TRUCKEE MEADOWS WATER AUTHORITY
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§501-c-9 Post-Retirement Medical Plan & Trust

A single employer plan sponsored by
Truckee Meadows Water Authority

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

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*

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

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

RETIREE INFORMATION:

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
10-15-17	Medicare	Medicare		$ 110 -
11-15-17	"	"		$ 110 -
12-15-17	"	"		$ 110 -
				$ -
				$ -
				$ -
			$0.00	

Medicare Eligible? X Yes
____ 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: [redacted] **Date:** 2-23-17

TMWA Approval: [signature] **Date:** 2/24/17

PRMPT Approval: **Date:**

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

Social Security Administration

[redacted]

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

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 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 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

[redacted]

Post Retirement Medical Plan & Trust
Medical Premium Expense Reimbursement Request

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

RETIREE INFORMATION:

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
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	
			Total	$ 316.14

Medicare Eligible? _____ Yes
_____ No

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:** 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 877-8628949 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 877-8628949 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

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Wells Fargo

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Activity Summary

Current posted balance

Pending withdrawals/debits

Pending deposits/credits

Available balance

Monthly Service Fee Summary

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Boost your savings

Order Checks and Deposit Tickets

Manage Travel Plans

Turn Card On or Off

View More Services

Activity Interest Earned

Search Transactions Deposits Checks Withdrawals

Download Account Activity | Dispute a Transaction

Show ending daily balance

Use Search to view more transactions

Date	Description	Deposits/Credits	Withdrawals/Debits
Pending Transactions	*Note: Debit card transaction amounts may change.*		
No pending transactions meet your search criteria. Please try again.			
Posted Transactions			
09/05/17	RECURRING PAYMENT AUTHORIZED ON 09/01 SECURITY LIFE INS 877-8628949 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 877-8628949 MN S387184566049108 CARD 4039		$52.69
06/02/17	RECURRING PAYMENT AUTHORIZED ON 06/01 SECURITY LIFE INS 877-8628949 MN S387152539773381 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
Totals		$0.00	$316.14

7:13 AM 9/22/2017

Transfer and Pay | More

nt Summary | Switch Account | Print

[redacted] [redacted] Español

Transfer Money | Send Money | View Statements | Manage Alerts

Summary

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Boost your savin

Our Daily Change℠ App: A s
tool to help you save

Order Checks and Deposit Tic

Manage Travel Plans

Turn Card On or Off

View More Services

ity | Interest Earned

Transactions | Deposits | Checks | Withdrawals

Account Activity | Dispute a Transaction

Show ending daily

ch to view more transactions

	Description	Deposits/Credits	Withdrawals/Debi
	Pending Transactions *Note: Debit card transaction amounts may change.*		
	nding transactions meet your search criteria. Please try again.		
	d Transactions		
/17	RECURRING PAYMENT AUTHORIZED ON 09/01 SECURITY LIFE INS 877-8628949 MN S467244561711634 CARD 4039		$5
7	RECURRING PAYMENT AUTHORIZED ON 08/01 SECURITY LIFE INS 877-8628949 MN S387213557158314 CARD 4039		$5
	RECURRING PAYMENT AUTHORIZED ON 07/03 SECURITY LIFE INS 877-8628949 MN S587184566049108 CARD 4039		$
	RECURRING PAYMENT AUTHORIZED ON 06/01 SECURITY LIFE INS 877-8628949 MN S587152559773381 CARD 4039		$5
	RECURRING PAYMENT AUTHORIZED ON 05/01 SECURITY LIFE INS 877-8628949 MN S307121557271259 CARD 4039		$5
	RECURRING PAYMENT AUTHORIZED ON 04/03 SECURITY LIFE INS 877-8628949 MN S387093565469165 CARD 4039		$5

Post Retirement Medical Plan & Trust
Medical Premium Expense Reimbursement Request

DATE RANGE From 10/1/16
To 12/5/16

RETRIEE INFORMATION:

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
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	
			Total	$ 732.04

Medicare Eligible? _____ Yes
_____ No

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

Oct 16

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

WELLS FARGO

[redacted]

Transaction history

Date	Check Number	Description	Deposits/ Additions	Withdrawals/ Subtractions	Ending daily balance
10/3		[redacted]			
10/3					
10/3					
10/3					
10/3					
10/3					
10/3					
10/3					
		P00000000545504755 Card 2777			
10/3		Phys Mutual Ins Phys Mutua Ft78293190 [redacted]		188.02	
10/3		[redacted]			
10/3					
10/4					
10/4					
10/4					
10/5					
10/5					
10/5					
10/5					
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10/6					
10/6					
10/6					
10/7					
10/7					
10/7					
10/11					
10/11					
10/11					

NOV 16

Account number: [redacted] ■ November 1, 2016 - November 30, 2016 ■ Page 2 of 5

WELLS FARGO

[redacted]

Transaction history

Date			
11/1	[redacted]		
11/2			
11/2			
11/2			
11/3			
11/3			
	11/03/16		
11/3	Phys Mutual Ins Phys Mutua Ft80122229	[redacted]	188.02
11/3			
11/3			
11/4			
11/4			
11/4			
11/4			
11/4			
11/7			
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11/9			
11/9			
11/10			
11/10			
11/10			
11/14			

