

## **§501-c-9 Post-Retirement Medical Plan & Trust**

*A single employer plan sponsored by  
Truckee Meadows Water Authority*

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### **AGENDA**

#### **§501-c-9 Post-Retirement Medical Plan & Trust**

**Tuesday, November 21, 2017 at 1:00 p.m.**

**Truckee Meadows Water Authority**

**Independence Room**

**1355 Capital Boulevard, Reno, NV 89502**

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1. Roll call\*
2. Public comment — limited to no more than three minutes per speaker\*
3. Approval of the agenda **(For Possible Action)**
4. Approval of the August 15, 2017 minutes **(For Possible Action)**
5. Review and consideration for approval of request for reimbursement of premiums for Medicare paid through Social Security.—Jessica Atkinson **(For Possible Action)**
6. Review and consideration for approval of request for reimbursement of premiums for plan offered through Security Life Insurance paid by retiree.—Jessica Atkinson **(For Possible Action)**
7. Review and consideration for approval of request for reimbursement of premiums for supplemental plan through Phus Mutual Ins Phys Mutual, and Cigna Health Spring RX coverage paid by retiree.—Jessica Atkinson **(For Possible Action)**
8. Review and consideration for approval of request for reimbursement of premiums for supplemental plan through Phus Mutual Ins Phys Mutual and Cigna Health Spring RX coverage paid for by retiree as well as Dental premiums paid for through retiree's spouse's employer. — Jessica Atkinson **(For Possible Action)**
9. Review and Consideration for approval of request for approval for Medicare paid through Social Security. — Jessica Atkinson **(For Possible Action)**
10. Discussion and possible Trustee direction regarding meeting times and dates for 2018 –Jessica Atkinson **(For Possible Action)**
11. Presentation of GASB 74 Update –Michele Sullivan
12. Review of Retirement Benefits Investment Fund (RBIF) performance review—Michele Sullivan
13. Communication regarding final VEBA document Trustees –Jessica Atkinson
14. Trustee comments and requests for future agenda items\*
15. Public comment — limited to no more than three minutes per speaker\*

## **§501-c-9 Post-Retirement Medical Plan & Trust**

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### **16. Adjournment (For Possible Action)**

**NOTES:**

1. The announcement of this meeting has been posted at the following locations: Truckee Meadows Water Authority (1355 Capital Blvd., Reno), Reno City Hall (1 E. First St., Reno), Sparks City Hall (431 Prater Way, Sparks), Sparks Justice Court (1675 E. Prater Way, Sparks), Washoe County Courthouse (75 Court St., Reno), Washoe County Central Library (301 South Center St., Reno), Washoe County Administration (1001 East Ninth St., Reno), and at <http://www.tmwa.com>.
2. In accordance with NRS 241.020, this agenda closes three working days prior to the meeting. We are pleased to make reasonable accommodations for persons who are disabled and wish to attend meetings. If you require special arrangements for the meeting, please call 834-8002 before the meeting date.
3. The Board may elect to combine agenda items, consider agenda items out of order, remove agenda items, or delay discussion on agenda items. Arrive at the meeting at the posted time to hear item(s) of interest.
4. Asterisks (\*) denote non-action items.
5. Public comment is limited to three minutes and is allowed during the public comment periods. The public may sign-up to speak during the public comment period or on a specific agenda item by completing a "Request to Speak" card and submitting it to the clerk. In addition to the public comment periods, the Chairman has the discretion to allow public comment on any agenda item, including any item on which action is to be taken.

## ***Post-Retirement Medical Plan & Trust***

*A single employer plan sponsored by  
Truckee Meadows Water Authority*



### **DRAFT August 15, 2017 MINUTES**

The meeting of the TMWA Post-Retirement Medical Plan and Trust (Trust) Trustees was held on Wednesday, August 15, 2017 in the Truckee Meadows Water Authority Independence Room, 1355 Capital Blvd., Reno, Nevada.

Michele Sullivan, Chairman, called the meeting to order at 1 p.m.

#### **1. ROLL CALL AND DETERMINATION OF PRESENCE OF A QUORUM.**

A quorum was present.

##### Voting Members Present:

Michele Sullivan  
Michael Nevarez  
Juan Esparza  
Steve Enos

##### Voting Members Absent

##### Members Present

Rosalinda Rodriguez  
Gus Rossi

##### Members Absent:

Jessica Atkinson  
Pat Waite

#### **2. PUBLIC COMMENT**

There was no public comment.

#### **3. APPROVAL OF THE AGENDA**

**Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the agenda.**

#### **4. APPROVAL OF THE MAY 16, 2017 MINUTES**

**Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the May 16, 2017 minutes.**

5. APPROVAL OF THE JUNE 21, 2017 SPECIAL SESSION MINUTES

**Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the June 21, 2017 special session minutes.**

6. REVIEW AND APPROVAL OF POST-RETIREMENT MEDICAL TRUST BENEFIT CALCULATIONS FOR TMWA RETIREE, PAUL MILLER

In the absence of HR Manager, Jessica Atkinson, items that would have been presented by Ms. Atkinson were presented by Rosalinda Rodriguez, HR Coordinator. Ms. Rodriguez presented the benefit calculation for Paul Miller. Mr. Miller will retire on October 1, 2017, and is requesting trust benefits beginning on November 1, 2017. Ms. Atkinson met with the retiree and confirmed the information on the benefit calculation form. He has elected to continue on TMWA's HHP insurance plan as retiree plus spouse (Non- Medicare) Medical Dental and Vision. And will have any remaining premium balance paid from his retirement Health Savings (RHS) or PERS check.

**Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved providing the benefits as calculated to Paul Miller.**

7. REVIEW AND APPROVAL OF POST-RETIREMENT MEDICAL TRUST BENEFIT CALCULATIONS FOR TMWA RETIREE JANYCE SCHLESENER

Ms. Rodriguez presented the benefit calculation for Janyce Schlesener. Ms. Schlesener will retire on November 3, 2017, and is requesting trust benefits beginning December 1, 2017. Ms. Atkinson met with the retiree and confirmed the information on the benefit calculation form, and Ms. Schlesener has signed all paperwork. Ms. Schlesener has elected to continue on TMWA's PPO plan as retiree only (Non- Medicare) Medical, Dental and vision and will have any remaining premium balance paid from her RHS or PERS account.



**Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved providing the benefits as calculated to Janyce Schlesener.**

8. REVIEW AND CONSIDERATION FOR APPROVAL OF REQUEST FOR REIMBURSEMENT OF PREMIUMS FOR MEDICARE PAID THROUGH SOCIAL SECURITY.

**Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the reimbursement request.**

9. REVIEW AND CONSIDERATION FOR APPROVAL OF REQUEST FOR REIMBURSEMENT OF PREMIUMS FOR MEDICARE PAID THROUGH SOCIAL SECURITY.

**Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the reimbursement request.**

10. REVIEW AND CONSIDERATION FOR APPROVAL OF REQUEST FOR REIMBURSEMENT OF PREMIUMS FOR PLAN OFFERED THROUGH AARP | SUPPLEMENTAL AND PERSONAL HEALTH PLANS INSURED BY UNITED HEALTHCARE INSURANCE COMPANY.

**Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the reimbursement request.**

11. UPDATE ON DRAFT OF PLAN DOCUMENT REVISION REGARDING COVERAGES

Mr. Rossi advised that the redline version has been provided to the Trustee's for review and a copy sent out to retirees for review.

Public Comment: Debbie Sotero retiree- Ms. Sotero advised she read the entire document and did not read the old version but wanted to understand what the changes were and if they would affect her benefits.

Mr. Rossi advised Ms. Sotero that the changes were made to help provide clarifying language and the benefits retirees were receiving would not be changing.

**Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved to adopt the Draft of the VEBA plan Document, and that it be presented to the TMWA board of directors for approval.**

12. REQUIRED COMMUNICATION FROM EXTERNAL TRUST AUDITORS EIDEBAILLY

**This was for informational purposes no motion for approval needed.**

13. PRESENTATION OF TRUCKEE MEADOWS WATER AUTHORITY POST-RETIRMENT MEDICAL PLAN AND TRUST'S AUDITED FINANCIAL STATEMENTS FOR THE YEARS ENDED DECEMBER 31, 2016 AND 2015

Ms. Sullivan reviewed the financial statements and pointed out on pg. 4 the assets went from 8.8 to 9.5 million in the last year. Actuarial analysis shows that the Trust was previously 100% funded, with the recent increases in insurance premiums, it is now 86% funded.

**Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the audited Financial Statements for the years ended December 31, 2016 and 2015.**

14. PRESENTATION OF GASB 74 UPDATE

Ms. Sullivan advised she wanted to have an update for the Trustee's regarding GASB 74, which defines whether or not the Trust would meet the qualification as a standalone financial statement or whether the Trust's financials would roll up into the parent company's financial statements. Previously, this Trust has functioned as a standalone Trust and has been audited separate from the TMWA financials. At this time, Michele did not have any updates to present as Trust auditors are waiting on guidance from the regulatory body as well as waiting to see what the City of Reno does with their plan as this would likely be the model our auditors would recommend we follow. If it is determined that it should continue to be treated as its own separate plan then it is possible the Annual Required Contribution (ARC) rate could increase. This does not affect any plan member, but would affect the financials for the Trust. This should be clarified and finalized by December, and Ms. Sullivan advised she would present that formally once completed.

15. REVIEW OF RETIREMENT BENEFITS INVESTMENT FUND(RBIF) PERFORMANCE REVIEW

Ms. Sullivan reviewed the report from May of 2017 report, reviewed percentage returns on the funds which have done well. The fiscal year to date return on investments is 8.81% and 8.39% over the last five years, and based on TMWA's actuarial assumption of 6% return, the Trust investments have been performing better than expected. Ms. Sullivan reviewed the remainder of the packet which covers policies, RBIF Investment custody holders and managers of the account and the balance sheets. Ms. Sullivan

advised the first contribution was made in February in the amount of \$234,982. The ARC will be funded twice a year. Currently the assets are \$9.4 million. The Trust operates with the assumption that health care rates will increase by 5%.

**Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the RBIF performance review.**

16. RECOMMENDATION TO CLOSE AND TRANSFER THE MONEY MARKET FUNDS ACCOUNT WITH US BANK, TO RBIF FOR INVESTMENT.

Ms. Sullivan, recommended that the \$250,000 that is currently in the Money Market funds account, be moved into the RBIF account.

**Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the recommendation to Transfer the funds from the Money Market Funds account to the RBIF.**

17. TRUSTEE COMMENTS AND REQUEST FOR FUTURE AGENDA ITEMS\*

GASB 74 update

18. PUBLIC COMMENT

There was no public comment.

19. ADJOURNMENT

With no further business to discuss, Chairman Sullivan adjourned the meeting at 1:33 p.m.

Minutes were approved by the Trustees in session on \_\_\_\_\_.

Respectfully Submitted,

\_\_\_\_\_  
Rosalinda Rodriguez, Recording Secretary

# Post Retirement Medical Plan & Trust

## Medical Premium Expense Reimbursement Request

**RETRIEE INFORMATION:**

Name:

Address:

DATE RANGE From 10-1-17  
To 12-31-17

Social Security #:

Phone #:

**Expenses**

Date Paid	Description (example: Monthly Premium)	Name of Provider (example: Anthem Blue Cross)	Cost	Total
10-15-17	Medicare	Medicare		\$ 110 -
11-15-17	"	"		\$ 110 -
12-15-17	"	"		\$ 110 -
				\$ -
				\$ -
				\$ -
			\$0.00	
Medicare Eligible? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Total \$ 330 -

**Attach copies of Proof of Insurance and Payment of Premium.**  
**See back of form for examples of acceptable documentation.**

I certify that the above information is correct. I understand that I will not be reimbursed for medical insurance premiums for any period during which I was not eligible for participation or failed to maintain coverage. I further understand that if I receive reimbursement for premiums for which I was not eligible or did not meet eligibility criteria, the Trust may recover these payments from my future benefit award(s). I also authorize the Post Retirement Medical Plan & Trust, and its designees to contact the insurance company I have listed above to verify coverage and amount of premium paid.

Retiree Signature:

TMWA Approval:

PRMPT Approval:

Date:

Date:

Date:

Return completed form to: PRMPT c/o TMWA Human Resources, PO Box 30013, Reno, NV 89520



# Social Security Administration

Date: January 10, 2017  
Claim Number: XXX-XX-7319A

[REDACTED]

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

## Information About Current Social Security Benefits

Beginning December 2016, the full monthly Social Security benefit before any deductions is [REDACTED]

We deduct \$140.00 for medical insurance premiums each month.

The regular monthly Social Security payment is [REDACTED]  
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the second Wednesday of each month.

## Information About Past Social Security Benefits

From April 2015 to November 2016, the full monthly Social Security benefit before any deductions was [REDACTED]

We deducted \$104.90 for medical insurance premiums each month.

The regular monthly Social Security payment was [REDACTED]  
(We must round down to the whole dollar.)

## Type of Social Security Benefit Information

You are entitled to monthly retirement benefits.

**Date of Birth Information**

The date of birth shown on our records is [REDACTED]

**Medicare Information**

You are entitled to hospital insurance under Medicare beginning May 2015.

You are entitled to medical insurance under Medicare beginning May 2015.

**Suspect Social Security Fraud?**

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

**If You Have Questions**

We invite you to visit our web site at [www.socialsecurity.gov](http://www.socialsecurity.gov) on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local office at 888-808-5481. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY  
1170 HARVARD WAY  
RENO, NV 89502

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

*Social Security Administration*

# Post Retirement Medical Plan & Trust

## Medical Premium Expense Reimbursement Request

**RETRIEE INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

DATE RANGE From APRIL 1, 2017  
To SEPT 5, 2017

Social Security #: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Expenses**

Date Paid	Description (example: Monthly Premium)	Name of Provider (example: Anthem Blue Cross)	Cost	Total
4/4/17	VISION/DENTAL	SECURITY LIFE INS	52.69	\$ 52.69
5/2/17	"	"	52.69	\$ 52.69
6/2/17	"	"	52.69	\$ 52.69
7/5/17	"	"	52.69	\$ 52.69
8/2/17	"	"	52.69	\$ 52.69
9/5/17	"	"	52.69	\$ 52.69
			\$0.00	
Medicare Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No				<b>Total</b> \$ <u>316.11</u>

**Attach copies of Proof of Insurance and Payment of Premium.**  
**See back of form for examples of acceptable documentation.**

I certify that the above information is correct. I understand that I will not be reimbursed for medical insurance premiums for any period during which I was not eligible for participation or failed to maintain coverage. I further understand that if I receive reimbursement for premiums for which I was not eligible or did not meet eligibility criteria, the Trust may recover these payments from my future benefit award(s). I also authorize the Post Retirement Medical Plan & Trust, and its designees to contact the insurance company I have listed above to verify coverage and amount of premium paid.

Retiree Signature: \_\_\_\_\_

Date: 9/11/17

TMWA Approval: \_\_\_\_\_

Date: \_\_\_\_\_

PRMPT Approval: \_\_\_\_\_

Date: \_\_\_\_\_

Return completed form to: PRMPT c/o TMWA Human Resources, PO Box 30013, Reno, NV 89520

09/05/17	RECURRING PAYMENT AUTHORIZED ON 09/01 SECURITY LIFE INS 877-8628 <sup>0</sup> 49 MN S467244561711634 CARD 4039	\$52.69
08/02/17	RECURRING PAYMENT AUTHORIZED ON 08/01 SECURITY LIFE INS 877-8628949 MN S387213557158314 CARD 4039	\$52.69
07/05/17	RECURRING PAYMENT AUTHORIZED ON 07/03 SECURITY LIFE INS 877-8628 <sup>0</sup> 49 MN S587184566049108 CARD 4039	\$52.69
06/02/17	RECURRING PAYMENT AUTHORIZED ON 06/01 SECURITY LIFE INS 877-8628949 MN S587152559773381 CARD 4039	\$52.69
05/02/17	RECURRING PAYMENT AUTHORIZED ON 05/01 SECURITY LIFE INS 877-8628949 MN S307121557271259 CARD 4039	\$52.69
04/04/17	RECURRING PAYMENT AUTHORIZED ON 04/03 SECURITY LIFE INS 877-8628949 MN S387093565469165 CARD 4039	\$52.69







## nt Summary

Switch Account ▾

Print



Español

Transfer Money



Send Money



View Statements



Manage Alerts



## Boost your saving

Our Daily Change<sup>SM</sup> App: A s  
tool to help you save

Order Checks and Deposit Tlc

Manage Travel Plans

Turn Card On or Off

View More Services

## Summary

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Transactions

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Withdrawals

[Account Activity](#) | [Dispute a Transaction](#)☒ Show ending daily[h](#) to view more transactions

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Deposits/Credits ▴ Withdrawals/Debit

## Pending Transactions

Note: Debit card transaction amounts may change.

nding transactions meet your search criteria. Please try again.

## ed Transactions

17	RECURRING PAYMENT AUTHORIZED ON 09/01 SECURITY LIFE INS 877-8628949 MN 5467244561711634 CARD 4039	\$5
17	RECURRING PAYMENT AUTHORIZED ON 08/01 SECURITY LIFE INS 877-8628949 MN 5387213557158314 CARD 4039	\$5
17	RECURRING PAYMENT AUTHORIZED ON 07/03 SECURITY LIFE INS 877-8628949 MN 5587184566049108 CARD 4039	\$5
17	RECURRING PAYMENT AUTHORIZED ON 06/01 SECURITY LIFE INS 877-8628949 MN 5587152559773381 CARD 4039	\$5
17	RECURRING PAYMENT AUTHORIZED ON 05/01 SECURITY LIFE INS 877-8628949 MN 5307121557271259 CARD 4039	\$5
17	RECURRING PAYMENT AUTHORIZED ON 04/03 SECURITY LIFE INS 877-8628949 MN 5387093565469165 CARD 4039	\$5

DATE RANGE From 10/1/10 To 12/5/14

Social Security #: [REDACTED]

Phone #: [REDACTED]

Date Paid	Description (example: Monthly Premium)	Name of Provider (example: Anthem Blue Cross)	Cost	Total
10/3/16 - 11/3/16	Medical Part A Supplement Premium	Phus Mutual Ins Phys Mutual	188.02 Per Month	\$ 376.04
12/5/2016	Medical Part A Supplement Premium	Phus Mutual Ins Phys Mutual	203.00 Per Month	\$ 203.00
10/1/16-11/27/16	Prescription Drug Coverage	Cigna Helth Spring RX	51.00 per month	\$ 153.00
				\$ -
				\$ -
				\$ -
			\$0.00	
<div> <div>Medicare Eligible?</div> <div> <input type="checkbox"/> Yes           <input type="checkbox"/> No         </div> </div>				<b>Total</b> \$ 732.04

I certify that the above information is correct. I understand that I will not be reimbursed for medical insurance premiums for any period during which I was not eligible for participation or failed to maintain coverage. I further understand that if I receive reimbursement for premiums for which I was not eligible or did not meet eligibility criteria, the Trust may recover these payments from my future benefit award(s). I also authorize the Post Retirement Medical Plan & Trust, and its designees to contact the insurance company I have listed above to verify coverage and amount of premium paid.

