	<b>64.50</b>	<b>4,814,600</b>	<b>3,214,600</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>8,029,200</b>
<b>Program Maintenance</b>							
10.11 Change in Health Benefit Costs							
0229-10 Dedicated	0.00	74,600	0	0	0	0	74,600
0348-00 Federal	0.00	4,700	0	0	0	0	4,700
<b>Total</b>	<b>0.00</b>	<b>79,300</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>79,300</b>
10.12 Change in Variable Benefit Costs							
0229-10 Dedicated	0.00	(4,000)	0	0	0	0	(4,000)
0348-00 Federal	0.00	(200)	0	0	0	0	(200)
<b>Total</b>	<b>0.00</b>	<b>(4,200)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(4,200)</b>
10.31 Repair, Replacement Items/Alterations							
OT 0229-10 Dedicated	0.00	0	0	114,500	0	0	114,500
<b>Total</b>	<b>0.00</b>	<b>0</b>	<b>0</b>	<b>114,500</b>	<b>0</b>	<b>0</b>	<b>114,500</b>
10.61 Salary Multiplier - Regular Employees							
0229-10 Dedicated	0.00	37,500	0	0	0	0	37,500
0348-00 Federal	0.00	2,200	0	0	0	0	2,200
<b>Total</b>	<b>0.00</b>	<b>39,700</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>39,700</b>

# FY 2018 Agency Budget - Request

# Detail Report

Agency: 280 - Insurance, Department of

Function: 30 - Insurance Regulation

		FTP	Personnel Cost	Operating Expense	Capital Outlay	Trustee/ Benefit	Lump Sum	Total
10.62	Salary Multiplier - Group and Temporary							
	0229-10 Dedicated	0.00	300	0	0	0	0	300
	<b>Total</b>	<b>0.00</b>	<b>300</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>300</b>
<b>FY 2018 Total Maintenance</b>								
	0229-10 Dedicated	60.65	4,653,400	2,816,500	0	0	0	7,469,900
	OT 0229-10 Dedicated	0.00	0	0	114,500	0	0	114,500
	0348-00 Federal	3.85	276,300	398,100	0	0	0	674,400
	OT 0348-00 Federal	0.00	0	0	0	0	0	0
	<b>Total</b>	<b>64.50</b>	<b>4,929,700</b>	<b>3,214,600</b>	<b>114,500</b>	<b>0</b>	<b>0</b>	<b>8,258,800</b>
<b>Line Items</b>								
12.01	Reduced Contractor Use							
	0229-10 Dedicated	2.00	217,400	0	0	0	0	217,400
	OT 0229-10 Dedicated	0.00	0	0	7,000	0	0	7,000
	<b>Total</b>	<b>2.00</b>	<b>217,400</b>	<b>0</b>	<b>7,000</b>	<b>0</b>	<b>0</b>	<b>224,400</b>
<b>FY 2018 Total</b>								
	0229-10 Dedicated	62.65	4,870,800	2,816,500	0	0	0	7,687,300
	OT 0229-10 Dedicated	0.00	0	0	121,500	0	0	121,500
	0348-00 Federal	3.85	276,300	398,100	0	0	0	674,400
	OT 0348-00 Federal	0.00	0	0	0	0	0	0
	<b>Total</b>	<b>66.50</b>	<b>5,147,100</b>	<b>3,214,600</b>	<b>121,500</b>	<b>0</b>	<b>0</b>	<b>8,483,200</b>

**FORM B8.1: PROGRAM REQUEST BY DECISION UNIT**

Agency/Department: Insurance, Dept of  
 Function/Division: Insurance Regulation  
 Activity/Program: \_\_\_\_\_

Request for Fiscal Year : 2018  
 Agency Number: 280  
 Function/Activity Number: 30/50  
 Budget Unit: INAB/INAC

Original Request Date: August 25, 2016  
 Revision Request Date: \_\_\_\_\_

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Decision Unit Number: **12.01** Descriptive Title: **Reduced Contractor Use**

Description	General	Dedicated	Federal	Other	Total
FULL TIME POSITIONS (FTP)					
PERSONNEL COSTS:					
1. Salaries		197,800			\$197,800
2. Benefits		83,100			\$83,100
3. Group Position Funding					
<b>TOTAL PERSONNEL COSTS:</b>		<b>\$280,900</b>			<b>\$280,900</b>
OPERATING EXPENDITURES by summary object:					
1.					
2.					
3.					
<b>TOTAL OPERATING EXPENDITURES:</b>					
CAPITAL OUTLAY by summary object:					
1. 6401 - Computer Equipment		8,000			\$8,000
2. 6701 - Office Equipment		1,800			\$1,800
3.					
<b>TOTAL CAPITAL OUTLAY:</b>		<b>\$9,800</b>			<b>\$9,800</b>
<b>T/B PAYMENTS:</b>					
<b>LUMP SUM:</b>					
<b>GRAND TOTAL</b>		<b>\$290,700</b>			<b>\$290,700</b>

Attach as many pages as necessary to respond to the following questions:

1. What is being requested and why? What is the agency staffing level for this activity and how much funding, by source, is in the base?

The Department of Insurance (DOI) is requesting three (3) additional FTPs, \$280,900 in on-going Personnel Costs (PC) appropriation, and \$9,700 in one-time Capital Outlay (CO) appropriation for a new Building Plans Examiner position within the State Fire Marshal's Office (SFM) and 2 new Insurance Examiner positions within the Examinations Section of the Company Activities Bureau (ES). These positions will reduce the dependence upon contractors and save the agency approximately \$200,000 or more in the first year.

The Building Plans Examiner will review sprinkler, construction, and fire alarm plans replacing a contractor currently used to review fire sprinkler plans. This contractor is very near retirement and an inquiry to the fire community indicates no other contractor is available without a significant increase in cost. With the contract review at an approximate annual cost of \$95,000 resulting in an immediate annual savings of almost \$25,000.

The new Insurance Examiner positions will conduct financial condition examinations of insurance entities domiciled in Idaho currently being completed by contractors at an estimated cost of \$595,600 for FY 2018. Because of the credentials required for these positions under national accreditation standards and the competition for qualified candidates, DOI is requesting pay levels comparable to 100% of policy for a Pay Grade O - an hourly rate of \$52.26 including salary and benefits. This is compared to contractor costs between \$90 and \$185 per hour. The contractors used most (\$90/hr) are already reducing their work load in anticipation of retirement so costs are projected to increase dramatically in the next two years. Using in-house examiners at the requested pay level will result in an immediate annual savings of \$175,000 or more when considering the anticipated cost increases.

**FORM B8.1: PROGRAM REQUEST BY DECISION UNIT**

Agency/Department: Insurance, Dept of  
 Function/Division: Insurance Regulation  
 Activity/Program: \_\_\_\_\_

Request for Fiscal Year : 2018  
 Agency Number: 280  
 Function/Activity Number: 30/50  
 Budget Unit: INAB/INAC

Original Request Date: August 25, 2016  
 Revision Request Date: \_\_\_\_\_

Page: 28 of 38

**Decision Unit Number:** 12.01      **Descriptive Title:** Reduced Contractor Use

2. What resources are necessary to implement this request?

- a. List by position: position titles, pay grades, full or part-time status, benefit eligibility, anticipated dates of hire and terms of service.

PCN New, Building Plans Examiner or comparable, Pay Grade K, Full-Time, Classified, Hire Date of 7/1/17.

PCN New, Insurance Examiner, Full-Time, Unclassified, Hire Date of 7/1/17.

PCN New, Insurance Examiner, Full-Time, Unclassified, Hire Date of 7/1/17.

- b. Note any existing agency human resources that will be redirected to this new effort and how existing operations will be impacted.

The new Building Plans Examiner position will reduce the need for existing SFM staff to complete construction and fire alarm plans, freeing them to focus on other responsibilities such as responding to local requests for arson investigation, conducting outreach and fire prevention education activities. The Deputy Chief Examiner will shift some focus from managing contractors to supervising employees.

- c. List any additional operating funds and capital items needed.

DOI will pay the additional Operating Expenses (OE) totaling \$16,900 for employee development (\$4500), repair and maintenance (\$250), travel (\$6400), administrative supplies (\$950), computer supplies (\$3850), and miscellaneous expenditures (\$1000) from existing OE appropriation. One-Time CO totaling \$9,800 includes 1 desktop computer at \$950 each (\$1,000), 2 laptop computers at \$1,550 each (\$3,100), 2 docking stations at \$180 each (\$400), 6 monitors at \$280 each (\$1,700), 3 phones at \$600 each (\$1,800), and 3 task chairs at \$600 each (\$1,800).

3. Provide additional detail about the request, including one-time versus ongoing. Include a description of major revenue assumptions, for example, whether there is a new customer base, fee structure changes, or anticipated grant awards.

The PC funding will be On-going while the CO funding will be One-Time. Both will be from Dedicated Funds 0229-11 and 0229-10. A fee is in place for the review of sprinkler plans generating approximately \$100,000 each year for deposit into the Arson, Fire and Fraud Prevention Account (0229-11) while licensing and continuations fees are deposited into the Insurance Administrative Account (0229-10). Although these fees are expected to continue or increase, using employees rather than contractors is expected to reduce costs.