Account number: [redacted] ■ December 1, 2016 - December 31, 2016 ■ Page 2 of 6

DEC 16

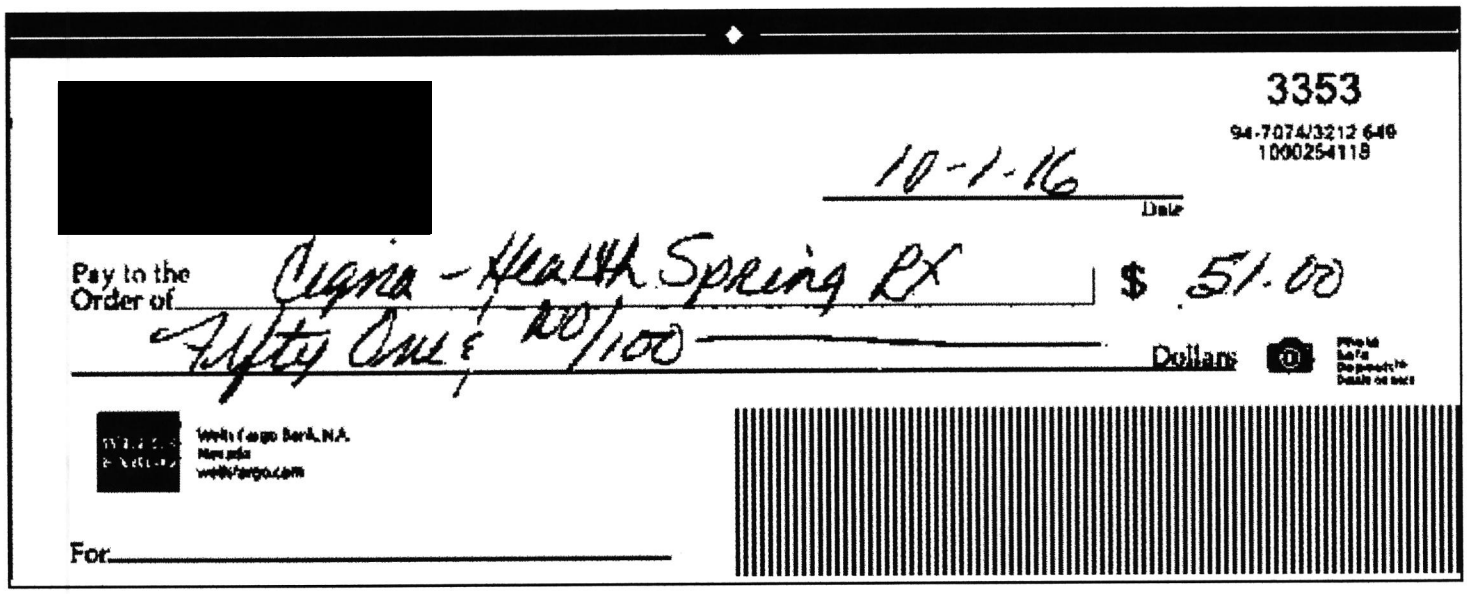
WELLS FARGO

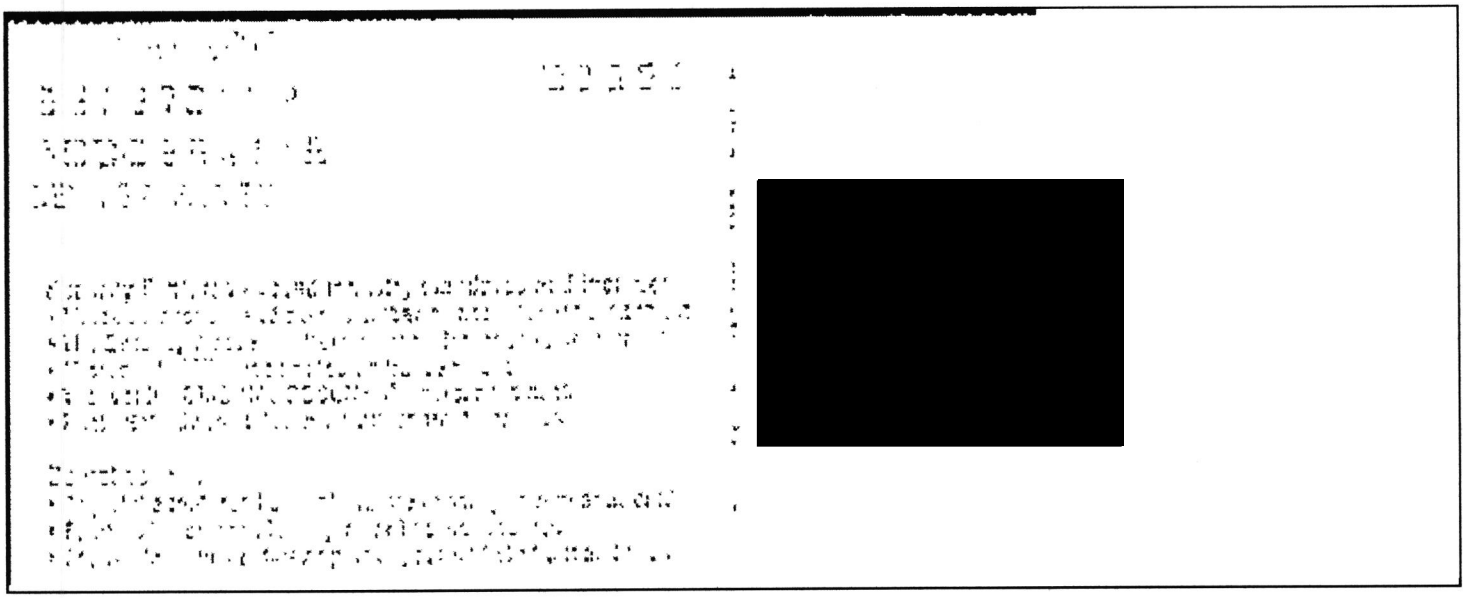
[redacted]

Transaction history

Date		
12/1	[redacted]	
12/1	[redacted]	
12/2	[redacted]	
12/2	[redacted]	
12/2	[redacted]	
12/2	[redacted]	
12/5	[redacted]	
12/5	[redacted]	
12/5	[redacted]	
12/5	[redacted]	
12/5	[redacted]	
12/5	[redacted]	
12/5	[redacted]	
12/5	Phys Mutual Ins Phys Mutua Ft81863802 [redacted]	203.00
12/5	[redacted]	
12/5	[redacted]	
12/6	[redacted]	
12/6	[redacted]	
12/6	[redacted]	
12/7	[redacted]	
12/7	[redacted]	
12/7	[redacted]	
12/7	[redacted]	
12/7	[redacted]	
12/8	[redacted]	
12/8	[redacted]	
12/8	[redacted]	
12/9	[redacted]	
12/9	[redacted]	

Check Number	3353
Date Posted	10/04/16
Check Amount	$51.00


3353
94-7074/3212 649
1000254118
10-1-16
Date
Pay to the Order of Cigna - Health Spring RX $ 51.00
Fifty One & 00/100 Dollars
Wells Fargo Bank, N.A.
wellsfargo.com
For



*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	3364
Date Posted	11/03/16
Check Amount	$51.00

[redacted]

3364

94-7074/3212 649
1000254118

10-30-2016
Date

Pay to the Order of Cigna HealthSpring RX $ 51.00

Fifty-One & no/100 Dollars

Wells Fargo Bank, N.A.
Nevada
wellsfargo.com

For

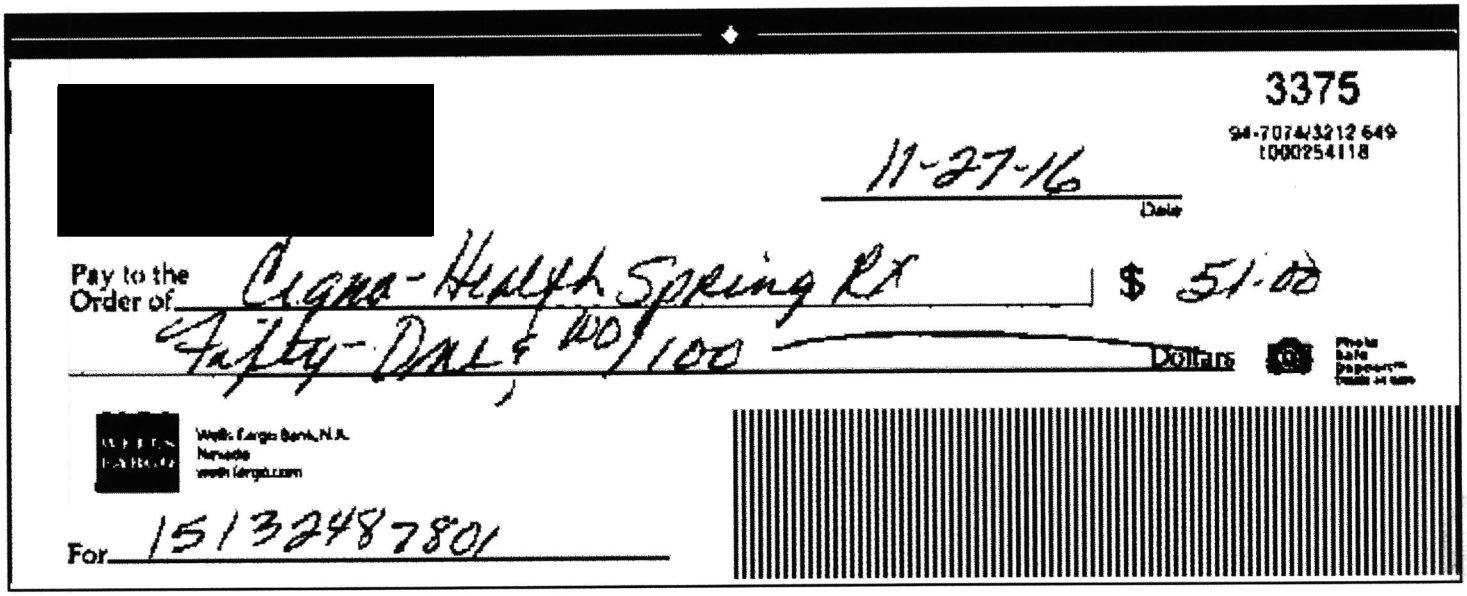
[redacted]