Date: 11/8/17

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Return completed form to: PRMPT c/o TMWA Human Resources, PO Box 30013, Reno, NV 89520



Oct 14

Account number: [REDACTED] ■ October 1, 2016 - October 31, 2016 ■ Page 2 of 6

WELLS  
FARGO

## Transaction history

Date	Check Number	Description	Deposits/ Additions	Withdrawals/ Subtractions	Ending daily balance
10/3		[REDACTED]			
10/3		[REDACTED]			
10/3		[REDACTED]			
10/3		[REDACTED]			
10/3		[REDACTED]			
10/3		[REDACTED]			
10/3		[REDACTED]			
10/3		[REDACTED]			
10/3		[REDACTED]			
10/3		P00000000545504755 Card 2777			
10/3		Phys Mutual Ins Phys Mutua Ft78293190		188.02	
10/3		[REDACTED]		200.00	
10/3		[REDACTED]			
10/4		[REDACTED]			
10/4		[REDACTED]			
10/4		[REDACTED]			
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10/5		[REDACTED]			
10/5		[REDACTED]			
10/5		[REDACTED]			
10/6		[REDACTED]			
10/6		[REDACTED]			
10/6		[REDACTED]			
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10/11		[REDACTED]			
10/11		[REDACTED]			
10/11		[REDACTED]			
10/11		P00000000545504755 Card 2777			

NOV 14

Account number: [REDACTED]

■ November 1, 2016 - November 30, 2016 ■ Page 2 of 5

WELLS  
FARGO**Transaction history***Date*

11/1

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11/03/16

Phys Mutual Ins Phys Mutua Ft80122229

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Account number: [REDACTED]

■ December 1, 2016 - December 31, 2016 ■ Page 2 of 6

DEC  
16**Transaction history***Date*

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 Equal Housing Lender

Check Number

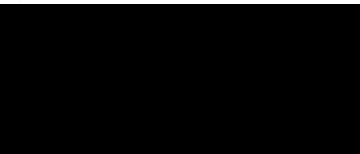

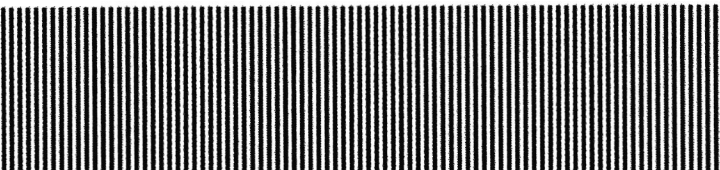
3364

Date Posted

11/03/16

Check Amount

\$51.00


		<b>3364</b>
		94-7674/3212 649 1000254118
<u>10-30-2016</u>		Date
Pay to the Order of	<u>Cigna Health Spring Rx</u>	\$ <u>51.00</u>
<u>Fifty-One &amp; 00/100</u>		Dollars
 Wells Fargo Bank, N.A. Member FDIC wellsfargo.com		
For _____		

	
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**\*Note**

The account number, signature, and endorsement are removed from the image(s) for security reasons.

To obtain a full copy of the image, please call us at 1-800-TO-WELLS (1-800-869-3557), 24 hours, 7 days a week.

 Equal Housing Lender



11/1/2017

Wells Fargo

Check Number

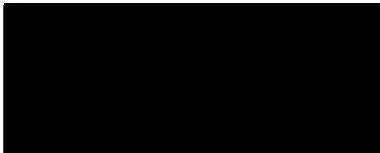

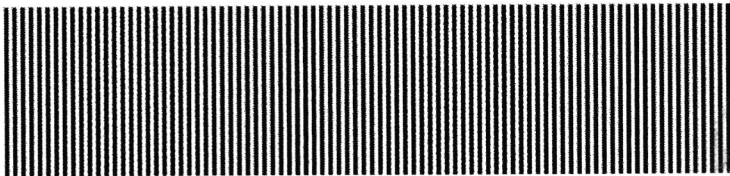
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Date Posted

12/02/16

Check Amount


\$51.00

		<b>3375</b>
		94-7074/3212 649 1000254118
		<u>11-27-16</u> Date
Pay to the Order of	<u>Cigna-Health Spring Rx</u>	\$ <u>51.00</u>
<u>Fifty-Dollars &amp; 00/100</u>		Dollars
 Wells Fargo Bank, N.A. Member FDIC wellsfargo.com		
For	<u>15132487801</u>	

### \*Note

The account number, signature, and endorsement are removed from the image(s) for security reasons.

To obtain a full copy of the image, please call us at 1-800-TO-WELLS (1-800-869-3557), 24 hours, 7 days a week.

 Equal Housing Lender

# Post Retirement Medical Plan & Trust

## Medical Premium Expense Reimbursement Request

**RETRIEE INFORMATION:**
 DATE RANGE From 1/3/17  
 To 10/13/17
Name: [REDACTED]Social Security #: [REDACTED]Address: [REDACTED]Phone #: [REDACTED]**Expenses**

Date Paid	Description (example: Monthly Premium)	Name of Provider (example: Anthem Blue Cross)	Cost	Total
1/3/17 -10/3/17	Medical Part A Supplement Premium	Phus Mutual Ins Phys Mutual	203.00 Per Month	\$ 2,030.00
1/28/17 -9/30/17	Prescription Drug Coverage	Cigna Helth Spring RX	38.60 Per Month	\$ 347.40
2/3/17 -10/13/17	Dental Coverage	Spouse's Employer	24.08 bi-weekly	\$ 409.36
				\$ -
				\$ -
				\$ -
			\$0.00	
Medicare Eligible? <u>      </u> Yes <u>      </u> No				<b>Total</b> \$ 2,786.76

**Attach copies of Proof of Insurance and Payment of Premium.**  
**See back of form for examples of acceptable documentation.**

I certify that the above information is correct. I understand that I will not be reimbursed for medical insurance premiums for any period during which I was not eligible for participation or failed to maintain coverage. I further understand that if I receive reimbursement for premiums for which I was not eligible or did not meet eligibility criteria, the Trust may recover these payments from my future benefit award(s). I also authorize the Post Retirement Medical Plan & Trust, and its designees to contact the insurance company I have listed above to verify coverage and amount of premium paid.

Retiree Signature: [REDACTED]Date: 11/8/17

TMWA Approval: \_\_\_\_\_

Date: \_\_\_\_\_

PRMPT Approval: \_\_\_\_\_

Date: \_\_\_\_\_

Return completed form to: PRMPT c/o TMWA Human Resources, PO Box 30013, Reno, NV 89520



**WELLS  
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the 1990s, the number of people in the United States who are 65 years of age or older has increased by 50 percent, and the number of people 75 years of age or older has increased by 100 percent. The number of people 85 years of age or older has increased by 200 percent. The number of people 90 years of age or older has increased by 400 percent. The number of people 95 years of age or older has increased by 800 percent. The number of people 100 years of age or older has increased by 1,600 percent. The number of people 105 years of age or older has increased by 3,200 percent. The number of people 110 years of age or older has increased by 6,400 percent. The number of people 115 years of age or older has increased by 12,800 percent. The number of people 120 years of age or older has increased by 25,600 percent. The number of people 125 years of age or older has increased by 51,200 percent. The number of people 130 years of age or older has increased by 102,400 percent. The number of people 135 years of age or older has increased by 204,800 percent. The number of people 140 years of age or older has increased by 409,600 percent. The number of people 145 years of age or older has increased by 819,200 percent. The number of people 150 years of age or older has increased by 1,638,400 percent. The number of people 155 years of age or older has increased by 3,276,800 percent. The number of people 160 years of age or older has increased by 6,553,600 percent. The number of people 165 years of age or older has increased by 13,107,200 percent. The number of people 170 years of age or older has increased by 26,214,400 percent. The number of people 175 years of age or older has increased by 52,428,800 percent. The number of people 180 years of age or older has increased by 104,857,600 percent. The number of people 185 years of age or older has increased by 209,715,200 percent. The number of people 190 years of age or older has increased by 419,430,400 percent. The number of people 195 years of age or older has increased by 838,860,800 percent. The number of people 200 years of age or older has increased by 1,677,721,600 percent. The number of people 205 years of age or older has increased by 3,355,443,200 percent. The number of people 210 years of age or older has increased by 6,710,886,400 percent. The number of people 215 years of age or older has increased by 13,421,772,800 percent. The number of people 220 years of age or older has increased by 26,843,545,600 percent. The number of people 225 years of age or older has increased by 53,687,091,200 percent. The number of people 230 years of age or older has increased by 107,374,182,400 percent. The number of people 235 years of age or older has increased by 214,748,364,800 percent. The number of people 240 years of age or older has increased by 429,496,729,600 percent. The number of people 245 years of age or older has increased by 858,993,459,200 percent. The number of people 250 years of age or older has increased by 1,717,986,918,400 percent. The number of people 255 years of age or older has increased by 3,435,973,836,800 percent. The number of people 260 years of age or older has increased by 6,871,947,673,600 percent. The number of people 265 years of age or older has increased by 13,743,895,347,200 percent. The number of people 270 years of age or older has increased by 27,487,790,694,400 percent. The number of people 275 years of age or older has increased by 54,975,581,388,800 percent. The number of people 280 years of age or older has increased by 109,951,162,777,600 percent. The number of people 285 years of age or older has increased by 219,902,325,555,200 percent. The number of people 290 years of age or older has increased by 439,804,651,110,400 percent. The number of people 295 years of age or older has increased by 879,609,302,220,800 percent. The number of people 300 years of age or older has increased by 1,759,218,604,441,600 percent. The number of people 305 years of age or older has increased by 3,518,437,208,883,200 percent. The number of people 310 years of age or older has increased by 7,036,874,417,766,400 percent. The number of people 315 years of age or older has increased by 14,073,748,835,532,800 percent. The number of people 320 years of age or older has increased by 28,147,497,671,065,600 percent. The number of people 325 years of age or older has increased by 56,294,995,342,131,200 percent. The number of people 330 years of age or older has increased by 112,589,990,684,262,400 percent. The number of people 335 years of age or older has increased by 225,179,981,368,524,800 percent. The number of people 340 years of age or older has increased by 450,359,962,737,049,600 percent. The number of people 345 years of age or older has increased by 900,719,925,474,099,200 percent. The number of people 350 years of age or older has increased by 1,801,439,850,948,198,400 percent. The number of people 355 years of age or older has increased by 3,602,879,701,896,396,800 percent. The number of people 360 years of age or older has increased by 7,205,759,403,792,793,600 percent. The number of people 365 years of age or older has increased by 14,411,518,807,585,587,200 percent. The number of people 370 years of age or older has increased by 28,823,037,615,171,174,400 percent. The number of people 375 years of age or older has increased by 57,646,075,230,342,348,800 percent. The number of people 380 years of age or older has increased by 115,292,150,460,684,697,600 percent. The number of people 385 years of age or older has increased by 230,584,300,921,369,395,200 percent. The number of people 390 years of age or older has increased by 461,168,601,842,738,790,400 percent. The number of people 395 years of age or older has increased by 922,337,203,685,477,580,800 percent. The number of people 400 years of age or older has increased by 1,844,674,407,370,955,161,600 percent. The number of people 405 years of age or older has increased by 3,689,348,814,741,910,323,200 percent. The number of people 410 years of age or older has increased by 7,378,697,629,483,820,646,400 percent. The number of people 415 years of age or older has increased by 14,757,395,258,967,641,292,800 percent. The number of people 420 years of age or older has increased by 29,514,790,517,935,282,585,600 percent. The number of people 425 years of age or older has increased by 59,029,581,035,870,565,171,200 percent. The number of people 430 years of age or older has increased by 118,059,162,071,741,130,342,400 percent. The number of people 435 years of age or older has increased by 236,118,324,143,482,260,684,800 percent. The number of people 440 years of age or older has increased by 472,236,648,286,964,521,369,600 percent. The number of people 445 years of age or older has increased by 944,473,296,573,929,042,739,200 percent. The number of people 450 years of age or older has increased by 1,888,946,593,147,858,085,478,400 percent. The number of people 455 years of age or older has increased by 3,777,893,186,295,716,170,956,800 percent. The number of people 460 years of age or older has increased by 7,555,786,372,591,432,341,913,600 percent. The number of people 465 years of age or older has increased by 15,111,572,745,182,864,683,827,200 percent. The number of people 470 years of age or older has increased by 30,223,145,490,365,729,367,654,400 percent. The number of people 475 years of age or older has increased by 60,446,290,980,731,458,735,308,800 percent. The number of people 480 years of age or older has increased by 120,892,581,961,462,917,470,617,600 percent. The number of people 485 years of age or older has increased by 241,785,163,922,925,834,941,235,200 percent. The number of people 490 years of age or older has increased by 483,570,327,845,851,669,882,470,400 percent. The number of people 495 years of age or older has increased by 967,140,655,691,703,339,764,940,800 percent. The number of people 500 years of age or older has increased by 1,934,281,311,383,406,679,529,881,600 percent. The number of people 505 years of age or older has increased by 3,868,562,622,766,813,359,059,763,200 percent. The number of people 510 years of age or older has increased by 7,737,125,245,533,626,718,119,526,400 percent. The number of people 515 years of age or older has increased by 15,474,250,491,067,253,436,239,052,800 percent. The number of people 520 years of age or older has increased by 30,948,500,982,134,506,872,478,105,600 percent. The number of people 525 years of age or older has increased by 61,897,001,964,269,013,744,956,211,200 percent. The number of people 530 years of age or older has increased by 123,794,003,928,538,027,489,912,422,400 percent. The number of people 535 years of age or older has increased by 247,588,007,857,076,054,979,824,844,800 percent. The number of people 540 years of age or older has increased by 495,176,015,714,152,109,959,649,689,600 percent. The number of people 545 years of age or older has increased by 990,352,031,428,304,219,919,299,379,200 percent. The number of people 550 years of age or older has increased by 1,980,704,062,856,608,439,838,598,758,400 percent. The number of people 555 years of age or older has increased by 3,961,408,125,713,216,879,677,197,516,800 percent. The number of people 560 years of age or older has increased by 7,922,816,251,426,433,759,354,395,033,600 percent. The number of people 565 years of age or older has increased by 15,845,632,502,852,867,518,708,790,067,200 percent. The number of people 570

