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

Special Districts - Local Government Compensation Report - Calendar Year 2017

Refer to the 2017 GCC Reporting Instructions for more details

Entity Name	Bay Cities Joint Powers Insurance Authority		
Human Resources Web Page			
Employees Hold more than One Position?	No	(Enter 'Yes' or 'No')	'Save As' Filename: 2017-12500105900.xlsx
Do the amounts in the Defined Benefit Plan column include payment toward the pension unfunded liability?	No	(Enter 'Yes' or 'No')	

Preparer Contact Information

Preparer Name	Nancy Broadhurst
Phone Number	916-244-1171
E-mail Address	nbroadhurst@bickmore.net

							- - - Total Wages Subject to Medicare (Box 5 of W-2): - - -					"- - - - - - - - - - Employer Contribution: - - - - - - - - - -"			
Line #	Elected Official Enter 'Y'	Department	Classification	Multiple Positions Footnote	Annual Salary Minimum	Annual Salary Maximum	Annual Regular Pay	Overtime Pay	Lump Sum Pay	Other Pay	Applicable Defined Benefit Pension Formula	Retirement Plan: Employees' Share Paid by Employer	Defined Benefit Plan: Employer's Share	Deferred Compensation/ Defined Contribution Plan	Health, Dental, Vision
1.		Board Member	President				0								
2.		Board Member	Vice President				0								
3.		Board Member	Treasurer				0								
4.		Board Member	Board Member				0								
5.		Board Member	Board Member				0								
6.		Board Member	Board Member				0								
7.		Board Member	Board Member				0								