4. Who is being served by this request and what are the expected impacts of the funding requested? If this request is not funded who and what are impacted?

The citizens and taxpayers of Idaho will benefit from this request as it more effectively uses state resources with an estimated annual cost savings of \$200,000 or more. The Building Plans Examiner position will serve all of the state and contractors with faster review of life safety plans, allowing faster installation of these required systems, more accurate coordination with the specific trades (fire alarm and fire sprinkler). The major beneficiaries of the Insurance Examiner positions will be the insurance consumers in the state of Idaho who can be assured that the Department has adequate qualified staff with the expertise to identify and correct any potential problem and head off an insolvency of an Idaho insurer with the necessary high level of expertise and examination skills to make an early identification of issues that can be addressed before they escalate. Another beneficiary is Idaho domestic insurers. If funding is not granted, the DOI will continue using contractors at higher costs to complete these activities.

Agency/Department:	Department of Insurance	Agency Number:	280
Function/Division:	Department of Insurance	Function/Activity Number:	
Activity/Program:	Insurance Regulation	Budget Unit:	INAB
		Fiscal Year:	2018
Original Request Date:	August 25, 2016	Fund Name:	Insurance Administrative
Revision Date:		Fund Number:	0229-10
Revision #:		Budget Submission Page #	29 of 38

PCN	CLASS CODE	DESCRIPTION	Indicator Code	FTP	FY 2017 SALARY	FY 2017 HEALTH BENEFITS	FY 2017 VAR BENEFITS	FY 2017 TOTAL	FY 2018 SALARY CHANGE	FY 2018 CHG HEALTH BENEFITS	FY 2018 CHG VAR BENEFITS	TOTAL BENEFIT CHANGES
<b>Totals from Wage and Salary Report (WSR):</b>												
		Permanent Positions	1	59.00	3,110,440	725,979	665,982	4,502,301	(115,201)	72,601	(3,894)	68,707
		Board & Group Positions	2		34,664	0	3,274	37,938		0	0	0
		Elected Officials & Full Time Commissioners	3	0.00	0	0	0	0		0	0	0
		<b>TOTAL FROM WSR</b>		<b>59.00</b>	<b>3,145,104</b>	<b>725,979</b>	<b>669,156</b>	<b>4,540,239</b>		<b>72,601</b>	<b>(3,894)</b>	<b>68,707</b>
		<b>FY 2017 ORIGINAL APPROPRIATION</b>		<b>4,686,100</b>	<b>60.65</b>	<b>3,246,145</b>	<b>749,302</b>	<b>690,653</b>	<b>4,686,100</b>			
		Unadjusted Over or (Under) Funded:	Est Difference	1.65	101,041	23,323	21,497	145,861				Calculated overfunding is 3.1% of Original Appropriation
<b>Adjustments to Wage &amp; Salary:</b>												
Add Funded / Subtract Unfunded - Vacant or Authorized - Positions:												
	Retire Cd	Adjustment Description / Position Title										
0201	01239	R1 Office Specialist 2	1	0.65	16,637	7,956	3,594	28,187		793	(22)	771
0221	01103	R1 Technical Records Specialist 1	1	1.00	28,879	12,240	6,238	47,357		1,220	(38)	1,182
<b>Other Adjustments:</b>												
0268	20611	R1 Exam Fincl Analyst Suor - FY16 12.01 Reserve for	1	0.00	10,317	0	2,228	12,545		0	(13)	(13)
0358	20614	R1 Exam Fincl Analyst 1 - FY15 12.02 Reserve for A	1	0.00	13,062	0	2,821	15,884		0	(17)	(17)
0360	20614	R1 Exam Fincl Analyst 1 - FY15 12.02 Reserve for A	1	0.00	13,062	0	2,821	15,884		0	(17)	(17)
0251	07940	R1 Volunteer Svcs Coordinator - incr 5% at complet	1	0.00	1,572	0	340	1,912		0	(2)	(2)
<b>Estimated Salary Needs:</b>												
		Permanent Positions	1	60.65	3,183,971	746,175	683,923	4,624,069		74,614	(4,002)	70,612
		Board & Group Positions	2	0.00	34,664	0	3,274	37,938		0	0	0
		Elected Officials & Full Time Commissioners	3	0.00	0	0	0	0		0	0	0
		<b>Estimated Salary and Benefits</b>		<b>60.65</b>	<b>3,228,635</b>	<b>746,175</b>	<b>687,197</b>	<b>4,662,007</b>		<b>74,614</b>	<b>(4,002)</b>	<b>70,612</b>
<b>Adjusted Over or (Under) Funding:</b>												
		Orig. Approp	0.00	16,700	3,900	3,600	24,200					Calculated overfunding is .5% of Original Appropriation
		Est. Expend	0.00	16,700	3,800	3,500	24,000					Calculated overfunding is .5% of Estimated Expenditures
		Base	0.00	16,700	3,800	3,500	24,000					Calculated overfunding is .5% of the Base

Personnel Cost Reconciliation - Relation to Zero Variance -->

DU		Original Appropriation	FTP	FY 17 Salary	FY 17 Health Ben	FY 17 Var Ben	FY 2017 Total		FY 18 Chg Health Bens	FY 18 Chg Var Bens	Total Benefit Change
3.00	FY 2017 ORIGINAL APPROPRIATION	4,686,100	60.65	3,245,320	750,031	690,749	4,686,100				
	Rounded Appropriation		60.65	3,245,300	750,000	690,700	4,686,100				
	Appropriation Adjustments:										
4.11	Reappropriation		0.00	0	0	0	0				
4.31	Supplemental		0.00	0	0	0	0				0
5.00	FY 2017 TOTAL APPROPRIATION	60.65	3,245,300	750,000	690,700	4,686,100					
	Expenditure Adjustments:										
6.31	FTP or Fund Adjustment		0.00	0	0	0	0				0
6.51	Transfer Between Programs		0.00	0	0	0	0				0
7.00	FY 2017 ESTIMATED EXPENDITURES	60.65	3,245,300	750,000	690,700	4,686,100					
	Base Adjustments:										
8.31	Transfer Between Programs		0.00	0	0	0	0				0
8.41	Removal of One-Time Expenditures		0.00	(116,000)	0	(25,100)	(141,100)				0
8.51	Base Reduction		0.00	0	0	0	0				0

Agency/Department:	Department of Insurance	Agency Number:	280
Function/Division:	Department of Insurance	Function/Activity Number:	
Activity/Program:	Insurance Regulation	Budget Unit:	INAB
		Fiscal Year:	2018
Original Request Date:	August 25, 2016	Fund Name:	Insurance Administrative
Revision Date:		Fund Number:	0229-10
Revision #:		Budget Submission Page #	30 of 38

			FTP	FY 18 Salary	FY18 Health Ben	FY 18 Var Ben	FY 2018 Total
9.00	FY 2018 BASE		60.65	3,129,300	750,000	665,600	4,545,000
10.11	Change in Health Benefit Costs				74,600		74,600
10.12	Change in Variable Benefits Costs					(4,000)	(4,000)
							0
	Subtotal CEC Base:	Indicator Code	50.65	3,129,300	824,600	661,600	4,615,600
10.51	Annualization			0	0	0	0
10.61	CEC for Permanent Positions	1.00%		30,900		6,600	37,500
10.62	CEC for Group Positions	1.00%		300		0	300
10.63	CEC for Elected Officials & Commissioners			0		0	0
11.00	FY 2018 PROGRAM MAINTENANCE		60.65	3,160,500	824,600	668,200	4,653,400
	Line Items:						
12.01	Reduced Contractor Use	1	2.00	156,800	25,920	33,660	217,400
12.02							0
12.03							0
13.00	FY 2018 TOTAL REQUEST		62.65	3,317,300	851,520	701,880	4,870,800

Agency/Department:	Department of Insurance	Agency Number:	280
Function/Division:	Department of Insurance	Function/Activity Number:	
Activity/Program:	Insurance Regulation	Budget Unit:	INAB
Original Request Date:	August 25, 2016	Fiscal Year:	2018
Revision Date:	Revision #:	Fund Name:	Federal Grant
		Budget Submission Page #	31 of 38
		Fund Number:	0348-00