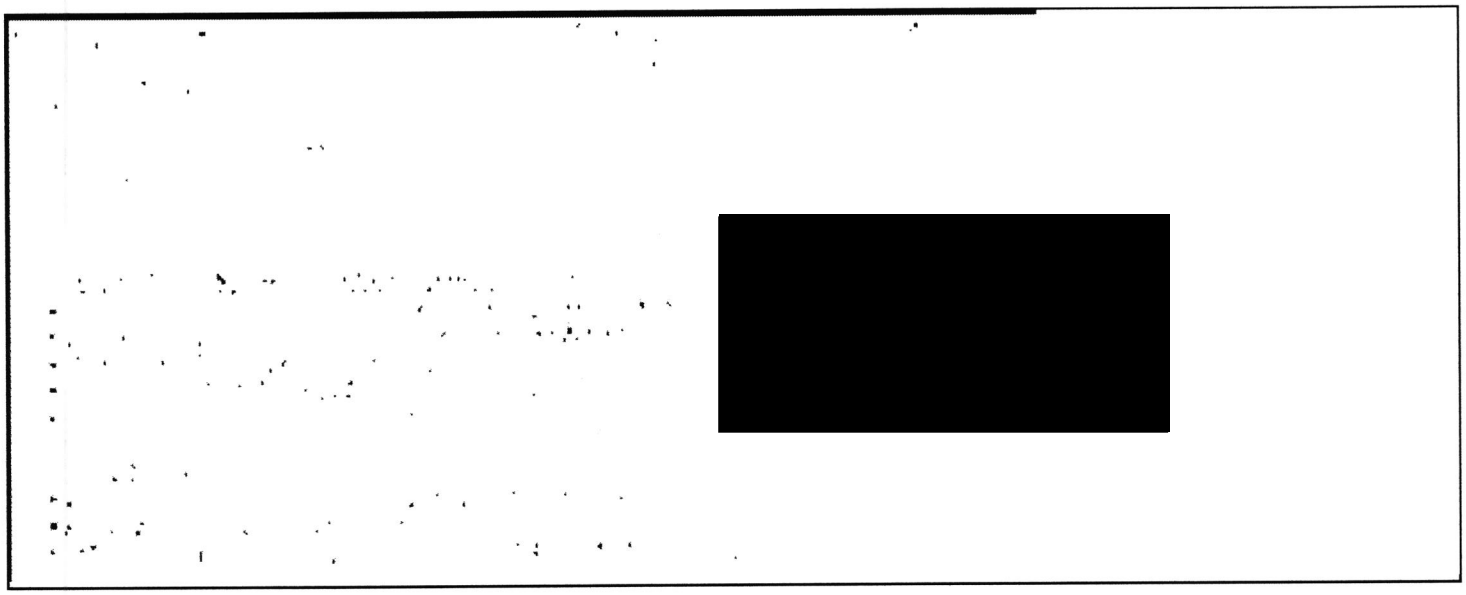
*Note

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	3375
Date Posted	12/02/16
Check Amount	$51.00





*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

DATE RANGE From 1/3/17
To 10/13/17

RETIREE INFORMATION:

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	
			Total	$ 2,786.76

Medicare Eligible? _____ Yes
_____ No

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

Jan 17

Account number: [redacted] ■ January 1, 2017 - January 31, 2017 ■ Page 2 of 6

WELLS FARGO

[redacted]

Transaction history

Date	Check Number	Description	Deposits/ Additions	Withdrawals/ Subtractions	Ending daily balance
1/3	[redacted]				
1/3					
1/3					
1/3					
1/3		Phys Mutual Ins Phys Mutua Ft83378746		203.00	
1/3	[redacted]				
1/3					
1/3					
1/4					
1/4					
1/4					
1/5					
1/5					
1/5					
1/5					
1/6					
1/6					
1/9					
1/9					
1/11					
1/11					
1/13					
1/13					
1/13					
1/17					
1/17					
1/17					
1/17					
1/17					

Feb 17

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

WELLS FARGO

[redacted]

Transaction history

Date			
2/1	[redacted]		
2/2			
2/2			
2/2			
2/2			
2/2			
2/3			
2/3			
2/3			
2/3	Phys Mutual Ins Phys Mutua Ft85251046		203.00
2/3	[redacted]		
2/3			
2/3			
2/6			
2/6			
2/7			
2/8			
2/8			
2/9			
2/9			
2/9			
2/13			
2/13			
2/13			
2/13			
2/13			
2/13			
2/13			

March 17

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

WELLS FARGO

[redacted]

Transaction history

Date	Check		Deposits/ Additions	Withdrawals/ Subtractions	Ending daily Balance
3/1	[redacted]				
3/1					
3/1					
3/2					
3/2					
3/3					
3/3					
3/3					
3/3					
3/3					
3/3					
3/3					
3/3		Phys Mutual Ins Phys Mutua Ft86856621		203.00	
3/3	[redacted]				
3/6					
3/6					
3/6					
3/6					
3/6					
3/6					
3/6					
3/6					
3/7					
3/8					
3/8					
3/8					
3/9					

April 17

WELLS FARGO

[redacted]

Transaction history

[redacted]

4/3	Phys Mutual Ins Phys Mutua Ft88587834 [redacted]	203.00
4/3	[redacted]	
4/4		
4/4		
4/4		
4/5		
4/5		
4/5		
4/6		
4/6		
4/6		
4/7		
4/7		
4/7		
4/7		
4/7		
4/7		
4/7		
4/7		
4/10		
4/10		
4/10		
4/10		

MAY 17

Account number: [redacted] ■ May 1, 2017 - May 31, 2017 ■ Page 2 of 7

WELLS FARGO

[redacted]

Transaction history

Date	Check Number	Description	Deposits/ Additions	Withdrawals/ Subtractions	Ending daily balance
5/1	[redacted]				
5/1					
5/1					
5/1					
5/1					
5/1					
5/1					
5/1					
5/1					
5/1					
5/1					
5/1					
5/2					
5/2					
5/3					
5/3					
5/3					
5/3					
5/3					
5/3		Phys Mutual Ins Phys Mutua Ft90428071 [redacted]		203.00	[redacted]
5/4	[redacted]				
5/5					
5/5					
5/8					
5/8					
5/8					
5/8					

