

State Controller's Office - Local Government Programs and Services Division

Special Districts - Government Compensation Report - Calendar Year 2020

Preparer Contact Information

[Refer to the 2020 GCC Reporting Instructions for more details](#)

Entity Name	Alameda - Bay Area Schools Insurance Cooperative		
Human Resources Web Page	N/A		
Employees Hold more than One Position?	No	(Enter 'Yes' or 'No')	'Save As' Filename 2020-12500104800.xlsx
Do the amounts in the Defined Benefit Plan column include payment toward the pension unfunded liability?	No	(Enter 'Yes' or 'No')	

Preparer Name	Liz Kokhanets
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E-mail Address	liz.kokhanets@sedgwick.com

"----- Employer Contribution: -----"

-- Total Wages Subject to Medicare (Box 5 of W-2): --

Line #	Elected Position Enter 'Y'	Department	Classification	Multiple Positions Footnote	Annual Salary Minimum	Annual Salary Maximum	Annual			Lump Sum Pay	Other Pay	Applicable Defined Benefit Pension Formula	Retirement	Deferred	Health, Dental, Vision
							Regular Pay	Overtime Pay					Plan: Employees' Share Paid by Employer	Plan: Employer's Share	
1.		Board Member	President					0							
2.		Board Member	Vice President					0							
3.		Board Member	Secretary-Treasurer/Auditor					0							