PCN	CLASS CODE	DESCRIPTION	Indicator Code	FTP	FY 2017 SALARY	FY 2017 HEALTH BENEFITS	FY 2017 VAR BENEFITS	FY 2017 TOTAL	FY 2018 SALARY CHANGE	FY 2018 CHG HEALTH BENEFITS	FY 2018 CHG VAR BENEFITS	TOTAL BENEFIT CHANGES
<b>Totals from Wage and Salary Report (WSR):</b>												
		Permanent Positions	1	3.50	159,735	42,840	34,501	237,076	(5,916)	4,270	(200)	4,070
		Board & Group Positions	2		0	0	0	0				0
		Elected Officials & Full Time Commissioners	3	0.00	0	0	0	0		0	0	0
		<b>TOTAL FROM WSR</b>		<b>3.50</b>	<b>159,735</b>	<b>42,840</b>	<b>34,501</b>	<b>237,076</b>		<b>4,270</b>	<b>(200)</b>	<b>4,070</b>
		<b>FY 2017 ORIGINAL APPROPRIATION</b>			<b>277,300</b>	<b>3.85</b>	<b>186,837</b>	<b>50,108</b>				
		<b>Unadjusted Over or (Under) Funded:</b>	Est Difference		<b>0.35</b>		<b>27,101</b>	<b>7,268</b>				
Calculated overfunding is 14.5% of Original Appropriation												
<b>Adjustments to Wage &amp; Salary:</b>												
Add Funded / Subtract Unfunded - Vacant or Authorized - Positions:												
	<b>Retire Cd</b>	<b>Adjustment Description / Position Title</b>										
0201	01239	R1 Office Specialist 2	1	0.35	8,959	4,284	1,935	15,178		427	(12)	415
<b>Other Adjustments:</b>												
0251	07940	R1 Volunteer Svcs Coordinator - Incr 5% at complete	1	0.00	711	0	153	864		0	(1)	(1)
<b>Estimated Salary Needs:</b>												
		Permanent Positions	1	3.85	169,404	47,124	38,590	253,118		4,697	(213)	4,484
		Board & Group Positions	2	0.00	0	0	0	0			0	0
		Elected Officials & Full Time Commissioners	3	0.00	0	0	0	0		0	0	0
		<b>Estimated Salary and Benefits</b>		<b>3.85</b>	<b>169,404</b>	<b>47,124</b>	<b>38,590</b>	<b>253,118</b>		<b>4,697</b>	<b>(213)</b>	<b>4,484</b>
<b>Adjusted Over or (Under) Funding:</b>												
		Orig. Approp		0.00	16,200	4,500	3,500	24,200				Calculated overfunding is 8.7% of Original Appropriation
		Est. Expend		0.00	16,200	4,500	3,500	24,200				Calculated overfunding is 8.7% of Estimated Expenditures
		Base		0.00	16,200	4,500	3,500	24,200				Calculated overfunding is 9.0% of the Base
<b>Personnel Cost Reconciliation - Relation to Zero Variance ----&gt;</b>												

DU		Original Appropriation	FTP	FY 17 Salary	FY 17 Health Ben	FY 17 Var Ben	FY 2017 Total		FY 18 Chg Health Bens	FY 18 Chg Var Bens	Total Benefit Change
3.00	<b>FY 2017 ORIGINAL APPROPRIATION</b>	<b>277,300</b>	<b>3.85</b>	<b>185,589</b>	<b>51,826</b>	<b>40,085</b>	<b>277,300</b>				
	Rounded Appropriation		<b>3.85</b>	<b>185,600</b>	<b>51,600</b>	<b>40,100</b>	<b>277,300</b>				
	Appropriation Adjustments:										
4.11	Reappropriation		0.00	0	0	0	0				0
4.31	Supplemental		0.00	0	0	0	0				0
5.00	<b>FY 2017 TOTAL APPROPRIATION</b>		<b>3.85</b>	<b>185,600</b>	<b>51,600</b>	<b>40,100</b>	<b>277,300</b>				
	Expenditure Adjustments:										
6.31	FTP or Fund Adjustment		0.00	0	0	0	0				0
6.51	Transfer Between Programs		0.00	0	0	0	0				0
7.00	<b>FY 2017 ESTIMATED EXPENDITURES</b>		<b>3.85</b>	<b>185,600</b>	<b>51,600</b>	<b>40,100</b>	<b>277,300</b>				
	Base Adjustments:										
8.31	Transfer Between Programs		0.00	0	0	0	0				0
8.41	Removal of One-Time Expenditures		0.00	(6,300)	0	(1,400)	(7,700)				0
8.51	Base Reduction		0.00	0	0	0	0				0

Agency/Department:	Department of Insurance	Agency Number:	280
Function/Division:	Department of Insurance	Function/Activity Number:	
Activity/Program:	Insurance Regulation	Budget Unit:	INAB
		Fiscal Year:	2018
Original Request Date:	August 25, 2016	Fund Name:	Federal Grant
Revision Date:		Fund Number:	0348-00
Revision #:		Budget Submission Page #	32 of 38

			FTP	FY 18 Salary	FY18 Health Ben	FY 18 Var Ben	FY 2018 Total
9.00	FY 2018 BASE		3.85	179,300	51,600	38,700	269,600
10.11	Change in Health Benefit Costs				4,700		4,700
10.12	Change in Variable Benefits Costs					(200)	(200)
							0
	Subtotal CEC Base:	Indicator Code	3.85	179,300	56,300	38,500	274,100
10.51	Annualization			0	0	0	0
10.61	CEC for Permanent Positions	1.00%		1,800		400	2,200
10.62	CEC for Group Positions	1.00%		0		0	0
10.63	CEC for Elected Officials & Commissioners			0		0	0
11.00	FY 2018 PROGRAM MAINTENANCE		3.85	181,100	56,300	38,900	276,300
	Line Items:						
12.01							0
12.02							0
12.03							0
13.00	FY 2018 TOTAL REQUEST		3.85	181,100	56,300	38,900	276,300

# FY 2018 Agency Budget - Request

# Detail Report

Agency: 280 - Insurance, Department of  
 Function: 50 - Division of State Fire Marshal

		FTP	Personnel Cost	Operating Expense	Capital Outlay	Trustee/ Benefit	Lump Sum	Total
<b>FY 2016 Total Appropriation</b>								
1.00 FY 2016 Total Appropriation								
SB 1139								
0229-11	Dedicated	9.00	682,100	336,200	63,200	0	0	1,081,500
<b>Total</b>		<b>9.00</b>	<b>682,100</b>	<b>336,200</b>	<b>63,200</b>	<b>0</b>	<b>0</b>	<b>1,081,500</b>
1.41 Receipts to Appropriation								
Insurance payments and sale of surplus vehicle								
0229-11	Dedicated	0.00	0	900	2,400	0	0	3,300
<b>Total</b>		<b>0.00</b>	<b>0</b>	<b>900</b>	<b>2,400</b>	<b>0</b>	<b>0</b>	<b>3,300</b>
1.61 Reverted Appropriation Balances								
0229-11	Dedicated	0.00	(49,700)	(101,900)	(10,800)	0	0	(162,400)
<b>Total</b>		<b>0.00</b>	<b>(49,700)</b>	<b>(101,900)</b>	<b>(10,800)</b>	<b>0</b>	<b>0</b>	<b>(162,400)</b>
<b>FY 2016 Actual Expenditures</b>								
0229-11	Dedicated	9.00	632,400	235,200	54,800	0	0	922,400
<b>Total</b>		<b>9.00</b>	<b>632,400</b>	<b>235,200</b>	<b>54,800</b>	<b>0</b>	<b>0</b>	<b>922,400</b>
<b>FY 2017 Original Appropriation</b>								
3.00 FY 2017 Original Appropriation								
SB 1381								
0229-11	Dedicated	9.00	708,800	336,200	0	0	0	1,045,000
OT 0229-11	Dedicated	0.00	21,000	0	71,300	0	0	92,300
<b>Total</b>		<b>9.00</b>	<b>729,800</b>	<b>336,200</b>	<b>71,300</b>	<b>0</b>	<b>0</b>	<b>1,137,300</b>
<b>FY 2017 Total Appropriation</b>								
0229-11	Dedicated	9.00	708,800	336,200	0	0	0	1,045,000
OT 0229-11	Dedicated	0.00	21,000	0	71,300	0	0	92,300
<b>Total</b>		<b>9.00</b>	<b>729,800</b>	<b>336,200</b>	<b>71,300</b>	<b>0</b>	<b>0</b>	<b>1,137,300</b>
<b>FY 2017 Estimated Expenditures</b>								
0229-11	Dedicated	9.00	708,800	336,200	0	0	0	1,045,000
OT 0229-11	Dedicated	0.00	21,000	0	71,300	0	0	92,300
<b>Total</b>		<b>9.00</b>	<b>729,800</b>	<b>336,200</b>	<b>71,300</b>	<b>0</b>	<b>0</b>	<b>1,137,300</b>
<b>Base Adjustments</b>								
8.41 Removal of One-Time Expenditures								
OT 0229-11	Dedicated	0.00	(21,000)	0	(71,300)	0	0	(92,300)
<b>Total</b>		<b>0.00</b>	<b>(21,000)</b>	<b>0</b>	<b>(71,300)</b>	<b>0</b>	<b>0</b>	<b>(92,300)</b>

# FY 2018 Agency Budget - Request

# Detail Report

Agency: 280 - Insurance, Department of  
 Function: 50 - Division of State Fire Marshal