June 17

Account number: [redacted] ■ June 1, 2017 - June 30, 2017 ■ Page 2 of 7

WELLS FARGO

[redacted]

Transaction history

Date			
6/1	[redacted]		
6/1			
6/1			
6/1			
6/2			
6/5			
6/5			
6/5			
6/5			
6/5			
6/5			
6/5			
6/5	P0000000008699299 Card 2777		
6/5	Phys Mutual Ins Phys Mutua Ft92191337		203.00
6/5	[redacted]		
6/6			
6/6			
6/6			
6/7			
6/7			
6/7			
6/7			
6/7			
6/8			
6/8			
6/8			
6/8			
6/9			

July 17

Account number: [redacted] ■ July 1, 2017 - July 31, 2017 ■ Page 2 of 6

WELLS FARGO

[redacted]

Transaction history

Date	Check		Deposits/	Withdrawals/	Ending daily
7/3	[redacted]				
7/3					
7/3					
7/3					
7/3					
7/3					
7/3					
7/3					
7/3		Phys Mutual Ins Phys Mutua Ft93800101		203.00	
7/3	[redacted]				
7/3					
7/3					
7/5					
7/5					
7/5					
7/5					
7/5					
7/6					
7/6					
7/6					
7/6					
7/7					
7/7					
7/7					
7/7					
7/7					
7/10					
7/10					
7/10					
7/10					
7/10					

Aug 17

WELLS FARGO

[redacted]

Transaction history

[redacted]

8/3	Phys Mutual Ins Phys Mutua Ft95680629		203.00
8/3	[redacted]		
8/3			
8/4			
8/4			
8/4			
8/4			
8/4			
8/4			
8/4			
8/4			
8/4			
8/7			
8/7			
8/7			
8/7			

Account number: [redacted] ■ September 1, 2017 - September 30, 2017 ■ Page 2 of 6 Supt

WELLS FARGO

[redacted]

Transaction history

Date	
9/1	[redacted]
9/1	
9/1	
9/1	
9/1	
9/1	
9/5	
9/5	
9/5	
9/5	
9/5	
9/5	
9/5	
9/5	
9/5	Phys Mutual Ins Phys Mutua Ft97456791 [redacted] 203.00
9/5	[redacted]
9/5	
9/5	
9/5	
9/5	
9/5	
9/5	
9/6	
9/6	
9/6	
9/6	
9/6	
9/7	
9/7	
9/8	
9/8	

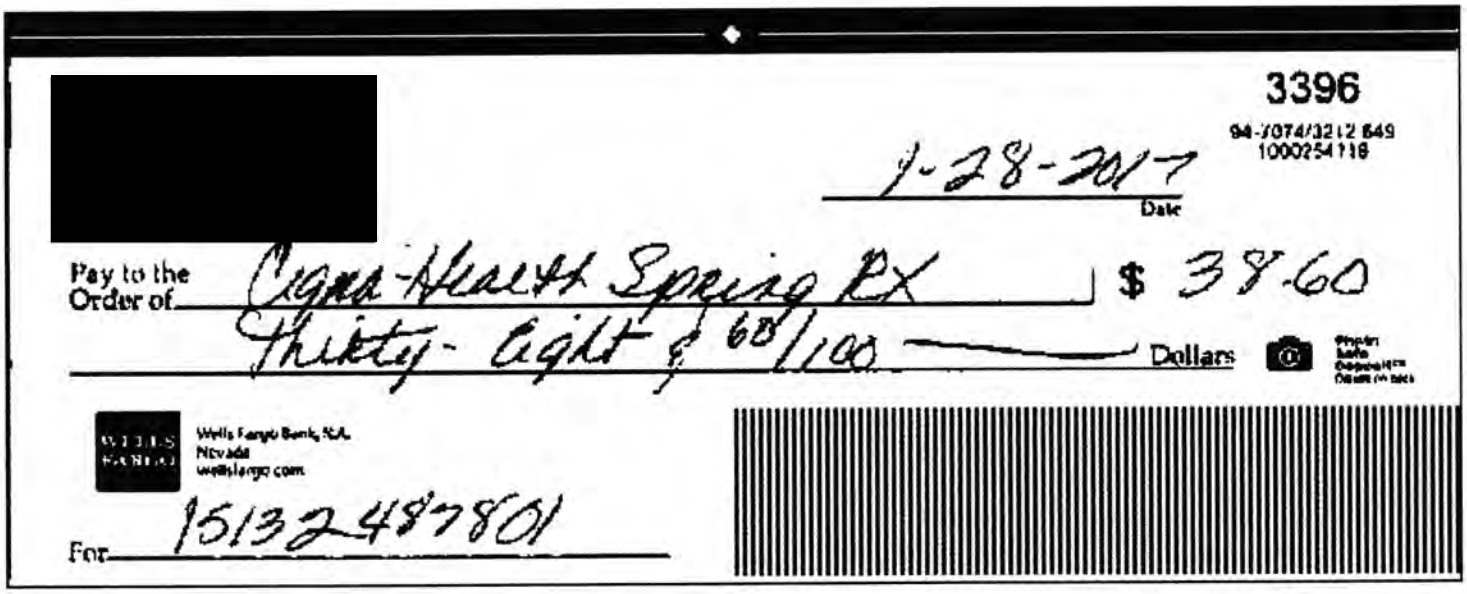
10/04/17 PACIFIC P CHECKPAYMT 171004 05400 # $109.70

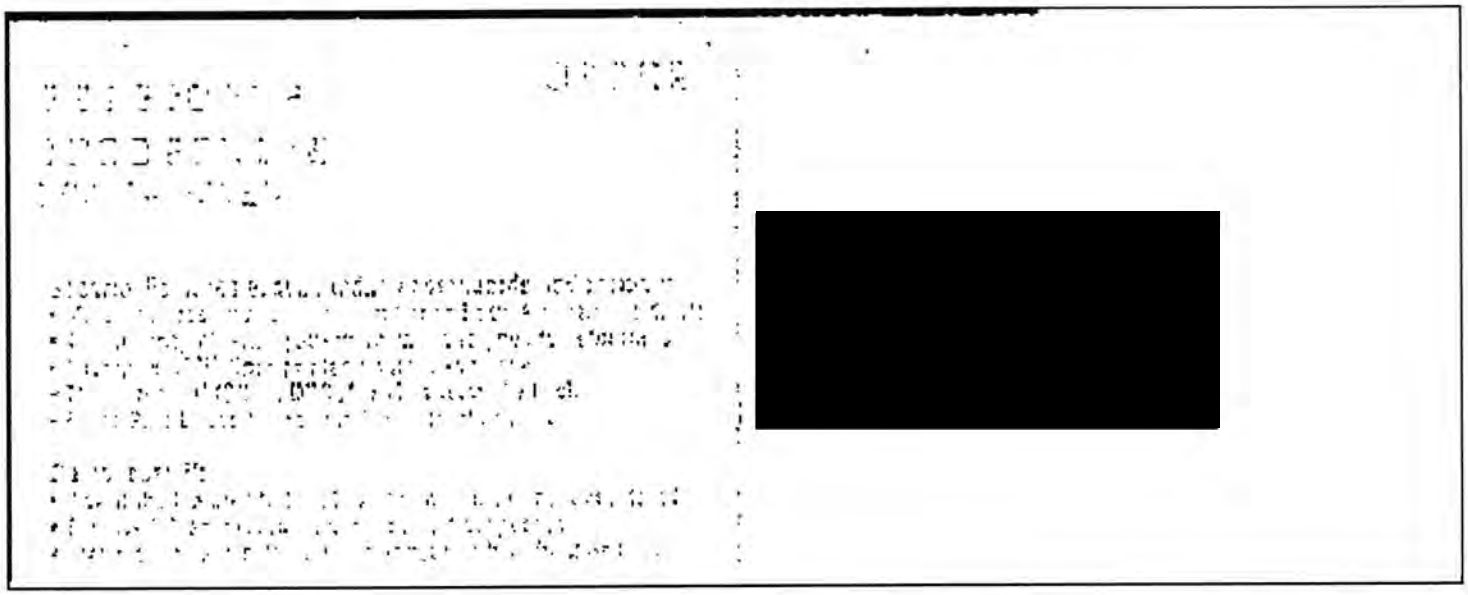
[redacted]