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Feb 17

Account number: [REDACTED] February 1, 2017 - February 28, 2017 ■ Page 2 of 5

**Transaction history**Date

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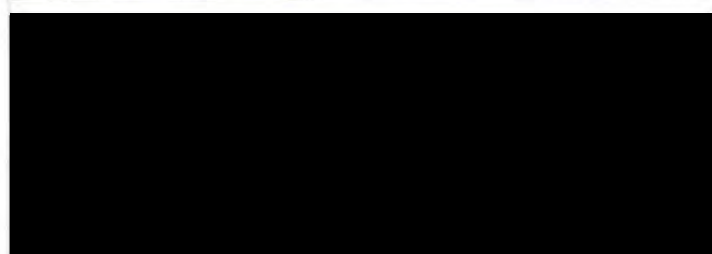
Account number: [REDACTED] ■ March 1, 2017 - March 31, 2017 ■ Page 2 of 7

March  
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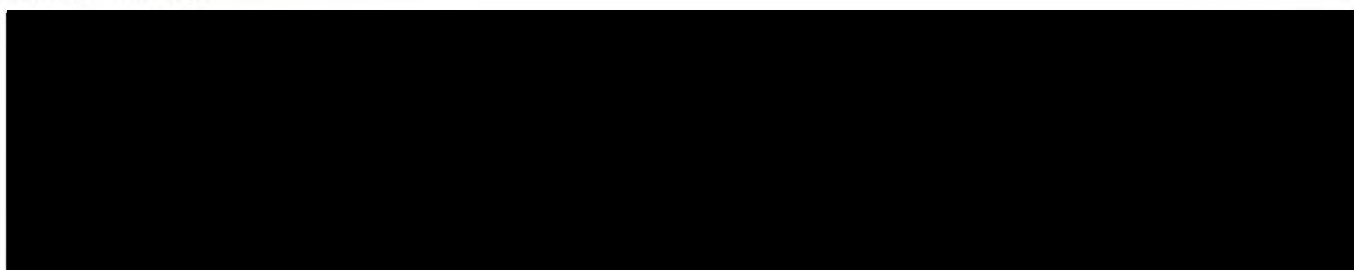
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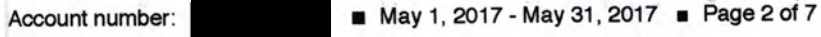
Account number: [REDACTED] ■ April 1, 2017 - April 30, 2017 ■ Page 2 of 7



Transaction history



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the 1990s, the number of people in the United States who are 65 years of age or older has increased by 50% (U.S. Census Bureau, 2000). The number of people aged 65 and older is projected to increase to 20% of the total population by the year 2020 (U.S. Census Bureau, 2000). The increase in the number of people aged 65 and older has led to an increase in the number of people who are dependent on others for their care. This has led to a need for more long-term care facilities, such as nursing homes and assisted living facilities. The number of people in long-term care facilities has increased by 50% since the 1970s (U.S. Census Bureau, 2000). The increase in the number of people in long-term care facilities has led to a need for more research on the needs of these people. This research has led to the development of the Long-Term Care Needs Assessment (LTCNA), a tool that is used to assess the needs of people in long-term care facilities. The LTCNA is a self-reporting questionnaire that is completed by the person in long-term care. It assesses the person's needs in a number of areas, including physical, emotional, and social needs. The LTCNA is used by long-term care facilities to identify the needs of their residents and to develop plans to meet those needs. The LTCNA is a valuable tool for long-term care facilities and for researchers who are interested in the needs of people in long-term care.

<i>Date</i>	<i>Check Number</i>	<i>Description</i>	<i>Deposits/ Additions</i>	<i>Withdrawals/ Subtractions</i>	<i>Ending daily balance</i>
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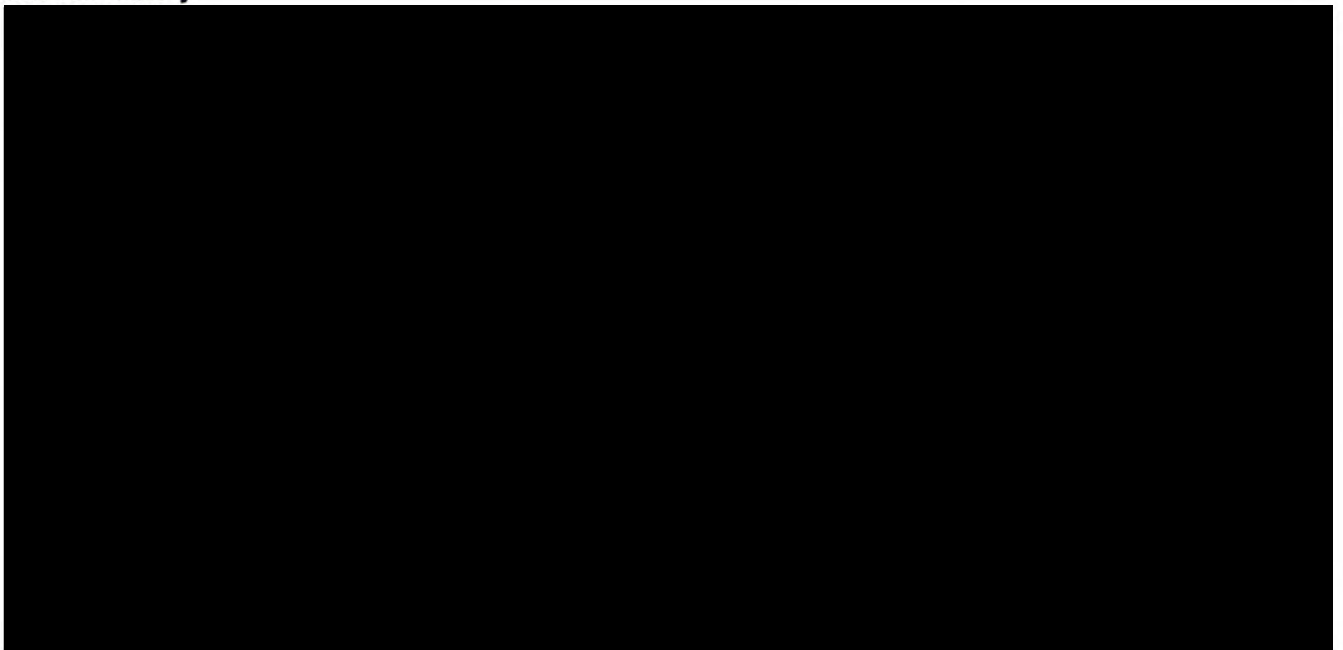
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Aug 17