		FTP	Personnel Cost	Operating Expense	Capital Outlay	Trustee/ Benefit	Lump Sum	Total
<b>FY 2018 Base</b>								
0229-11	Dedicated	9.00	708,800	336,200	0	0	0	1,045,000
OT 0229-11	Dedicated	0.00	0	0	0	0	0	0
	<b>Total</b>	<b>9.00</b>	<b>708,800</b>	<b>336,200</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,045,000</b>
<b>Program Maintenance</b>								
10.11 Change in Health Benefit Costs								
0229-11	Dedicated	0.00	11,000	0	0	0	0	11,000
	<b>Total</b>	<b>0.00</b>	<b>11,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>11,000</b>
10.12 Change in Variable Benefit Costs								
0229-11	Dedicated	0.00	(600)	0	0	0	0	(600)
	<b>Total</b>	<b>0.00</b>	<b>(600)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(600)</b>
10.31 Repair, Replacement Items/Alterations								
OT 0229-11	Dedicated	0.00	0	0	60,500	0	0	60,500
	<b>Total</b>	<b>0.00</b>	<b>0</b>	<b>0</b>	<b>60,500</b>	<b>0</b>	<b>0</b>	<b>60,500</b>
10.61 Salary Multiplier - Regular Employees								
0229-11	Dedicated	0.00	6,000	0	0	0	0	6,000
	<b>Total</b>	<b>0.00</b>	<b>6,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6,000</b>
<b>FY 2018 Total Maintenance</b>								
0229-11	Dedicated	9.00	725,200	336,200	0	0	0	1,061,400
OT 0229-11	Dedicated	0.00	0	0	60,500	0	0	60,500
	<b>Total</b>	<b>9.00</b>	<b>725,200</b>	<b>336,200</b>	<b>60,500</b>	<b>0</b>	<b>0</b>	<b>1,121,900</b>
<b>Line Items</b>								
12.01 Reduced Contractor Use								
0229-11	Dedicated	1.00	63,500	0	0	0	0	63,500
OT 0229-11	Dedicated	0.00	0	0	2,800	0	0	2,800
	<b>Total</b>	<b>1.00</b>	<b>63,500</b>	<b>0</b>	<b>2,800</b>	<b>0</b>	<b>0</b>	<b>66,300</b>
<b>FY 2018 Total</b>								
0229-11	Dedicated	10.00	788,700	336,200	0	0	0	1,124,900
OT 0229-11	Dedicated	0.00	0	0	63,300	0	0	63,300
	<b>Total</b>	<b>10.00</b>	<b>788,700</b>	<b>336,200</b>	<b>63,300</b>	<b>0</b>	<b>0</b>	<b>1,188,200</b>

Agency/Department:	Department of Insurance	Agency Number:	280
Function/Division:	Department of Insurance	Function/Activity Number:	
Activity/Program:	State Fire Marshal	Budget Unit:	INAC
		Fiscal Year:	2018
Original Request Date:	August 25, 2016	Fund Name:	<b>Arson, Fire and Fraud Prevention</b>
Revision Date:		Fund Number:	0229-11
	Revision #: _____	Budget Submission Page #	35 of 38

PCN	CLASS CODE	DESCRIPTION	Indicator Code	FTP	FY 2017 SALARY	FY 2017 HEALTH BENEFITS	FY 2017 VAR BENEFITS	FY 2017 TOTAL	FY 2018 SALARY CHANGE	FY 2018 CHG HEALTH BENEFITS	FY 2018 CHG VAR BENEFITS	TOTAL BENEFIT CHANGES
<b>Totals from Wage and Salary Report (WSR):</b>												
		Permanent Positions	1	9.00	468,590	110,160	100,767	679,517	(17,355)	10,980	(587)	10,393
		Board & Group Positions	2		0	0	0	0				
		Elected Officials & Full Time Commissioners	3	0.00	0	0	0	0		0	0	0
		<b>TOTAL FROM WSR</b>		<b>9.00</b>	<b>468,590</b>	<b>110,160</b>	<b>100,767</b>	<b>679,517</b>		<b>10,980</b>	<b>(587)</b>	<b>10,393</b>
		FY 2017 ORIGINAL APPROPRIATION	729,800	9.00	503,265	118,312	108,223	729,800				
		Unadjusted Over or (Under) Funded:	Est Difference	0.00	34,675	8,152	7,457	50,283		Calculated overfunding is 6.9% of Original Appropriation		
<b>Adjustments to Wage &amp; Salary:</b>												
Add Funded / Subtract Unfunded - Vacant or Authorized - Positions:												
	Retire Cd	Adjustment Description / Position Title										
				0.00	0	0	0	0		0	0	0
<b>Other Adjustments:</b>												
				0.00	0	0	0	0		0	0	0
<b>Estimated Salary Needs:</b>												
		Permanent Positions	1	9.00	468,590	110,160	100,767	679,517		10,980	(587)	10,393
		Board & Group Positions	2	0.00	0	0	0	0			0	0
		Elected Officials & Full Time Commissioners	3	0.00	0	0	0	0		0	0	0
		<b>Estimated Salary and Benefits</b>		<b>9.00</b>	<b>468,590</b>	<b>110,160</b>	<b>100,767</b>	<b>679,517</b>		<b>10,980</b>	<b>(587)</b>	<b>10,393</b>
<b>Adjusted Over or (Under) Funding:</b>			Orig. Approp	0.00	34,700	8,200	7,500	50,400	Calculated overfunding is 6.9% of Original Appropriation			
			Est. Expend	0.00	34,700	8,100	7,400	50,200	Calculated overfunding is 6.9% of Estimated Expenditures			
			Base	0.00	34,700	8,100	7,400	50,200	Calculated overfunding is 7.1% of the Base			
<b>Personnel Cost Reconciliation - Relation to Zero Variance --&gt;</b>												

DU		Original Appropriation	FTP	FY 17 Salary	FY 17 Health Ben	FY 17 Var Ben	FY 2017 Total		FY 18 Chg Health Bens	FY 18 Chg Var Bens	Total Benefit Change
3.00	FY 2017 ORIGINAL APPROPRIATION	729,800	9.00	503,265	118,312	108,223	729,800				
	Rounded Appropriation		9.00	503,300	118,300	108,200	729,800				
	Appropriation Adjustments:										
4.11	Reappropriation		0.00	0	0	0	0				
4.31	Supplemental		0.00	0	0	0	0				0
5.00	FY 2017 TOTAL APPROPRIATION		9.00	503,300	118,300	108,200	729,800				
	Expenditure Adjustments:										
6.31	FTP or Fund Adjustment		0.00	0	0	0	0				0
6.51	Transfer Between Programs		0.00	0	0	0	0				0
7.00	FY 2017 ESTIMATED EXPENDITURES		9.00	503,300	118,300	108,200	729,800				
	Base Adjustments:										
8.31	Transfer Between Programs		0.00	0	0	0	0				0
8.41	Removal of One-Time Expenditures		0.00	(17,300)	0	(3,700)	(21,000)				0
8.51	Base Reduction		0.00	0	0	0	0				0

Agency/Department: <b>Department of Insurance</b>		Agency Number: <b>280</b>	
Function/Division: <b>Department of Insurance</b>		Function/Activity Number:	
Activity/Program: <b>State Fire Marshal</b>		Budget Unit: <b>INAC</b>	
Original Request Date: <b>August 25, 2016</b>		Fiscal Year: <b>2018</b>	
Revision Date:		Revision #:	
Fund Name: <b>Arson, Fire and Fraud Prevention</b>		Fund Number: <b>0229-11</b>	
Budget Submission Page # <b>36</b>		of <b>38</b>	

			FTP	FY 18 Salary	FY18 Health Ben	FY 16 Var Ben	FY 2018 Total
9.00	FY 2018 BASE		9.00	486,000	118,300	104,500	708,800
10.11	Change in Health Benefit Costs				11,000		11,000
10.12	Change in Variable Benefits Costs					(600)	(600)
	Subtotal CEC Base:	Indicator Code	9.00	486,000	129,300	103,900	719,200
10.51	Annualization			0	0	0	0
10.61	CEC for Permanent Positions	1.00%		4,900		1,100	6,000
10.62	CEC for Group Positions	1.00%		0		0	0
10.63	CEC for Elected Officials & Commissioners			0		0	0
11.00	FY 2018 PROGRAM MAINTENANCE		9.00	490,900	129,300	105,000	725,200
Line Items:							
12.01	Reduced Contractor Use	1	1.00	41,000	13,480	9,040	63,500
12.02							0
12.03							0
13.00	FY 2018 TOTAL REQUEST		10.00	531,900	142,760	114,040	788,700

**FORM B7: ONE-TIME OPERATING EXPENDITURES & ONE-TIME CAPITAL OUTLAY SUMMARY**

Agency/Department: Insurance, Dept of  
 Program (if applicable) Ins Regulation/State Fire Marshal

Request for Fiscal Year: 2018  
 Agency Number: 280  
 Function/Activity Number: 30/50

Original Request Date:  
August 25, 2016

Revision Request Date:

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Priority Order	Program	DU	Fund	Sub-object Code	Item/Description	Mileage	Date Acquired	Quantity in Stock	Request Quantify Desired	Request Unit Cost	Request Total Cost
1	30	10.31	0229-10	6413	Boise Rack Air Handler		2007	1	1	3,000	3,000
1	30	10.31	0229-10	6413	(UPS) - Boise Switch Rack		2011	1	1	3,500	3,500
1	30	10.31	0229-10	6413	(UPS) - Field Offices -Large-POC		2011	1	1	850	900
1	30	10.31	0229-10	6414	Fire Wall Boise		2015	2	2	7,650	15,300
1	30	12.01	0229-10	6410	Computers - Laptop		NA	0	2	1,550	3,100
1	30	12.01	0229-10	6415	Docking Stations		NA	0	2	180	400
1	30	12.01	0229-10	6415	Monitors		NA	0	4	280	1,100
1	30	12.01	0229-10	6416	Telephones		NA	0	2	600	1,200
1	30	12.01	0229-10	6710	Task Chairs		NA	0	2	600	1,200
1	50	10.31	0229-11	6801	Personal Protective Equipment		2003	7	3	3,800	11,400
1	50	12.01	0229-11	6410	Computers - PC		NA	0	1	950	1,000
1	50	12.01	0229-11	6415	Monitors		NA	0	2	280	600
1	50	12.01	0229-11	6416	Telephones		NA	0	1	600	600
1	50	12.01	0229-11	6710	Task Chairs		NA	0	1	600	600
2	30	10.31	0229-10	6415	Network Printers - Large Office		2015	8	3	8,200	24,600
2	30	10.31	0229-10	6415	Network Printers - Small Boise Office		Various	2	1	600	600
2	30	10.31	0229-10	6415	Network Printers - Field Office		2015	2	2	4,000	8,000
2	30	10.31	0229-10	6415	Digital Projector-Portable		2011	5	4	800	3,200
2	30	10.31	0229-10	6416	Telephone - Cisco replacement		Various	80	1	300	300
3	30	10.31	0229-10	6410	Computers - PC		2014	79	26	950	24,700
3	30	10.31	0229-10	6410	Computers - Laptop		2014	23	4	1,550	6,200
3	30	10.31	0229-10	6410	Computers - Chromebook		2014	4	1	250	300
3	30	10.31	0229-10	6415	Docking Stations		2014	10	2	180	400
3	30	10.31	0229-10	6415	Monitors		2014	167	56	280	15,700
3	50	10.31	0229-11	6410	Computers - Notebook		2014	8	3	1,550	4,700
3	50	10.31	0229-11	6410	Computers - PC		2014	2	2	950	1,900
3	50	10.31	0229-11	6601	2014 Ford F-150 Supercab PU (# 293249) with shell and slide out bed appliance	107,984	2014	7	1	34,400	34,400
5	30	10.31	0229-10	6415	Printer, local- <\$500		2014	13	2	300	600
5	30	10.31	0229-10	6415	Scanners - Desktop		2014	11	6	500	3,000
5	30	10.31	0229-10	6710	Task Chairs		Various	70	7	600	4,200
5	50	10.31	0229-11	6415	Docking stations		2014	9	3	180	500
5	50	10.31	0229-11	6415	Monitors		2014	18	8	280	2,200
5	50	10.31	0229-11	6415	Digital Projector-Portable		2007	3	3	800	2,400
5	50	10.31	0229-11	6415	Digital Projector-Portable		2007	3	3	800	2,400
5	50	10.31	0229-11	6710	Task Chairs		Various	10	1	600	600
<b>Subtotal of filtered items</b>											<b>\$184,800</b>

**FORM B7: ONE-TIME OPERATING EXPENDITURES & ONE-TIME CAPITAL OUTLAY SUMMARY**

Agency/Department: Insurance, Dept of  
 Program (If applicable) Ins Regulation/State Fire Marshal

Request for Fiscal Year: 2018  
 Agency Number: 280  
 Function/Activity Number: 30/50

Original Request Date:  
 August 25, 2016

Revision Request Date:

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Priority Order	Program	DU	Fund	Sub-object Code	Item/Description	Mileage	Date Acquired	Quantity In Stock	Request Quantity Desired	Request Unit Cost	Request Total Cost
<b>Grand Total by Program</b>											<b>\$184,800</b>
	30										121,500
	50										63,300
<b>Grand Total by Decision Unit</b>											<b>\$184,800</b>
		10.31									175,000
		12.01									9,800
<b>Grand Total by Fund Source</b>											<b>\$184,800</b>
			0229-10								121,500
			0229-11								63,300
<b>Grand Total by Category</b>											<b>\$184,800</b>
				6410				116	39		41,900
				6413				3	3		7,400
				6414				2	2		15,300
				6415				251	101		65,700
				6416				80	4		2,100
				6601				7	1		34,400
				6710				80	11		6,600
				6801				7	3		11,400

AGENCY NAME:			Insurance, Department of					
FACILITY INFORMATION SUMMARY FOR FISCAL YR			2018	BUDGET REQUEST		Include this summary w/ budget request.		
Address, City, Zip, Purpose	Fiscal Year		Sq Ft	\$/Sq Ft	Cost/Yr	Work Areas	Sq Ft/FTE	FTP's, Temps and Comments
Main Office	2018	request	22,574	\$ 8.98	\$ 202,714	78	289	
700 W State Street 3rd Floor	2017	estimate	22,574	\$ 8.68	\$ 195,942	80	282	
Boise, Idaho 83720-0043	2016	actual	<u>22,574</u>	\$ 8.68	\$ 195,942	<u>78</u>	<u>289</u>	
	Change (request vs actual)		0	\$ -	6,772	0	0	
	Change (estimate vs actual)		0	\$ -	0	2	-7	
Field Office	2018	request	1,829	\$ 15.29	\$ 27,959	7	261	
2005 Ironwood Pkwy Ste 142 & 143	2017	estimate	1,829	\$ 14.93	\$ 27,308	7	261	
Coeur d'Alene, Idaho 83814	2016	actual	<u>1,829</u>	\$ 14.58	\$ 26,658	<u>7</u>	<u>261</u>	
	Change (request vs actual)		0	\$ -	1,301	0	0	
	Change (estimate vs actual)		0	\$ -	650	0	0	
Field Office	2018	request	1,307	\$ 13.96	\$ 18,244	5	261	
353 N 4th Ave Ste 200	2017	estimate	1,307	\$ 13.96	\$ 18,244	5	261	
Pocatello, Idaho 83204	2016	actual	<u>1,307</u>	\$ 13.96	\$ 18,244	<u>5</u>	<u>261</u>	
	Change (request vs actual)		0	\$ -	0	0	0	
	Change (estimate vs actual)		0	\$ -	0	0	0	
Field Office	2018	request	738	\$ 14.13	\$ 10,429	2	369	
1820 E 17th St Ste 210	2017	estimate	738	\$ 13.99	\$ 10,323	2	369	
Idaho Falls, Idaho 83404	2016	actual	<u>738</u>	\$ 16.46	\$ 12,151	<u>2</u>	<u>369</u>	
	Change (request vs actual)		0	\$ -	-1,722	0	0	
	Change (estimate vs actual)		0	\$ -	-1,828	0	0	
TOTAL (PAGE 1)	2018	request	26,448	\$ 9.81	\$ 259,346	92	287	
	2017	estimate	26,448	\$ 9.52	\$ 251,817	94	281	
	2016	actual	26,448	\$ 9.57	\$ 252,995	92	287	
	Change (request vs actual)		0	\$ -	6,351	0	0	
	Change (estimate vs actual)		0	\$ -	-1,178	2	-6	
TOTAL (ALL PAGES)	2018	request	26,448	\$ 9.81	\$ 259,346	92	287	
	2017	estimate	26,448	\$ 9.52	\$ 251,817	94	281	
	2016	actual	26,448	\$ 9.57	\$ 252,995	<u>92</u>	<u>287</u>	
	Change (request vs actual)		0	\$ 0.24	6,351	0	0	
	Change (estimate vs actual)		0	\$ (0.04)	-1,178	2	-6	

**FIVE-YEAR FACILITY NEEDS PLAN, pursuant to IC 67-5708B**

**AGENCY INFORMATION**

<b>AGENCY NAME:</b>	Insurance, Department of		
<b>Division/Bureau:</b>	Insurance Regulation & State Fire Marshal Divisions		
<b>Prepared By:</b>	Renee Iverson	<b>E-mail Address:</b>	renee.iverson@doi.idaho.gov
<b>Telephone Number:</b>	208-334-4266	<b>Fax Number:</b>	208-334-4398
<b>DFM Analyst:</b>	Gideon Tolman	<b>LSO/BPA Analyst:</b>	
<b>Date Prepared:</b>	7/29/2015	<b>For Fiscal Year:</b>	<b>2018</b>

**FACILITY INFORMATION (please list each facility separately by city and street address)**

<b>Facility Name:</b>	Department of Insurance Main Office				
<b>City:</b>	Boise	<b>County:</b>	Ada		
<b>Street Address:</b>	700 W State St, 3rd Fl			<b>Zip Code:</b>	83720-0043
<b>Facility Ownership: (could be private or state-owned, use "X" to mark)</b>	<b>Private Lease (use "X" to mark):</b>		<b>State Owned (use "X" to mark):</b>	X	<b>Lease Expires:</b> 6/30/2050

**FUNCTION/USE OF FACILITY:** Could be administrative use, client counseling, hearing rooms, field offices, etc. Address any specialized needs which require additional square feet.

Primary offices for the Department of Insurance including the State Fire Marshal

**COMMENTS:** Address reasons for expanding or relocating; amount of space leased to other state agencies, federal agencies, etc. & the amount of rent they pay for the use of your facility; or other comments which might be helpful.

**SURPLUS PROPERTY:** Facilities to be disposed of and funds re-utilized for building replacement or renovation of facilities. This could also include leased facilities if the leased facility is to be vacated prior to the expiration date of the lease.

