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

Special Districts - Government Compensation Report - Calendar Year 2019

Refer to the 2019 GCC Reporting Instructions for more details

<u>keler to tr</u>	ne zora GC	c Reporting instruction	s for more details					
Entity Name Sacramento - California Affiliated Risk Management Authorities (CARMA)								
Human Resources Web Page								
Employees Hold more than One Position?	No	(Enter 'Yes' or 'No')	'Save As' Filename	2019-12503400700.xlsx				
Oo 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	Miguel Beas
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E-mail Address	miguel.beas@sedgwick.com

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