Account number: [REDACTED] ■ August 1, 2017 - August 31, 2017 ■ Page 2 of 6

**Transaction history**

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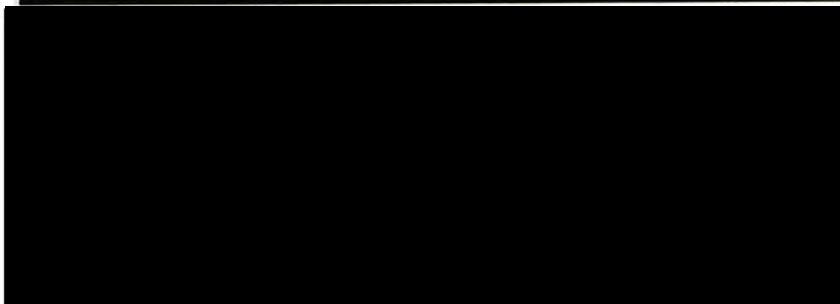
Account number:



■ September 1, 2017 - September 30, 2017

■ Page 2 of 6

*Sup*



**Transaction history**

*Date*

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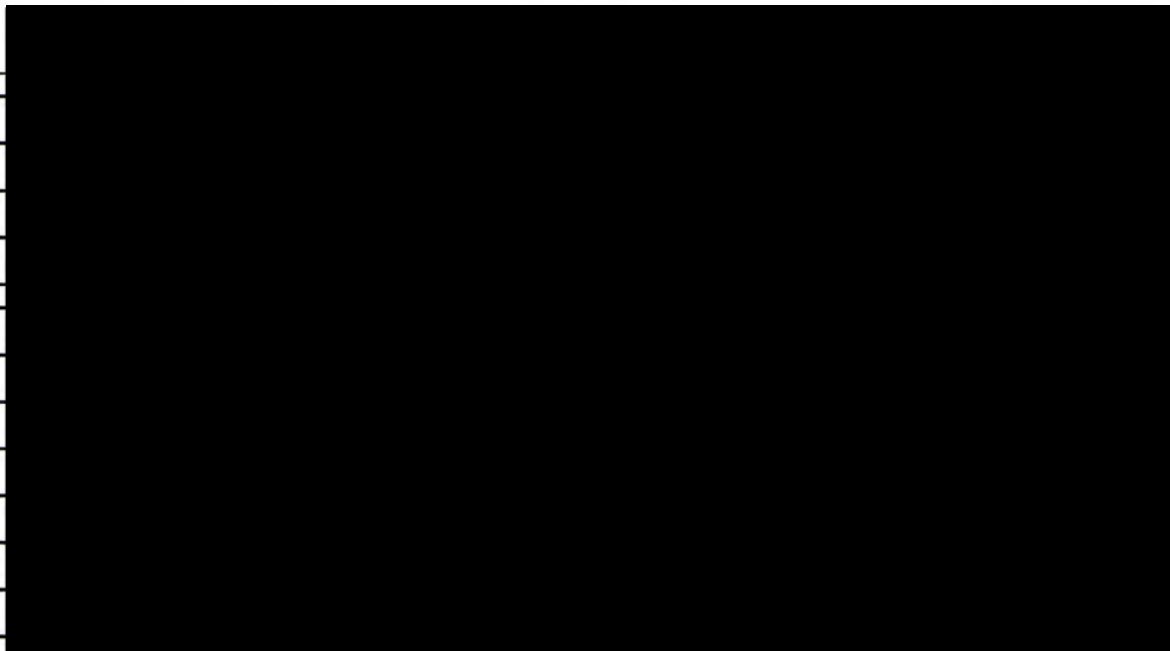
9/8

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9/8

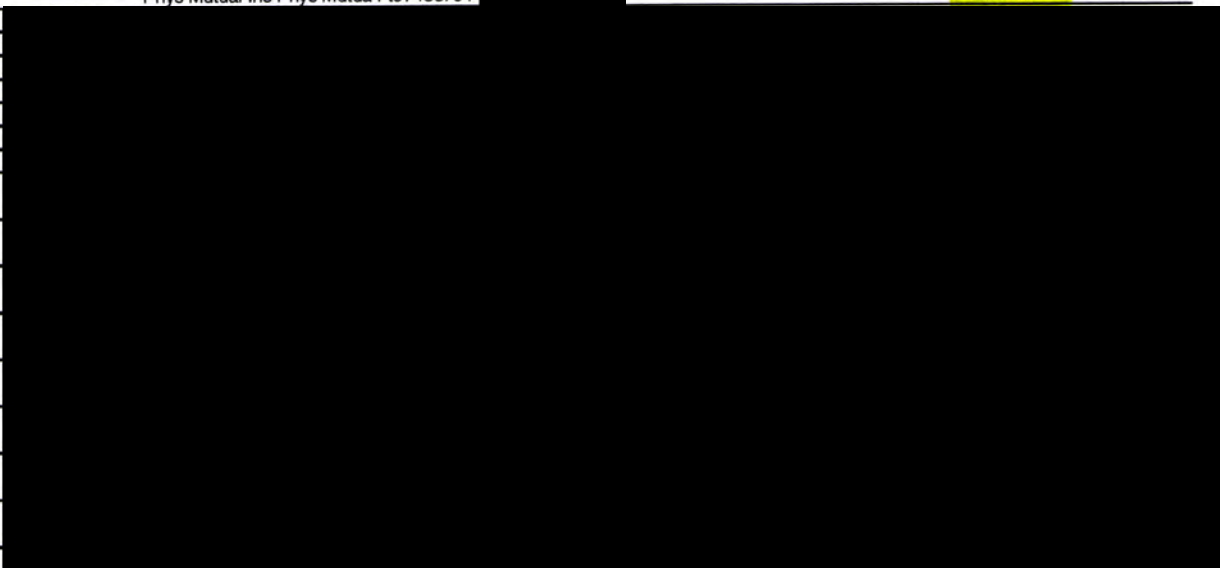
9/8

9/8



Phys Mutual Ins Phys Mutua Ft97456791

203.00



10/31/2017

Wells Fargo

11-21-17 PRMT \$501-c-9 Agenda Item 8

10/07/17 PACIFIC CHECK # 171007 03700 71

\$103.70

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10/03/17

PHYS MUTUAL INS PHYS MUTUA  
FT99178888

\$203.00

10/31/2017

Wells Fargo

**Check Number**

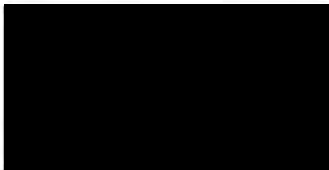


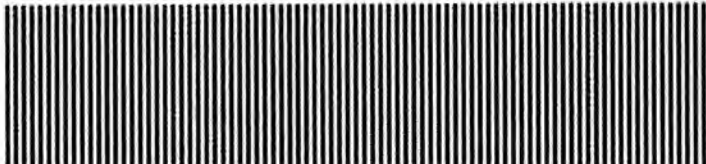
3396

**Date Posted**

02/02/17

**Check Amount**

\$38.60

		3396	
		94-7074/3212 649 1000254718	
		<u>1-28-2017</u> Date	
Pay to the Order of	<u>Cigna Health Spring RX</u>	\$	<u>38.60</u>
	<u>Thirty-eight &amp; 60/100</u>	Dollars	
			Printed Serial Number Check #1234
	Wells Fargo Bank, N.A. Nevada wellsfargo.com		
For	<u>15132487801</u>		

[illegible]

**\*Note**

The account number, signature, and endorsement are removed from the image(s) for security reasons.

To obtain a full copy of the image, please call us at 1-800-TO-WELLS (1-800-869-3557), 24 hours, 7 days a week.

Equal Housing Lender

11/1/2017

Wells Fargo

Check Number

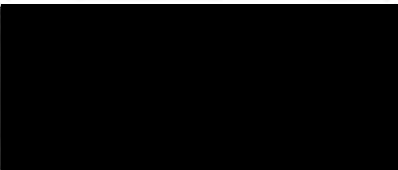

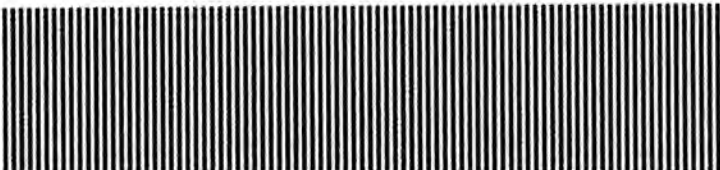
3411


Date Posted

04/03/17

Check Amount

\$77.20


		3411
<u>3-27-2017</u>		94-7074/3212 649 1000254118
Date		
Pay to the Order of	<u>Cigna - Health Spring RX</u>	\$ 77.20
	<u>Twenty-Seven 20/100</u>	Dollars
 Wells Fargo Bank, N.A. Member FDIC wellsfargo.com		
For	<u>15132487807</u>	

	
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**\*Note**

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 Equal Housing Lender



10/31/2017

Wells Fargo

Check Number

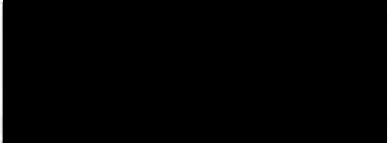

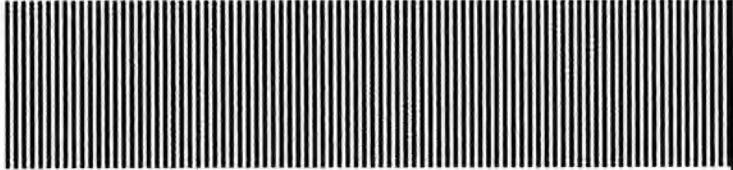
3423

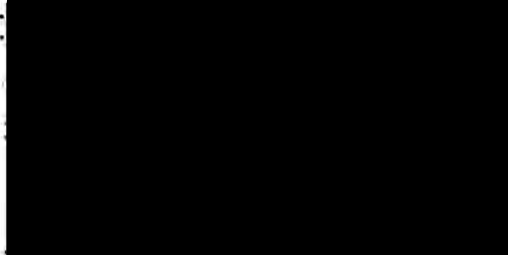
Date Posted

05/01/17

Check Amount

\$38.60


		<b>3423</b>
		94-7074/3212 649 1000254118
<u>4-27-2017</u>		Date
Pay to the Order of	<u>Cigna Health Spring RX</u>	<b>\$ 38.60</b>
	<u>Thirty - Eight &amp; 00/100</u>	Dollars
	Wells Fargo Bank, N.A. Member FDIC wellsfargo.com	
For	<u>15132487801</u>	



## \*Note

The account number, signature, and endorsement are removed from the image(s) for security reasons.