FISCAL YR:	ACTUAL 2016	ESTIMATE 2017	REQUEST 2018	REQUEST 2019	REQUEST 2020	REQUEST 2021
Use "X" to mark the year facility could be surplusd.	N	N	N	N	N	N

**WORK AREAS:** Work areas are areas occupied by full-time employees, contractors, seasonal employees, auditors, etc. (3 people working in one building would be 3 work areas)

FISCAL YR:	ACTUAL 2016	ESTIMATE 2017	REQUEST 2018	REQUEST 2019	REQUEST 2020	REQUEST 2021
Total Number of Work Areas:	78	80	78	78	78	78
Full-Time Equivalent Positions:	67.5	67.5	67.5	67.5	67.5	67.5
Temp. Employees, Contractors, Auditors, etc.:	10	12	10	10	10	10

**SQUARE FEET:** Use "net rentable" sq ft if in a facility leased from a private party; use "usable" sq ft if in a State-owned facility. Typically, this will be the figure shown in the Lease Agreement if leased from a private party or in the MOU if state-owned.

FISCAL YR:	ACTUAL 2016	ESTIMATE 2017	REQUEST 2018	REQUEST 2019	REQUEST 2020	REQUEST 2021
Square Feet:	22574	22574	22574	22574	22574	22574

**FACILITY COST:** Include annual rent, plus any facility-related costs, such as utilities, janitorial service, property taxes or building maintenance which are not included in rent payment made to your Landlord. If improvements will need to be made to the facility and will be paid by the agency, this should be included as well. If the lease will be expiring and the future rent is not specified in the lease agreement, increase rent by 3%/yr. Increase all other facility-related costs by 3%/yr as well. Use "[Calculation Sheet](#)" if necessary. Do not include telephone costs or rent discounts. If you anticipate moving to a new facility, you need to take into account any increase in sq ft leased and estimate a new market rate for the new facility. Do NOT use your old rate per sq ft – it may not be a realistic figure.

FISCAL YR:	ACTUAL 2016	ESTIMATE 2017	REQUEST 2018	REQUEST 2019	REQUEST 2020	REQUEST 2021
Total Facility Cost/Yr:	\$195,942.00	\$195,942.00	\$202,714.20	\$202,714.20	\$202,714.20	\$202,714.20

**IMPORTANT NOTES:**

- Please fill in the white sections only! If you have any questions, please call Ruth @ 332-1933.
  - Upon completion, please send to Ruth Swan-Brown at the Division of Public Works via email to Ruth.Swan-Brown@adm.idaho.gov.
  - If you have five or more locations, please summarize the information on the Facility Information Summary Sheet and include this summary sheet with your submittal.
- Attach a hardcopy of this submittal, as well as the Facility Information Summary Sheet, if applicable, with your budget request.

**AGENCY NOTES:**

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**FIVE-YEAR FACILITY NEEDS PLAN, pursuant to IC 67-5708B**

**AGENCY INFORMATION**

<b>AGENCY NAME:</b>	Insurance, Department of		
<b>Division/Bureau:</b>	Insurance Regulation & State Fire Marshal Divisions		
<b>Prepared By:</b>	Renee Iverson	<b>E-mail Address:</b>	renee.iverson@doi.idaho.gov
<b>Telephone Number:</b>	208-334-4266	<b>Fax Number:</b>	208-334-4398
<b>DFM Analyst:</b>	Gideon Tolman	<b>LSO/BPA Analyst:</b>	
<b>Date Prepared:</b>	7/29/2015	<b>For Fiscal Year:</b>	<b>2018</b>

**FACILITY INFORMATION (please list each facility separately by city and street address)**

<b>Facility Name:</b>	Department of Insurance Coeur d'Alene Regional Office		
<b>City:</b>	Coeur d'Alene	<b>County:</b>	Kootenai
<b>Street Address:</b>	2005 Ironwood Parkway, Ste 142 & 143		<b>Zip Code:</b> 83814
<b>Facility Ownership: (could be private or state-owned, use "X" to mark)</b>	<b>Private Lease (use "X" to mark):</b> X	<b>State Owned (use "X" to mark):</b>	<b>Lease Expires:</b> 6/30/2019

**FUNCTION/USE OF FACILITY:** Could be administrative use, client counseling, hearing rooms, field offices, etc. Address any specialized needs which require additional square feet.

North Idaho Regional Offices for the Department of Insurance including the State Fire Marshal, Investigations, Consumer Affairs and SHIBA

**COMMENTS:** Address reasons for expanding or relocating; amount of space leased to other state agencies, federal agencies, etc. & the amount of rent they pay for the use of your facility; or other comments which might be helpful.

**SURPLUS PROPERTY:** Facilities to be disposed of and funds re-utilized for building replacement or renovation of facilities. This could also include leased facilities if the leased facility is to be vacated prior to the expiration date of the lease.

<b>FISCAL YR:</b>	<b>ACTUAL 2016</b>	<b>ESTIMATE 2017</b>	<b>REQUEST 2018</b>	<b>REQUEST 2019</b>	<b>REQUEST 2020</b>	<b>REQUEST 2021</b>
Use "X" to mark the year facility would be surplus.	N	N	N	N	N	N

**WORK AREAS:** Work areas are areas occupied by full-time employees, contractors, seasonal employees, auditors, etc. (3 people working in one building would be 3 work areas)

<b>FISCAL YR:</b>	<b>ACTUAL 2016</b>	<b>ESTIMATE 2017</b>	<b>REQUEST 2018</b>	<b>REQUEST 2019</b>	<b>REQUEST 2020</b>	<b>REQUEST 2021</b>
<b>Total Number of Work Areas:</b>	7	7	7	7	7	7
<b>Full-Time Equivalent Positions:</b>	5	5	5	5	5	5
<b>Temp. Employees, Contractors, Auditors, etc.:</b>	2	2	2	2	2	2

**SQUARE FEET:** Use "net rentable" sq ft if in a facility leased from a private party; use "usable" sq ft if in a State-owned facility. Typically, this will be the figure shown in the Lease Agreement if leased from a private party or in the MOU if state-owned.

<b>FISCAL YR:</b>	<b>ACTUAL 2016</b>	<b>ESTIMATE 2017</b>	<b>REQUEST 2018</b>	<b>REQUEST 2019</b>	<b>REQUEST 2020</b>	<b>REQUEST 2021</b>
<b>Square Feet:</b>	1829	1829	1829	1829	1829	1829

**FACILITY COST:** Include annual rent, plus any facility-related costs, such as utilities, janitorial service, property taxes or building maintenance which are not included in rent payment made to your Landlord. If improvements will need to be made to the facility and will be paid by the agency, this should be included as well. If the lease will be expiring and the future rent is not specified in the lease agreement, increase rent by 3%/yr. Increase all other facility-related costs by 3%/yr as well. Use "Calculation Sheet" if necessary. Do not include telephone costs or rent discounts. If you anticipate moving to a new facility, you need to take into account any increase in sq ft leased and estimate a new market rate for the new facility. Do NOT use your old rate per sq ft – it may not be a realistic figure.

<b>FISCAL YR:</b>	<b>ACTUAL 2016</b>	<b>ESTIMATE 2017</b>	<b>REQUEST 2018</b>	<b>REQUEST 2019</b>	<b>REQUEST 2020</b>	<b>REQUEST 2021</b>
<b>Total Facility Cost/Yr:</b>	\$26,658.16	\$27,308.42	\$27,959.00	\$28,609.00	\$29,467.00	\$30,351.00

**IMPORTANT NOTES:**

- Please fill in the white sections only! If you have any questions, please call Ruth @ 332-1933.
  - Upon completion, please send to Ruth Swan-Brown at the Division of Public Works via email to Ruth.Swan-Brown@adm.idaho.gov.
  - If you have five or more locations, please summarize the information on the Facility Information Summary Sheet and include this summary sheet with your submittal.
- Attach a hardcopy of this submittal, as well as the Facility Information Summary Sheet, if applicable, with your budget request.

**AGENCY NOTES:**

**FIVE-YEAR FACILITY NEEDS PLAN, pursuant to IC 67-5708B**

**AGENCY INFORMATION**

<b>AGENCY NAME:</b>	Insurance, Department of		
<b>Division/Bureau:</b>	Insurance Regulation Division		
<b>Prepared By:</b>	Renee Iverson	<b>E-mail Address:</b>	renee.iverson@doi.idaho.gov
<b>Telephone Number:</b>	208-334-4266	<b>Fax Number:</b>	208-334-4398
<b>DFM Analyst:</b>	Gideon Tolman	<b>LSO/BPA Analyst:</b>	
<b>Date Prepared:</b>	7/29/2015	<b>For Fiscal Year:</b>	<b>2018</b>

**FACILITY INFORMATION (please list each facility separately by city and street address)**

<b>Facility Name:</b>	Department of Insurance Pocatello Regional Office		
<b>City:</b>	Pocatello	<b>County:</b>	Bannock
<b>Street Address:</b>	353 N 4th Ave Ste 200	<b>Zip Code:</b>	83204
<b>Facility Ownership: (could be private or state-owned, use "X" to mark)</b>	<b>Private Lease (use "X" to mark):</b> X	<b>State Owned (use "X" to mark):</b>	<b>Lease Expires:</b> 8/31/2019

**FUNCTION/USE OF FACILITY:** Could be administrative use, client counseling, hearing rooms, field offices, etc. Address any specialized needs which require additional square feet.