10/03/17	PHYS MUTUAL INS PHYS MUTUA FT99178888 [redacted]	$203.00

[redacted]

Check Number	3396
Date Posted	02/02/17
Check Amount	$38.60



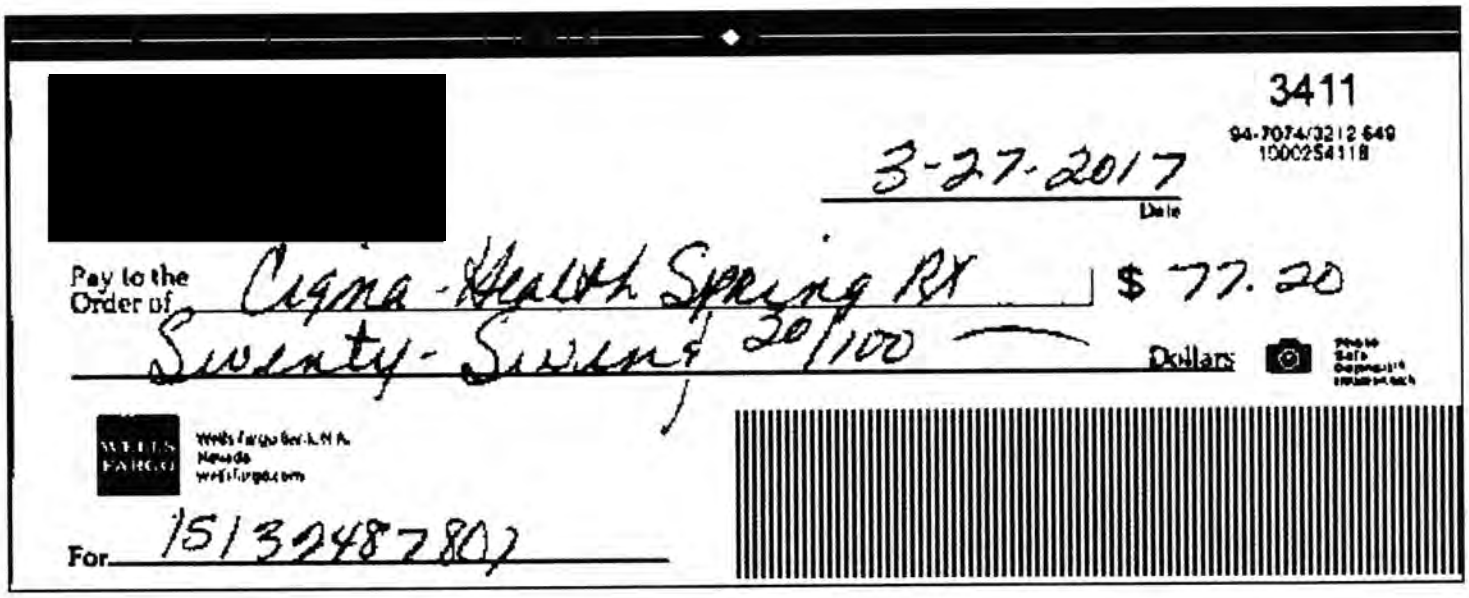


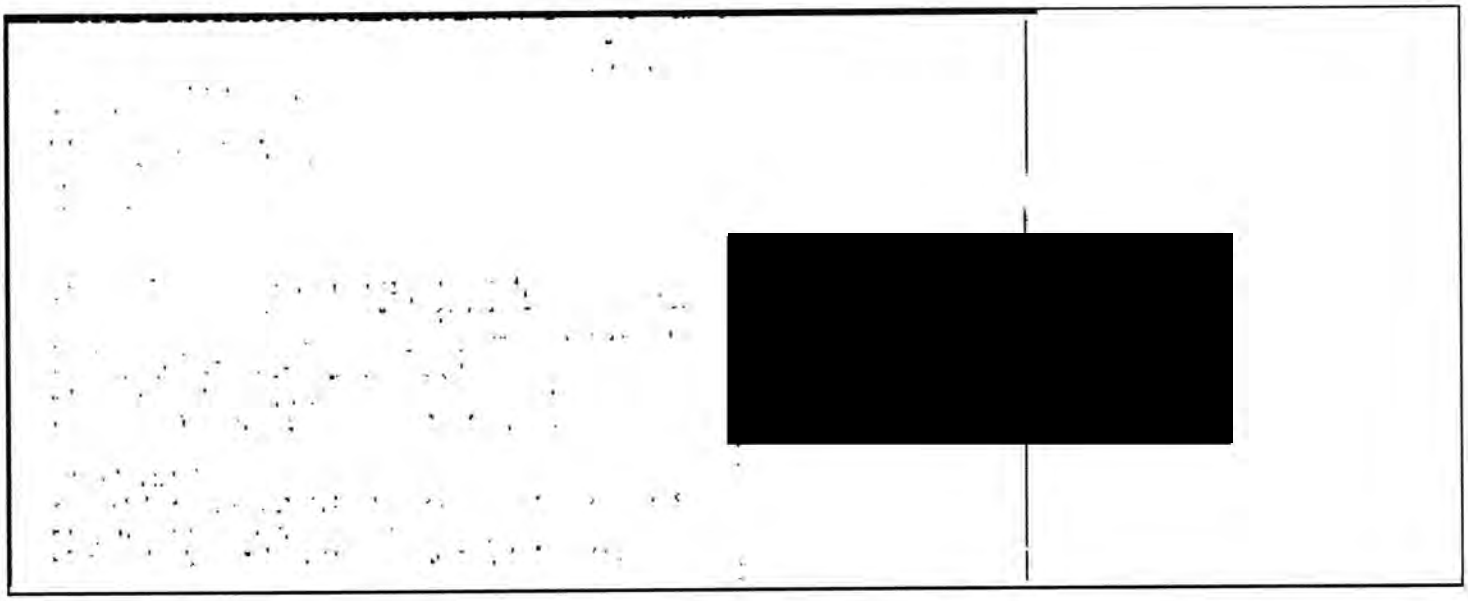
*Note

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	3411
Date Posted	04/03/17
Check Amount	$77.20