To obtain a full copy of the image, please call us at 1-800-TO-WELLS (1-800-869-3557), 24 hours, 7 days a week.

 Equal Housing Lender

10/31/2017

Wells Fargo

Check Number

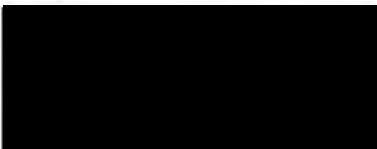

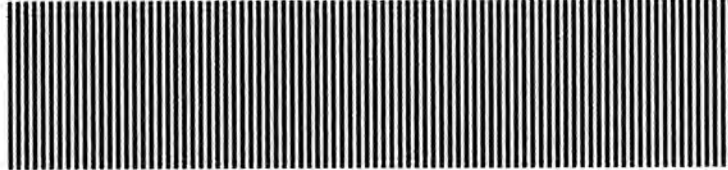
3429

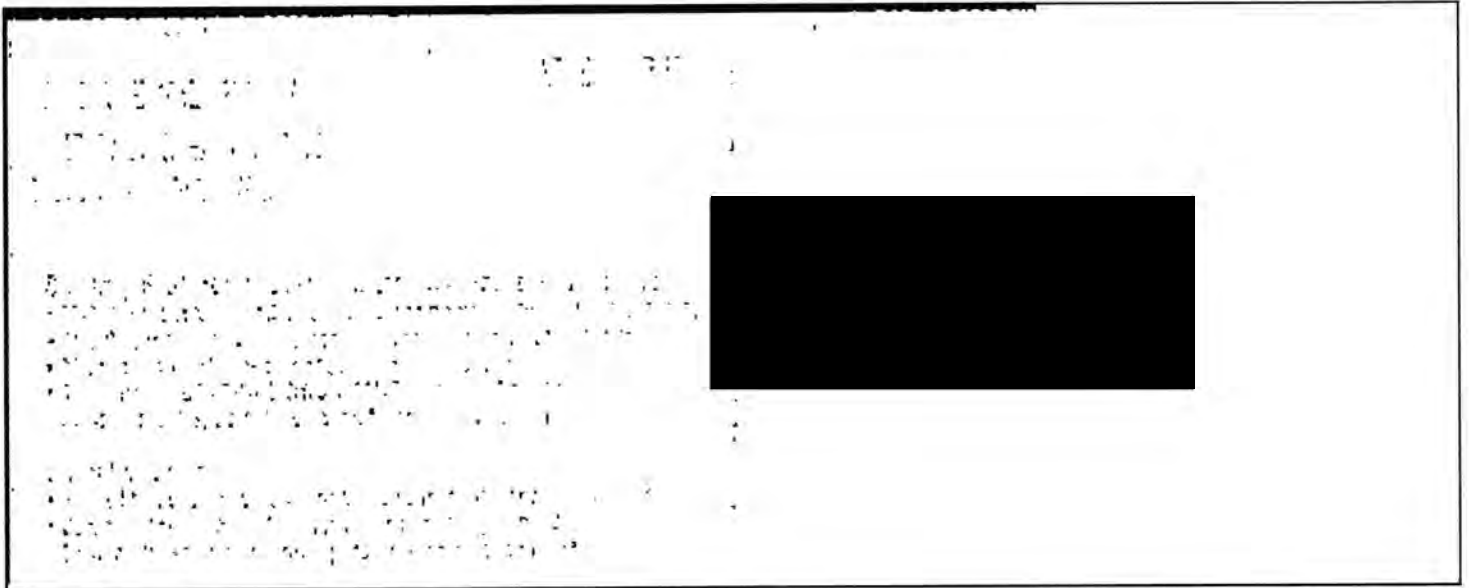
Date Posted

05/31/17

Check Amount

\$38.60


		3429
		94-7074/3212 649 1000254118
		<u>5-28-2017</u> Date
Pay to the Order of	<u>Cigna-Health Spring RX</u>	\$ <u>38.60</u>
	<u>Thirty - Eight &amp; 60/100</u>	Dollars
	Wells Fargo Bank, N.A. Member FDIC wellsfargo.com	
For	<u>15132487801</u>	



### \*Note

The account number, signature, and endorsement are removed from the image(s) for security reasons.

To obtain a full copy of the image, please call us at 1-800-TO-WELLS (1-800-869-3557), 24 hours, 7 days a week.

 Equal Housing Lender



Check Number



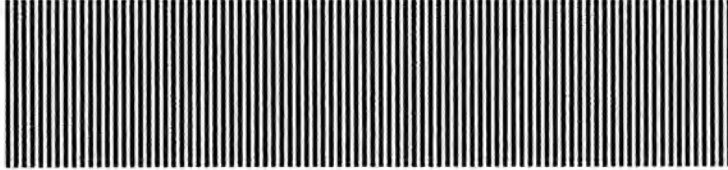
3445

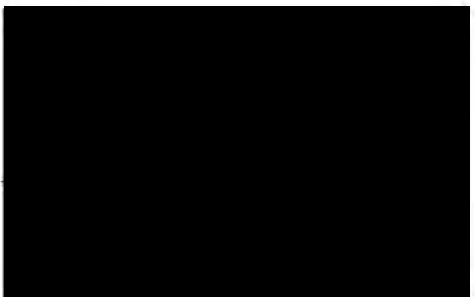
Date Posted

07/05/17

Check Amount

\$38.60


		<b>3445</b>
		94-7074/3212 849 1000254118
<u>7-1-2017</u>		Date
Pay to the Order of	<u>Cigna-Health Spring RX</u>	\$ <u>38.60</u>
	<u>Thirty-Eight &amp; 60/100</u>	Dollars
	Wells Fargo Bank, N.A. Member FDIC wellsfargo.com	
For	<u>1513 248701</u>	


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### \*Note

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 Equal Housing Lender

Check Number



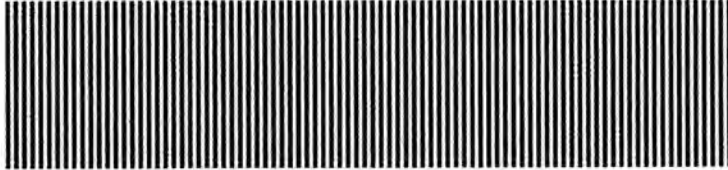
3456

Date Posted

08/03/17

Check Amount


\$38.60

		3456
		94-7074/3212 649 100C254118
Date <u>7-29-2017</u>		
Pay to the Order of	<u>Cigna Health Spring Rx</u>	\$ <u>38.60</u>
	<u>Thirty Eight &amp; 60/100</u>	Dollars
 Wells Fargo Bank, N.A. Member FDIC wellsfargo.com		
For	<u>15132482801</u>	



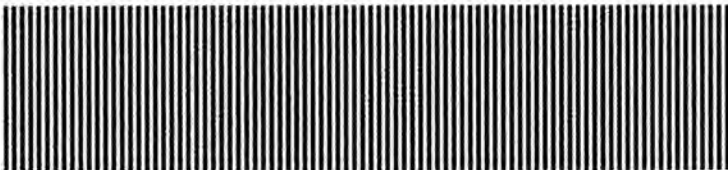
### \*Note


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To obtain a full copy of the image, please call us at 1-800-TO-WELLS (1-800-869-3557), 24 hours, 7 days a week.

 Equal Housing Lender

<b>Check Number</b>	3469
<b>Date Posted</b>	09/05/17
<b>Check Amount</b>	\$38.60


		<b>3469</b>
		94-7074/3212 649
<u>8-31-17</u>		Date
Pay to the Order of	<u>Cigna Health Spring KX</u>	\$ <u>38.60</u>
	<u>Thirty Eight &amp; 60/100</u>	Dollars
 Wells Fargo Bank, N.A. Nevada wells.fargo.com		
For	<u>15132487801</u>	

<p>2013-2017</p> <p>10-20-2017</p> <p>10-20-2017</p>	
<p><b>Security Features exceed industry standards and include:</b></p> <ul style="list-style-type: none"> <li>• Matching account and check number - see back of check</li> <li>• The Security Thread - callout on back of check is laser-etched</li> <li>• Microprint - tiny print on back and front</li> <li>• The Words "ORIGINAL DOCUMENT" across the back</li> <li>• Watermark - visible on front and back</li> </ul>	
<p><b>Do not cash if:</b></p> <ul style="list-style-type: none"> <li>• Any of the features listed above are missing or appear altered</li> <li>• The label on the back of the check is missing</li> <li>• The words "VOID" or "COPY" are visible on the back</li> </ul>	

### \*Note

The account number, signature, and endorsement are removed from the image(s) for security reasons.

To obtain a full copy of the image, please call us at 1-800-TO-WELLS (1-800-869-3557), 24 hours, 7 days a week.