Eastern Idaho Regional Offices for the Department of Insurance including Consumer Affairs and SHIBA

**COMMENTS:** Address reasons for expanding or relocating; amount of space leased to other state agencies, federal agencies, etc. & the amount of rent they pay for the use of your facility; or other comments which might be helpful.

**SURPLUS PROPERTY:** Facilities to be disposed of and funds re-utilized for building replacement or renovation of facilities. This could also include leased facilities if the leased facility is to be vacated prior to the expiration date of the lease.

FISCAL YR:	ACTUAL 2016	ESTIMATE 2017	REQUEST 2018	REQUEST 2019	REQUEST 2020	REQUEST 2021
Use "X" to mark the year facility would be surplus.	N	N	N	N	N	N

**WORK AREAS:** Work areas are areas occupied by full-time employees, contractors, seasonal employees, auditors, etc. (3 people working in one building would be 3 work areas)

FISCAL YR:	ACTUAL 2016	ESTIMATE 2017	REQUEST 2018	REQUEST 2019	REQUEST 2020	REQUEST 2021
Total Number of Work Areas:	5	5	5	5	5	5
Full-Time Equivalent Positions:	3	3	3	3	3	3
Temp. Employees, Contractors, Auditors, etc.:	2	2	2	2	2	2

**SQUARE FEET:** Use "net rentable" sq ft if in a facility leased from a private party; use "usable" sq ft if in a State-owned facility. Typically, this will be the figure shown in the Lease Agreement if leased from a private party or in the MOU if state-owned.

FISCAL YR:	ACTUAL 2016	ESTIMATE 2017	REQUEST 2018	REQUEST 2019	REQUEST 2020	REQUEST 2021
Square Feet:	1307	1307	1307	1307	1307	1307

**FACILITY COST:** Include annual rent, plus any facility-related costs, such as utilities, janitorial service, property taxes or building maintenance which are not included in rent payment made to your Landlord. If improvements will need to be made to the facility and will be paid by the agency, this should be included as well. If the lease will be expiring and the future rent is not specified in the lease agreement, increase rent by 3%/yr. Increase all other facility-related costs by 3%/yr as well. Use "Calculation Sheet" if necessary. Do not include telephone costs or rent discounts. If you anticipate moving to a new facility, you need to take into account any increase in sq ft leased and estimate a new market rate for the new facility. Do NOT use your old rate per sq ft – it may not be a realistic figure.

FISCAL YR:	ACTUAL 2016	ESTIMATE 2017	REQUEST 2018	REQUEST 2019	REQUEST 2020	REQUEST 2021
Total Facility Cost/Yr:	\$18,243.63	\$18,243.63	\$18,243.63	\$18,243.63	\$18,791.00	\$19,355.00

**IMPORTANT NOTES:**

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**AGENCY NOTES:**

**FIVE-YEAR FACILITY NEEDS PLAN, pursuant to IC 67-5708B**

**AGENCY INFORMATION**

<b>AGENCY NAME:</b>	Insurance, Department of		
<b>Division/Bureau:</b>	State Fire Marshal Division		
<b>Prepared By:</b>	Renee Iverson	<b>E-mail Address:</b>	renee.iverson@doi.idaho.gov
<b>Telephone Number:</b>	208-334-4266	<b>Fax Number:</b>	208-334-4398
<b>DFM Analyst:</b>	Gideon Tolman	<b>LSO/BPA Analyst:</b>	
<b>Date Prepared:</b>	7/29/2015	<b>For Fiscal Year:</b>	<b>2018</b>

**FACILITY INFORMATION (please list each facility separately by city and street address)**

<b>Facility Name:</b>	Department of Insurance Idaho Falls Regional Office		
<b>City:</b>	Idaho Falls	<b>County:</b>	Bonneville
<b>Street Address:</b>	1820 E 17th St Ste 220	<b>Zip Code:</b>	83404
<b>Facility Ownership: (could be private or state-owned, use "X" to mark)</b>	Private Lease (use "X" to mark): <input checked="" type="checkbox"/>	State Owned (use "X" to mark): <input type="checkbox"/>	<b>Lease Expires:</b> 7/31/2020

**FUNCTION/USE OF FACILITY:** Could be administrative use, client counseling, hearing rooms, field offices, etc. Address any specialized needs which require additional square feet.

Eastern Idaho Regional Offices for the Department of Insurance limited to the State Fire Marshal

**COMMENTS:** Address reasons for expanding or relocating; amount of space leased to other state agencies, federal agencies, etc. & the amount of rent they pay for the use of your facility; or other comments which might be helpful.

**SURPLUS PROPERTY:** Facilities to be disposed of and funds re-utilized for building replacement or renovation of facilities. This could also include leased facilities if the leased facility is to be vacated prior to the expiration date of the lease.

FISCAL YR:	ACTUAL 2016	ESTIMATE 2017	REQUEST 2018	REQUEST 2019	REQUEST 2020	REQUEST 2021
Use "X" to mark the year facility would be surplus.	N	N	N	N	N	N

**WORK AREAS:** Work areas are areas occupied by full-time employees, contractors, seasonal employees, auditors, etc. (3 people working in one building would be 3 work areas)

FISCAL YR:	ACTUAL 2016	ESTIMATE 2017	REQUEST 2018	REQUEST 2019	REQUEST 2020	REQUEST 2021
Total Number of Work Areas:	2	2	2	2	2	2
Full-Time Equivalent Positions:	2	2	2	2	2	2
Temp. Employees, Contractors, Auditors, etc.:	0	0	0	0	0	0

**SQUARE FEET:** Use "net rentable" sq ft if in a facility leased from a private party; use "usable" sq ft if in a State-owned facility. Typically, this will be the figure shown in the Lease Agreement if leased from a private party or in the MOU if state-owned.

FISCAL YR:	ACTUAL 2016	ESTIMATE 2017	REQUEST 2018	REQUEST 2019	REQUEST 2020	REQUEST 2021
Square Feet:	738	738	738	738	738	738

**FACILITY COST:** Include annual rent, plus any facility-related costs, such as utilities, janitorial service, property taxes or building maintenance which are not included in rent payment made to your Landlord. If improvements will need to be made to the facility and will be paid by the agency, this should be included as well. If the lease will be expiring and the future rent is not specified in the lease agreement, increase rent by 3%/yr. Increase all other facility-related costs by 3%/yr as well. Use "[Calculation Sheet](#)" if necessary. Do not include telephone costs or rent discounts. If you anticipate moving to a new facility, you need to take into account any increase in sq ft leased and estimate a new market rate for the new facility. Do NOT use your old rate per sq ft – it may not be a realistic figure.

FISCAL YR:	ACTUAL 2016	ESTIMATE 2017	REQUEST 2018	REQUEST 2019	REQUEST 2020	REQUEST 2021
Total Facility Cost/Yr:	\$12,151.00	\$10,322.70	\$10,429.00	\$10,429.00	\$10,429.00	\$10,742.00

**IMPORTANT NOTES:**

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- If you have five or more locations, please summarize the information on the Facility Information Summary Sheet and include this summary sheet with your submittal.  
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**AGENCY NOTES:**

Contract currently in negotiations.

**Federal Funds Inventory Form  
As Required by Idaho Code 67-1917**

Reporting Agency/Department: Insurance, Department of

STARS Agency Code: 280

Fiscal Year: 2018

Contact Person/Title: Renee Iverson, Financial Specialist Principal

Contact Phone Number: 334-4266

Contact Email: [renee.iverson@doi.idaho.gov](mailto:renee.iverson@doi.idaho.gov)

CFDA#/Cooperative Agreement # /Identifying #	Grant Type	Federal Granting Agency	Grant title	Description	Pass Through Federal Money From Other State Agency	FY 2016 Available Funds	FY 2016 Actual Expenditures	FY 2017 Estimated Available Funds	FY 2018 Estimated Available Funds	State Approp [Y] Yearly or [C] Continuous	10% or More Reduction Information
93.324/90SA0089	B - Cooperative Agreements	Dept of Health & Human Service: Administration for Community Living	State Health Insurance Assistance Program	To provide information, counseling, and assistance relating to health insurance coverage for eligible individuals under the Medicare program	NA	520,953	407,505	497,878	384,430	Y	Provide counseling and assistance to fewer individuals.
93.071/14AAIDMSHI	A - Formula Grants, B - Project Grants	Dept of Health & Human Service: Administration for Community Living	Medicare Enrollment Assistance Program	To enhance outreach and assistance to Medicare beneficiaries eligible for benefits available under the LIS, MSP, and Medicare Part D programs.	Idaho Commission on Aging	80,998	69,792	100,332	96,200	Y	Reduce outreach and advertising to specially qualified individuals.
<b>Total</b>						<b>601,951</b>	<b>477,297</b>	<b>598,211</b>	<b>480,630</b>		

<b>Total FY 2016 All Funds Appropriation (DU 1.00)</b>	<b>\$9,028,500</b>
<b>Federal Funds as Percentage of Funds</b>	<b>5.3%</b>

\*\*\* Report must be submitted to the Division of Financial Management and Legislative Services Office as part of agency budget request.