[redacted]
3411
94-7074/3212 649
1000254118
3-27-2017
Date
Pay to the Order of Cigna-Health Spring RX $ 77.20
Seventy-Seven & 20/100 Dollars
WELLS FARGO
Wells Fargo Bank, N.A.
Nevada
wellsfargo.com
For 151324878 07

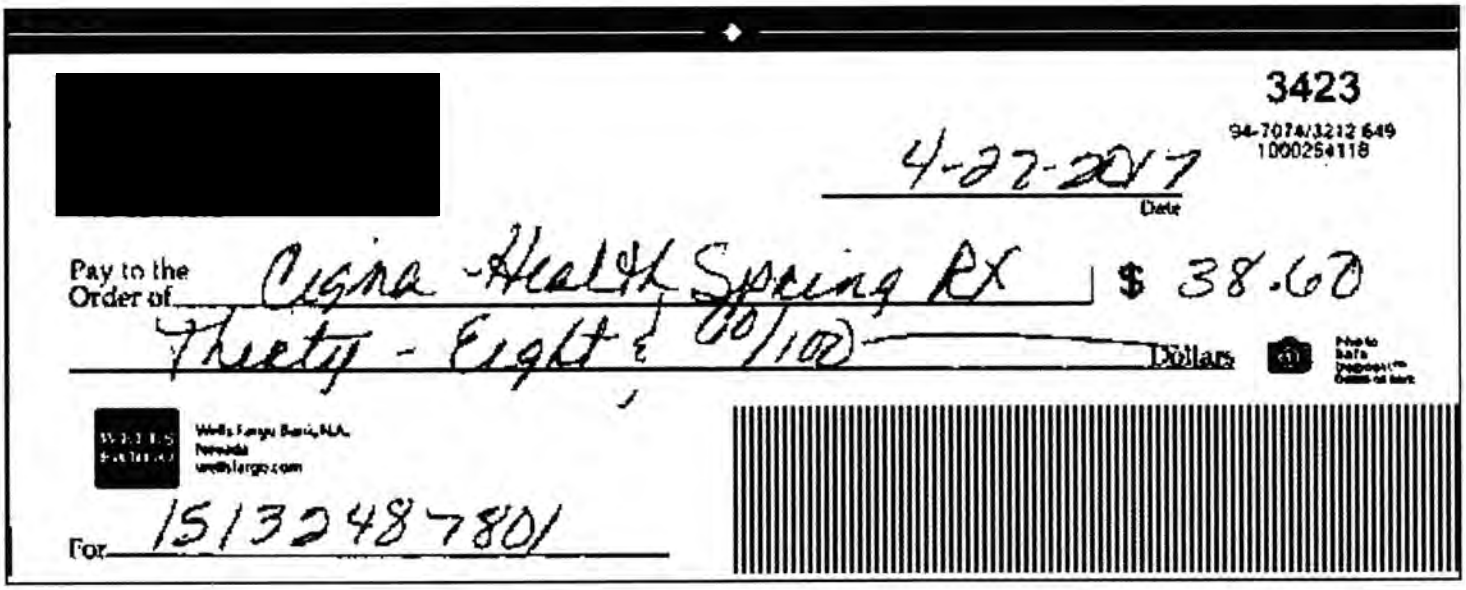

[redacted]

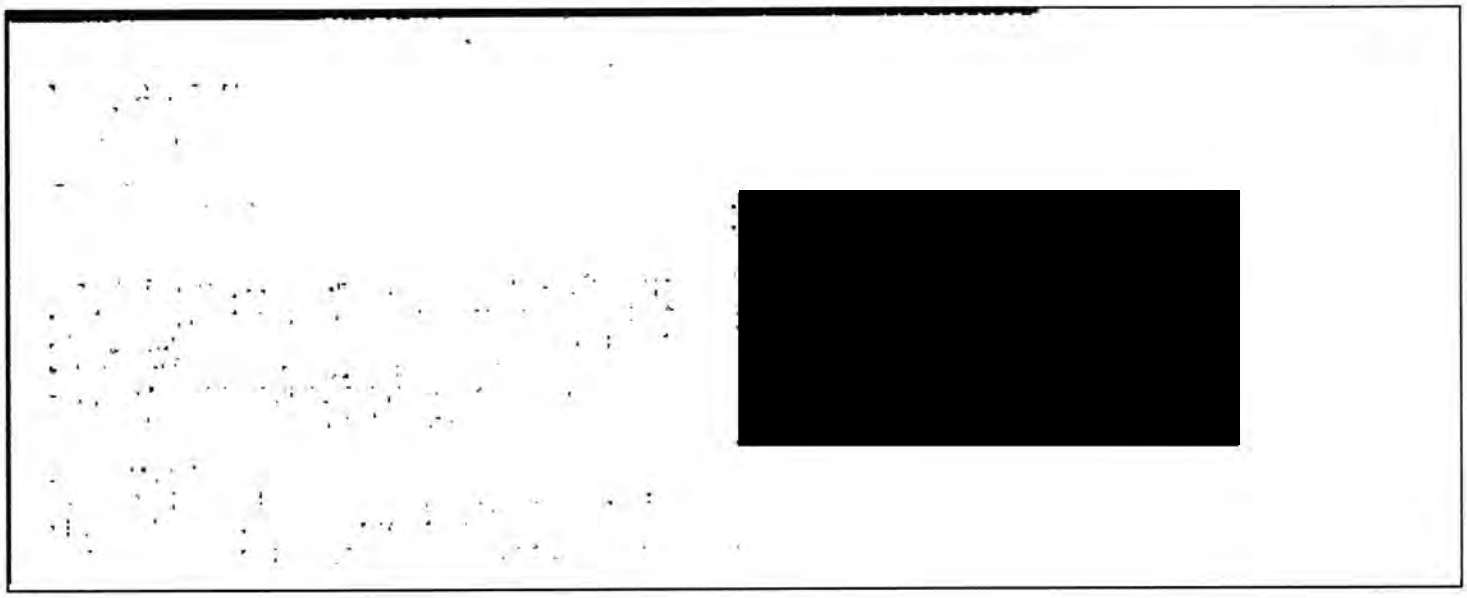
*Note

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	3423
Date Posted	05/01/17
Check Amount	$38.60


[redacted]
3423
94-7074/3212 649
1000254118
4-27-2017
Date
Pay to the Order of Cigna - HealthSpring RX $ 38.60
Thirty - Eight & 60/100 Dollars
Wells Fargo Bank, N.A.
Nevada
wellsfargo.com
For 151324787801