 Equal Housing Lender



10/31/2017

Wells Fargo

Check Number



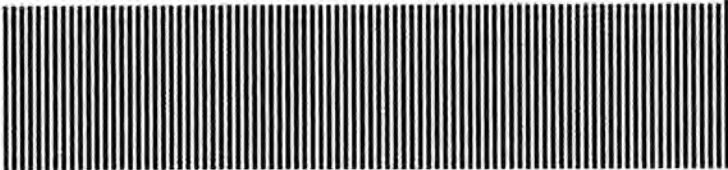
3478

Date Posted

10/03/17

Check Amount

\$38.60

		3478 94-7074/3212 649
<u>9-30-2017</u> Date		
Pay to the Order of	<u>Cigna-Health Spring Rx</u>	\$ <u>38.60</u>
	<u>Thirty-Eight &amp; 60/100</u>	Dollars
	Wells Fargo Bank, N.A. Member FDIC wellsfargo.com	
For	<u>15132487801</u>	

Security features exceed industry standards and include:

- Machine-readable security features
- The Security Watermark
- Microprint
- The words "ORIGINAL DOCUMENT" printed in the paper
- Photo Safe Deposit


Do not copy it


- Any of the features listed above
- Any of the features listed above
- Any of the features listed above

**\*Note**

The account number, signature, and endorsement are removed from the image(s) for security reasons.

To obtain a full copy of the image, please call us at 1-800-TO-WELLS (1-800-869-3557), 24 hours, 7 days a week.

 Equal Housing Lender

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[illegible]



[illegible]



[illegible]

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[illegible]

As a result, the model is able to capture the effects of the various factors on the dependent variable. The model is estimated using the following equation:

$$Y_i = \beta_0 + \beta_1 X_{1i} + \beta_2 X_{2i} + \beta_3 X_{3i} + \beta_4 X_{4i} + \beta_5 X_{5i} + \beta_6 X_{6i} + \beta_7 X_{7i} + \beta_8 X_{8i} + \beta_9 X_{9i} + \beta_{10} X_{10i} + \beta_{11} X_{11i} + \beta_{12} X_{12i} + \beta_{13} X_{13i} + \beta_{14} X_{14i} + \beta_{15} X_{15i} + \beta_{16} X_{16i} + \beta_{17} X_{17i} + \beta_{18} X_{18i} + \beta_{19} X_{19i} + \beta_{20} X_{20i} + \beta_{21} X_{21i} + \beta_{22} X_{22i} + \beta_{23} X_{23i} + \beta_{24} X_{24i} + \beta_{25} X_{25i} + \beta_{26} X_{26i} + \beta_{27} X_{27i} + \beta_{28} X_{28i} + \beta_{29} X_{29i} + \beta_{30} X_{30i} + \beta_{31} X_{31i} + \beta_{32} X_{32i} + \beta_{33} X_{33i} + \beta_{34} X_{34i} + \beta_{35} X_{35i} + \beta_{36} X_{36i} + \beta_{37} X_{37i} + \beta_{38} X_{38i} + \beta_{39} X_{39i} + \beta_{40} X_{40i} + \beta_{41} X_{41i} + \beta_{42} X_{42i} + \beta_{43} X_{43i} + \beta_{44} X_{44i} + \beta_{45} X_{45i} + \beta_{46} X_{46i} + \beta_{47} X_{47i} + \beta_{48} X_{48i} + \beta_{49} X_{49i} + \beta_{50} X_{50i} + \beta_{51} X_{51i} + \beta_{52} X_{52i} + \beta_{53} X_{53i} + \beta_{54} X_{54i} + \beta_{55} X_{55i} + \beta_{56} X_{56i} + \beta_{57} X_{57i} + \beta_{58} X_{58i} + \beta_{59} X_{59i} + \beta_{60} X_{60i} + \beta_{61} X_{61i} + \beta_{62} X_{62i} + \beta_{63} X_{63i} + \beta_{64} X_{64i} + \beta_{65} X_{65i} + \beta_{66} X_{66i} + \beta_{67} X_{67i} + \beta_{68} X_{68i} + \beta_{69} X_{69i} + \beta_{70} X_{70i} + \beta_{71} X_{71i} + \beta_{72} X_{72i} + \beta_{73} X_{73i} + \beta_{74} X_{74i} + \beta_{75} X_{75i} + \beta_{76} X_{76i} + \beta_{77} X_{77i} + \beta_{78} X_{78i} + \beta_{79} X_{79i} + \beta_{80} X_{80i} + \beta_{81} X_{81i} + \beta_{82} X_{82i} + \beta_{83} X_{83i} + \beta_{84} X_{84i} + \beta_{85} X_{85i} + \beta_{86} X_{86i} + \beta_{87} X_{87i} + \beta_{88} X_{88i} + \beta_{89} X_{89i} + \beta_{90} X_{90i} + \beta_{91} X_{91i} + \beta_{92} X_{92i} + \beta_{93} X_{93i} + \beta_{94} X_{94i} + \beta_{95} X_{95i} + \beta_{96} X_{96i} + \beta_{97} X_{97i} + \beta_{98} X_{98i} + \beta_{99} X_{99i} + \beta_{100} X_{100i} + \epsilon_i$$

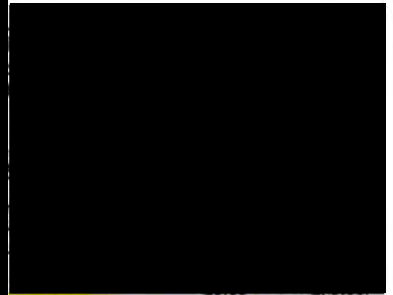
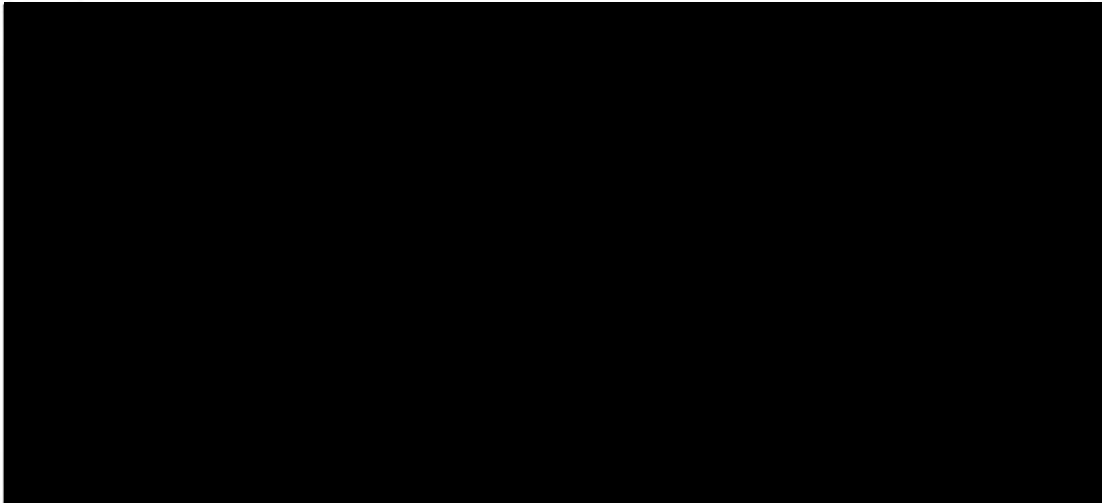
Dental Pre-tax	24.08
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Dental Pre-tax	24.08	
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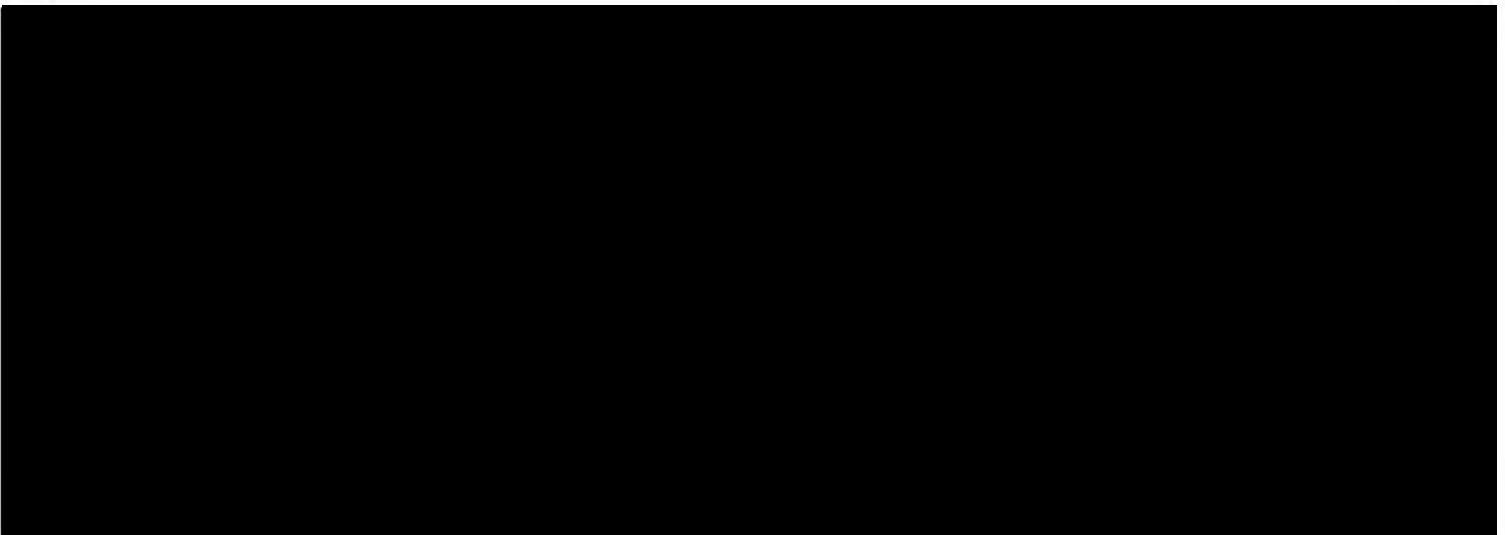
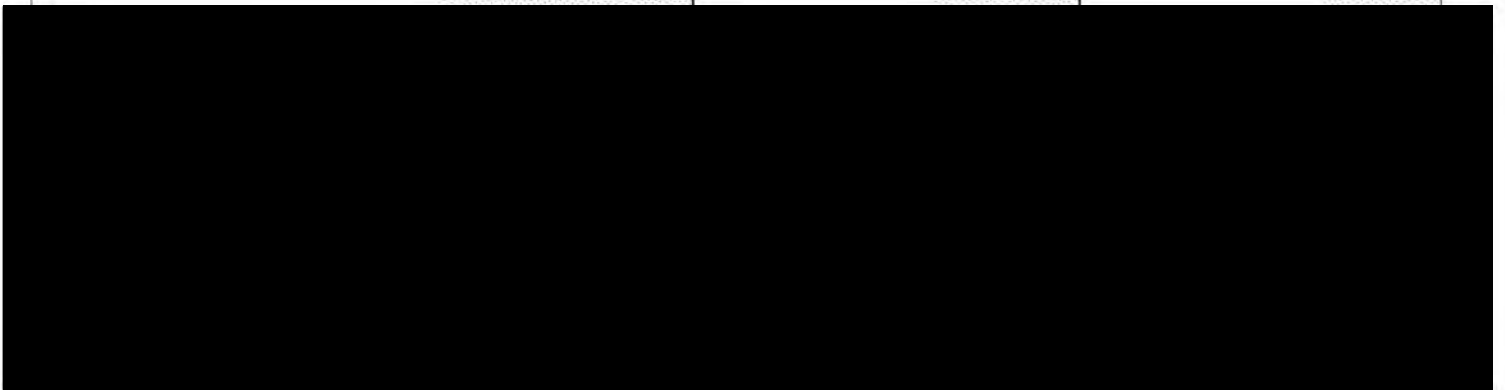
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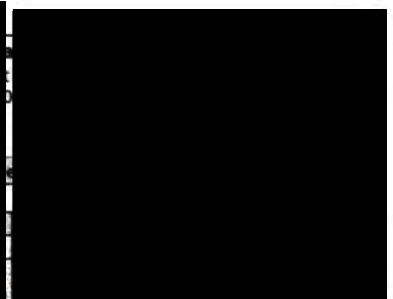
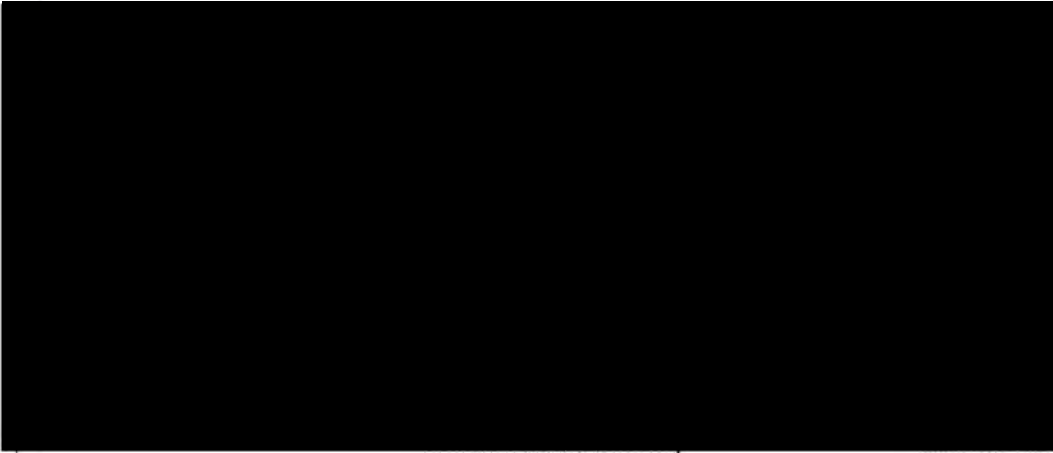
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[REDACTED]

