



August 2009

Jeffersontown Resident/Business Owner:

Kentucky Revised Statute (KRS 91A.080) gives local governments authority to impose a tax on insurance premiums. The Jeffersontown City Council voted to enact an Insurance Premium Tax (Ordinance No. 1245; Series 2009) on March 2, 2009 with an effective date of July 1, 2009.

THIS IS NOT A NEW TAX TO YOU

Because the **CITY OF JEFFERSONTOWN, KY** is located within Jefferson County, as is Louisville Metro Government and other small cities, on many occasions some of the Insurance Premium Tax collected has been sent to Jefferson County, The City of Louisville, or one of our neighboring cities in error. We need assistance from all residents and businesses located in Jeffersontown to make sure these funds are **sent to the City of Jeffersontown to be used to pay for city services.**

Each year, your tax dollars pay for the highest quality public services: superior police protection, clean, paved, lighted streets, bike and pedestrian pathways, clean parks, active ball fields, top notch swimming pools, tennis facilities, our own historical museum, a nationally recognized Senior Center, sanitation services, and much more. However, **costs are outpacing revenues. Therefore, maximizing all revenues without raising taxes is becoming more paramount each day!**

One source of revenue to cover these rising expenses comes in the form of Insurance Premium Tax. This Tax is already calculated and included within the premiums you pay for Insurance coverage. NO INSURANCE COMPANY will provide us a list of policyholders within the City of Jeffersontown. Therefore, we are requesting that you provide us information regarding any and all insurance that you maintain. By doing this, you will help **make sure the tax you are already paying will be used within your community!**

Please join us in making sure Jeffersontown's tax money stays in Jeffersontown and is not distributed throughout Metro or other small cities by doing the following:

- Complete Form "A" – NOTICE AND AUTHORIZATION FROM TAXPAYER
- Complete Form "B" – INSURANCE COMPANY INFORMATION FORM

- Mail the requested information to the address listed on the form
- Or, fax to (502) 267-0547
- Or, e-mail to myinsurance@jeffersontownky.com
- Or, simply fill out the form online by going to <http://www.jeffersontownky.com/insurance.html>

All information completed and forwarded to us shall remain confidential. Please forward a copy of the following notice to the insurance company that carries your:

- | | | |
|---------------------|----------------------------|-----------------------------------|
| • Homeowners | • Fire and Casualty | • Business Lines Insurance |
| • Automobile | • Life | • And All other Risks |

Jim Leidgen
City Clerk & Director of Finance
Phone: (502) 267-8333 • Fax: (502) 267-0547
jleidgen@jeffersontownky.com

Clay S. Foreman / Mayor

THIS IS NOT A NEW TAX
THE INSURANCE PREMIUM TAX WAS
FORMERLY COLLECTED BY
LOUISVILLE METRO GOVERNMENT



City of Jeffersontown, KY
Phone: (502) 267-8333 • Fax: (502) 267-0547
www.jeffersontownky.com

NOTICE AND AUTHORIZATION FROM CITY OF JEFFERSONTOWN, KY TAXPAYER

FROM: _____ (Policyholder Name)

TO: _____
Insurance Company #1 Policy Number

Insurance Company #2 Policy Number

Insurance Company #3 Policy Number

IMPORTANT NOTICE TO INSURANCE COMPANY

This is to serve notice to you that I am a resident and/or taxpayer of the City of Jeffersontown, KY. I hereby authorize Insurance Company to remit the Insurance surcharge on my premium to:

**CITY OF JEFFERSONTOWN, KY
10416 Watterson Trail
Jeffersontown, KY 40299-1458**

Policyholder Name (Print Clearly)

Signature

Address

City, State, Zip Code

CITY OF JEFFERSONTOWN, KY INSURANCE COMPANY INFORMATION FORM

<p>Mail: City of Jeffersontown, KY 10416 Watterson Trail • Jeffersontown, KY 40269-1458 OR Fax: (502) 267-0547 OR E-mail: myinsurance@jeffersontownky.com OR Complete online at: http://www.jeffersontownky.com/insurance.html</p>	Name:	
	Address:	
	City, State, Zip:	Phone Number:
	E-mail Address:	

INSURANCE COMPANY #1		
Insurance Company Name:	Insurance Agent Name:	
Insurance Company Address:	Insurance Agent Address:	
Insurance Company Phone:	Insurance Agent Phone:	
Policy Number:	Policy Effective Date:	Type of Insurance, Example: Casualty, Health, Motor Vehicle, etc.)

INSURANCE COMPANY #2		
Insurance Company Name:	Insurance Agent Name:	
Insurance Company Address:	Insurance Agent Address:	
Insurance Company Phone:	Insurance Agent Phone:	
Policy Number:	Policy Effective Date:	Type of Insurance, Example: Casualty, Health, Motor Vehicle, etc.)

INSURANCE COMPANY #3		
Insurance Company Name:	Insurance Agent Name:	
Insurance Company Address:	Insurance Agent Address:	
Insurance Company Phone:	Insurance Agent Phone:	
Policy Number:	Policy Effective Date:	Type of Insurance, Example: Casualty, Health, Motor Vehicle, etc.)