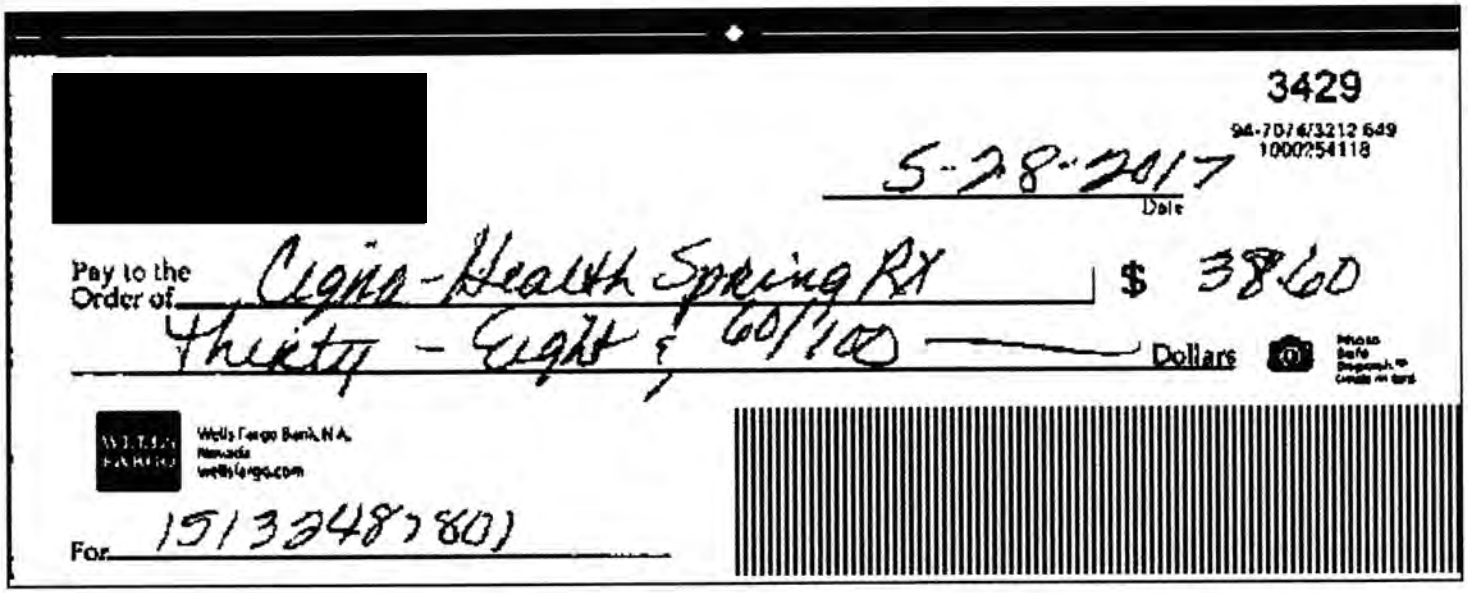

[redacted]

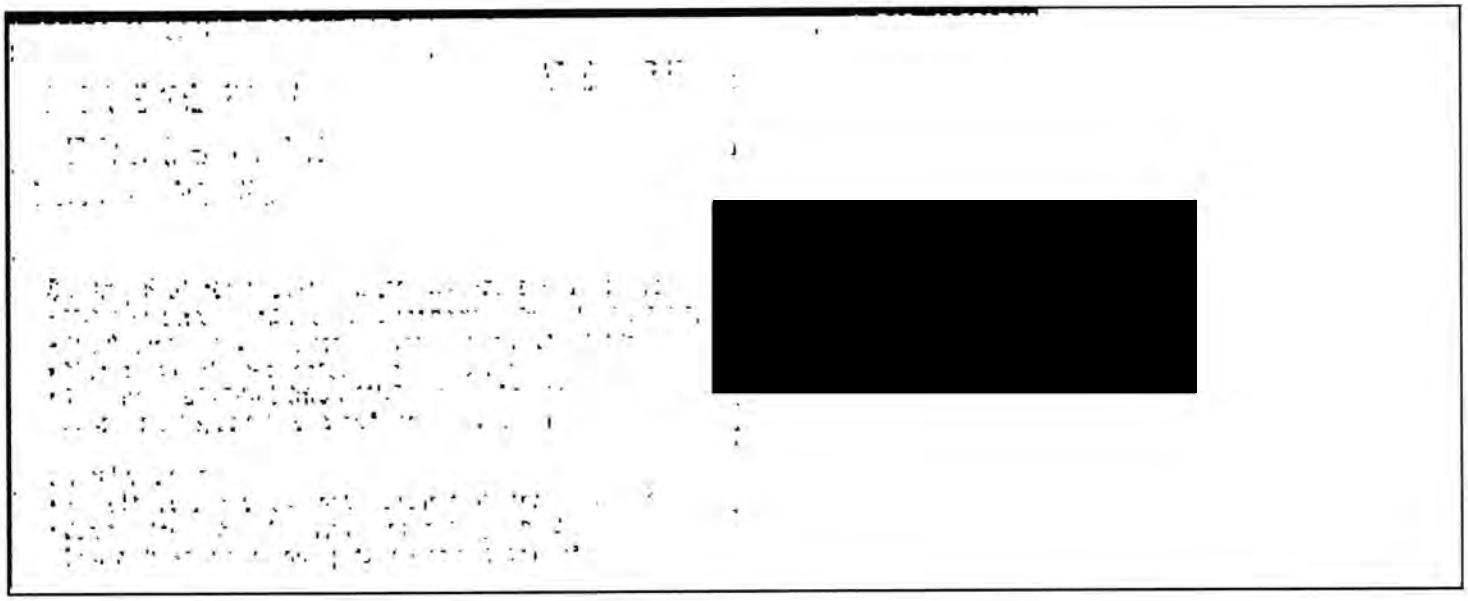
*Note

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	3429
Date Posted	05/31/17
Check Amount	$38.60


[redacted]
3429
94-7076/3212 649
1000254118
5-28-2017
Date
Pay to the Order of Cigna-Health Spring RX $ 38.60
Thirty - Eight & 60/100 Dollars
Wells Fargo Bank, N.A.
Nevada
wellsfargo.com
For 151324807801