## **Part I – Agency Profile**

### **Agency Overview**

The Department of Insurance is a regulatory agency created to regulate the business of insurance in Idaho. State regulation of Idaho's insurance business began in 1901, and in 1961 the Insurance Code was expanded and recodified into Title 41, Idaho Code. When the Executive branch of state government was reorganized in 1974, the Department of Insurance became one of the 20 major departments of the Executive branch. The director of the department is appointed by the governor and is subject to confirmation by the state senate.

The mission of the Department of Insurance is to equitably, effectively, and efficiently administer the Idaho Insurance Code and the International Fire Code. The Department is organized into two divisions: the State Fire Marshal's Office and the Insurance Regulation Division. The State Fire Marshal's Office participates in and coordinates an integrated statewide system designed to protect human life from fire and explosions through fire prevention, investigation, and public education activities. The program involves fire prevention activities, fire/arson investigations, code enforcement, and the operation of the Idaho Fire Incident Reporting System. The State Fire Marshal's Office provides assistance to local fire agencies throughout the state. The Department's Insurance Regulation Division consists of the following three regulatory bureaus and one section overseen by a deputy director: the Company Activities Bureau, the Consumer Services Bureau, the Product Review Bureau, and the Information Technology Section. The Company Activities Bureau (CAB) monitors the financial condition of all insurance entities domiciled in the state of Idaho to assure that each complies with Idaho law and that the financial obligations of the company to its policyholders will be met. The CAB reviews all applications of insurers and qualifying self-funded healthcare plans seeking to do business in this state to determine eligibility for a certificate of authority to transact insurance or eligibility for registration as a self-funded healthcare plan. The CAB also collects premium taxes and audits insurance premium tax returns, licenses producers, adjusters, and third party administrators, administers the applicable continuing education program for the resident producers and adjusters, regulates title agencies, and performs market analyses and examinations of insurers and self-funded plans doing business in Idaho. The Consumer Services Bureau (CSB) researches consumer and industry complaints and provides assistance to consumers, the insurance industry, and law enforcement agencies on matters involving insurance contracts and potential violations of the insurance code. The CSB is also responsible for investigating criminal and civil violations of insurance laws and referring cases involving criminal or administrative violations of the Idaho Code to the Attorney General or appropriate county prosecutor when applicable. Also within the CSB is Idaho's Senior Health Insurance Benefits Advisors (SHIBA) program that provides free, unbiased information, counseling, and assistance on Medicare coverage issues to Idaho's senior citizens through a network of professional staff, over 100 volunteers, and a call center staffed to service a toll-free telephone line. The Product Review Bureau (PRB) reviews insurance policy and self-funded rates and forms. The PRB meets the effective rate review standards for individual and small group health insurance markets, retaining state-level regulatory authority. The PRB supports the Idaho Health Insurance Exchange (Your Health Idaho) in fulfilling the plan management requirements and in reviewing and certifying health plans that meet the Qualified Health Plan (QHP) standards. The Information Technology Section provides computer-related support for the entire agency under the guidance of the Deputy Director. The Office of the Attorney General provides four dedicated employees, three attorneys and one paralegal, to provide day-to-day legal services to the department.

The main office of the Idaho Department of Insurance is located on the third floor of the JR Williams Building in Boise. The department also has offices in Pocatello, Idaho Falls, and Coeur d'Alene (CdA). The department has been appropriated 73.5 FTE (full time equivalent) personnel for FY 2014. The State Fire Marshal has five FTE in Boise, two FTE in Idaho Falls, and two in CdA. The Insurance Regulation Division has two SHIBA FTE and one consumer affairs FTE in Pocatello and two SHIBA FTE and one consumer affairs FTE in CdA.

While the department collects more than \$80 million in Premium Taxes from insurance companies, none of those funds are used to support agency operations. The agency is funded entirely by fees collected for licensing insurance producers and companies doing business in Idaho.

**Core Functions/Idaho Code**

**Insurance Regulation Division** – Regulates the insurance industry in Idaho and assists public with insurance complaints and inquiries, investigates insurance fraud, reviews insurer rate and form filings, reviews qualifications of insurance agents/brokers and insurers seeking licensing to do business in Idaho, reviews financial solvency of insurers doing business in Idaho, and administers and collects insurance premium tax. Title 41, Idaho Code.

**State Fire Marshal's Office** – Assists local governmental entities and fire districts in fire investigation and prevention activities and is responsible for fire and life safety issues in state-owned buildings. Title 41, Chapter 2, Idaho Code.

**Revenue and Expenditures**

Revenue	FY 2013	FY 2014	FY 2015	FY 2016
Insurance Administrative Acct	\$5,906,000	\$7,605,800	\$7,403,400	\$7,638,600
Arson Fire & Fraud Acct	\$902,200	\$876,900	\$945,500	\$963,300
Federal Grant	\$486,100	\$371,100	\$313,400	\$475,700
Miscellaneous Revenue	\$8,000	\$10,000	\$91,000	\$9,000
<b>Total</b>	<b>\$7,302,300</b>	<b>\$8,863,800</b>	<b>\$8,753,300</b>	<b>\$9,086,600</b>
Expenditures	FY 2013	FY 2014	FY 2015	FY 2016
Personnel Costs	\$4,591,800	\$4,505,300	\$4,630,400	\$4,994,234
Operating Expenditures	\$2,342,000	\$2,023,900	\$2,117,200	\$2,150,864
Capital Outlay	\$181,000	\$242,900	\$142,600	\$130,261
Trustee/Benefit Payments	\$0	\$0	\$0	\$0
<b>Total</b>	<b>\$7,114,800</b>	<b>\$6,772,100</b>	<b>\$6,890,200</b>	<b>\$7,275,359</b>

\*Revenue figures for the insurance administrative account do not include tax premium revenue.

**Profile of Cases Managed and/or Key Services Provided**

Cases Managed and/or Key Services Provided	FY 2013	FY 2014	FY 2015	FY 2016
<b>Company Activities Bureau</b>				
Examinations performed	8	6	6	6
Companies admitted/listed	56	54	46	34
Companies withdrawn/suspended/rvkd	18	37	50	28
Total companies regulated	2,207	2,261	2,158	2,166
Title exams performed	31	28	37	38
Premium taxes collected	\$69,319,867	\$71,874,203	\$79,466,298	\$84,000,564
Producer licensing applications received	18,048	20,813	22,354	22,559
Producer licenses issued	15,676	18,353	18,360	20,040
Continuing Ed courses approved	2,230	2,365	2,250	2,315
<b>Consumer Services Bureau</b>				
Consumer Affairs – Complaints rec'd	765	791	852	990
Consumer Affairs – % Closed in 80 days	94%	96%	97%	97%
Consumer Affairs – Inquiries	7,120	6,599	6,446	5,907
SHIBA – Individual counseling hours	14,460	7,442	5,981	7,249
SHIBA – Audience group sessions (live)	18,450	15,300	18,191	22,357
SHIBA – Telephone inquiries	16,759	9,459	9,609	10,232
Investigations – New cases	255	328	283	377
Investigations – Cases referred to AG (Includes Criminal and Administrative)	26	17	22	31
Investigations – Convictions	15	13	6	7
<b>Product Review Bureau</b>				
Policy Forms Filed	56,772	30,894	31,660	28,629
<b>State Fire Marshal</b>				
Fire Investigations	113	77	81	111
Fire Code Inspections	465	798	813	415
Sprinkler Plan Reviews	221	263	354	283

Cases Managed and/or Key Services Provided	FY 2013	FY 2014	FY 2015	FY 2016
Classes Taught	100	77	77	57

## Part II – Performance Measures

Performance Measure		FY 2013	FY 2014	FY 2015	FY 2016	Current Year
<b>Goal 1</b>						
<i>Per 67-1904(1)(b)(i), the agency goals to which each measure corresponds should be provided. Replace the text in this box with a goal from the agency's strategic plan and list beneath it any performance measures primarily associated with that goal. Copy this box and insert it as needed to identify additional goals that subsequent performances measures are designed to evaluate.</i>						
1. Complete the review of company applications within 30 days of date application is deemed complete.	actual	89%	95%	90%	90%	-----
	benchmark				100%	
2. Perform level 1 market analysis for companies as priority 1 each year.	actual	75% *	55% *	100%	100%	-----
	benchmark				100%	
3. Adopt final examination reports within 18 months of the "as is" date.	actual	80%	17%	100%		-----
	benchmark				100%	
4. Issue producer license within five business days of date application is received.	actual	95% Estimated	95%	95%	95%	-----
	benchmark				90%	
5. Increase the percentage of licenses, renewals, and appointments processed electronically to at least 95%.	actual	96% Estimated	96%	96%	96%	-----
	benchmark				95% of transactions	
6. Respond to requests for fire investigation assistance within 12 hours.	actual	100%	100%	100%	100%	-----
	benchmark				100%	

**Performance Measure Explanatory Notes** \* DOI began implementing a different strategy for Market Conduct in FY 2013, however staff retirements and vacancies prevented us from meeting our 100% goal in FY 2014.

### For More Information Contact

Renee Iverson  
 Department of Insurance  
 700 West State Street  
 P.O. Box 83720  
 Boise, ID 83720-0043  
 Phone: (208) 334-4266  
 E-mail: [renee.iverson@doi.idaho.gov](mailto:renee.iverson@doi.idaho.gov)