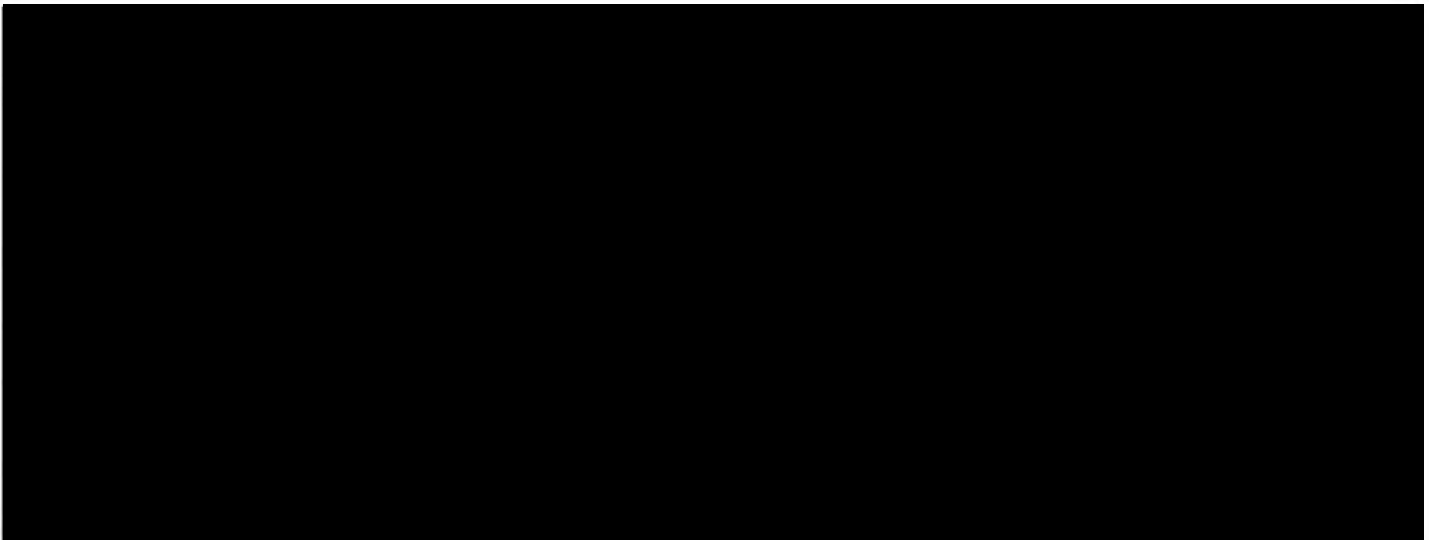


Dental Pre-tax 24.08





Dental Pre-tax	24.08	
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Dental Pre-tax	24.08
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[illegible]

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[REDACTED]



24.08

24.08

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[illegible]

[illegible][illegible]

Dental Pre-tax	24.08	
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[illegible]

[illegible][illegible]



27.21

Date	Description	Amount	Balance

[illegible]



# Post Retirement Medical Plan & Trust

## Medical Premium Expense Reimbursement Request

### RETRIEE INFORMATION:

DATE RANGE From 7/1/2017

To 9/30/2017

Name:

Social Security #:

Address:

Phone #:

### Expenses

Date Paid	Description (example: Monthly Premium)	Name of Provider (example: Anthem Blue Cross)	Cost	Total
July - Sept.	Monthly Premium	Medicare "Part B"	\$104.90 per month	\$ 314.70
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
			\$0.00	
Medicare Eligible? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<b>Total</b>	\$ 314.70

**Attach copies of Proof of Insurance and Payment of Premium.**  
**See back of form for examples of acceptable documentation.**

I certify that the above information is correct. I understand that I will not be reimbursed for medical insurance premiums for any period during which I was not eligible for participation or failed to maintain coverage. I further understand that if I receive reimbursement for premiums for which I was not eligible or did not meet eligibility criteria, the Trust may recover these payments from my future benefit award(s). I also authorize the Post Retirement Medical Plan & Trust, and its designees to contact the insurance company I have listed above to verify coverage and amount of premium paid.

Retiree Signature:

Date: 10/11/2017

TMWA Approval:

Date:

PRMPT Approval:

Date:

Return completed form to: PRMPT c/o TMWA Human Resources, PO Box 30013, Reno, NV 89520



## Social Security Administration

Date: October 11, 2017

Claim Number: [REDACTED]

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

### Information About Current Social Security Benefits

Beginning December 2016, the full monthly Social Security benefit before any deductions is [REDACTED]

We deduct \$110.00 for medical insurance premiums each month.

The regular monthly Social Security payment is [REDACTED]

(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the fourth Wednesday of each month.

### Information About Past Social Security Benefits

From December 2014 to November 2016, the full monthly Social Security benefit before any deductions was [REDACTED]

We deducted \$104.90 for medical insurance premiums each month. *Medicare "Part B"*

The regular monthly Social Security payment was [REDACTED]

(We must round down to the whole dollar.)

### Type of Social Security Benefit Information

You are entitled to monthly retirement benefits.

### Suspect Social Security Fraud?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

### If You Have Questions

We invite you to visit our web site at [www.socialsecurity.gov](http://www.socialsecurity.gov) on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local office at 888-808-5481. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY  
1170 HARVARD WAY  
RENO, NV 89502



## STAFF REPORT

**TO:** Board of Trustees  
**FROM:** Jessica Atkinson, TMWA Human Resources Administrator  
**DATE:** 11/21/2017  
**SUBJECT:** Discussion and direction regarding meeting times and dates for 2018

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### **Recommendation**

TMWA staff recommends that the Board of Trustees provide input on the schedule proposed for the TMWA §501-c-9 Post-Retirement Medical Plan & Trust meetings as well as confirmation of meeting times.

### **Discussion**

The regular schedule for the TMWA §501-c-9 Post-Retirement Medical Plan & Trust meetings has traditionally been quarterly on the third Tuesday of the month beginning in February of each calendar year.

Staff recommends changing the trustee meetings for the two different post-retirement medical benefit trusts to allow for approval and processing of reimbursement requests according to the reimbursement payment schedule.

### **2018 Trustee Meeting Dates Proposed**

Tuesday, January 16	1:00 p.m.
Tuesday, April 17	1:00 p.m.
Tuesday, July 17	1:00 p.m.
Tuesday, October 16	1:00 p.m.