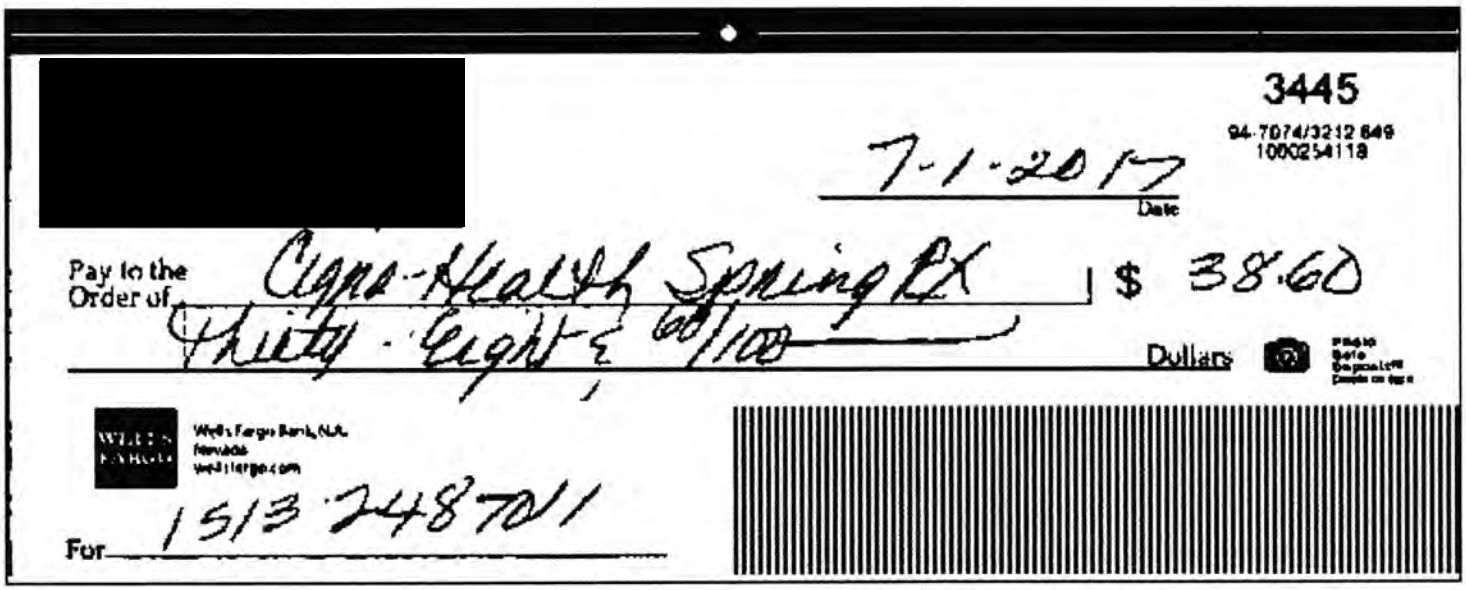

[redacted]

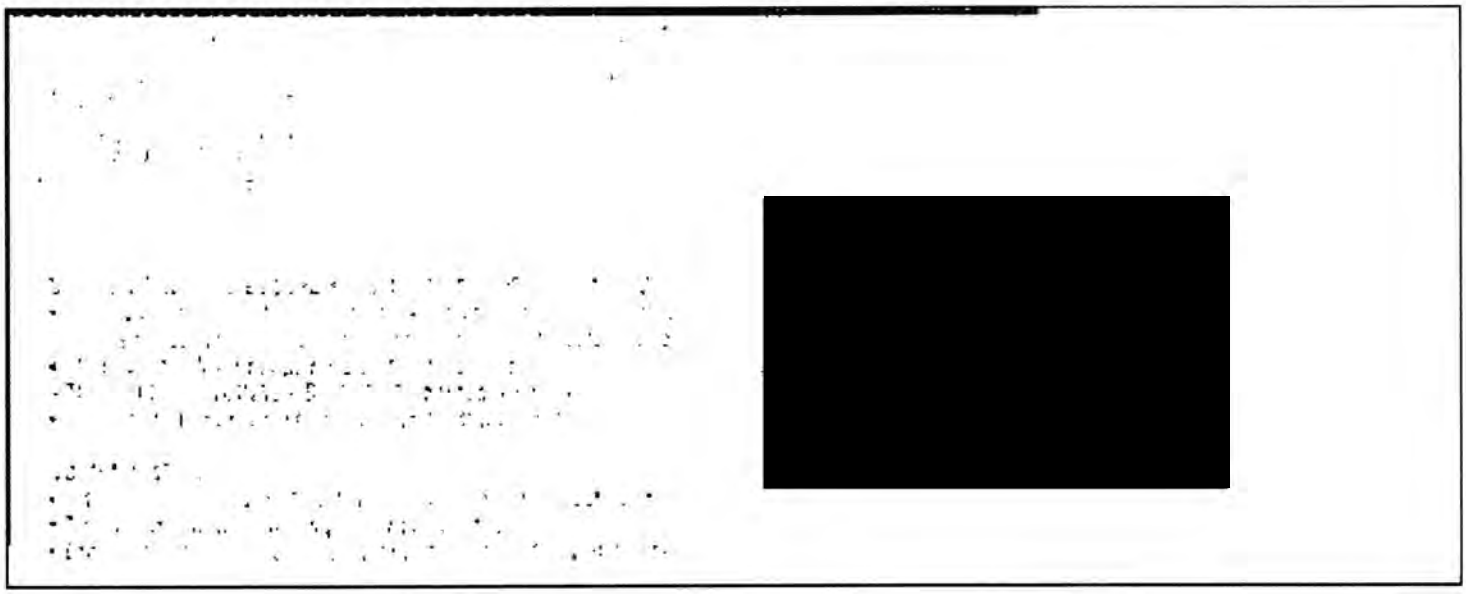
*Note

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





*Note

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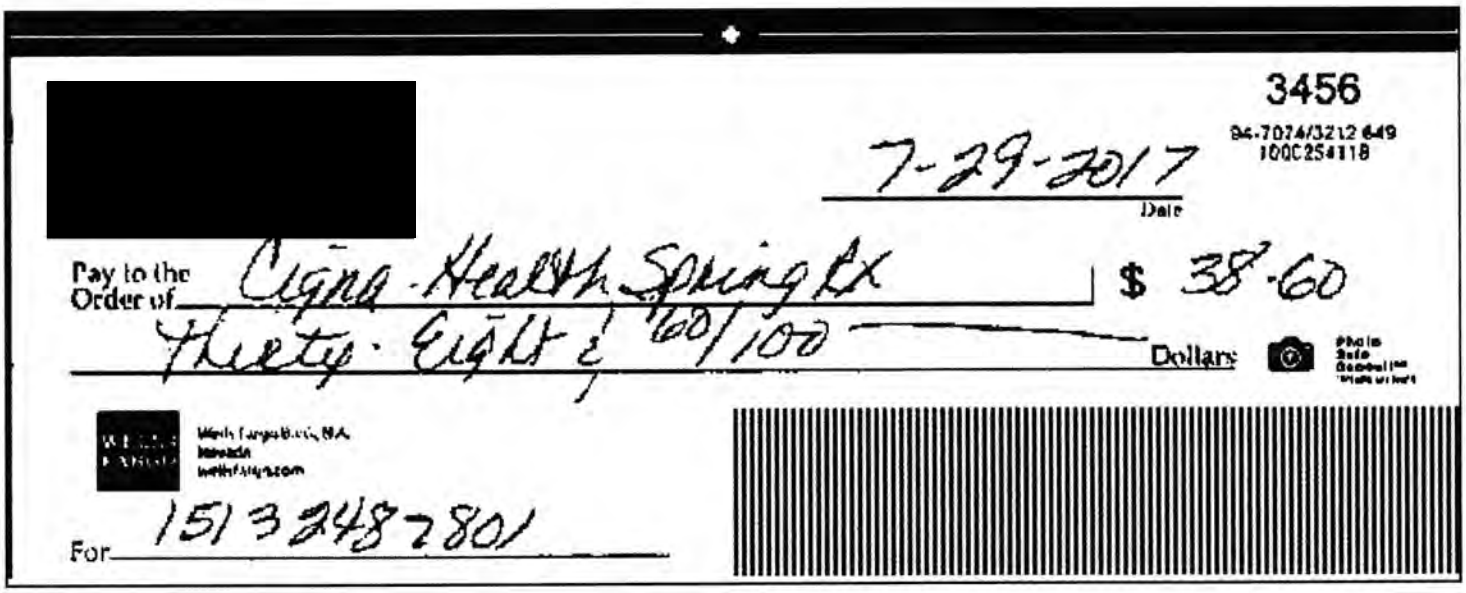
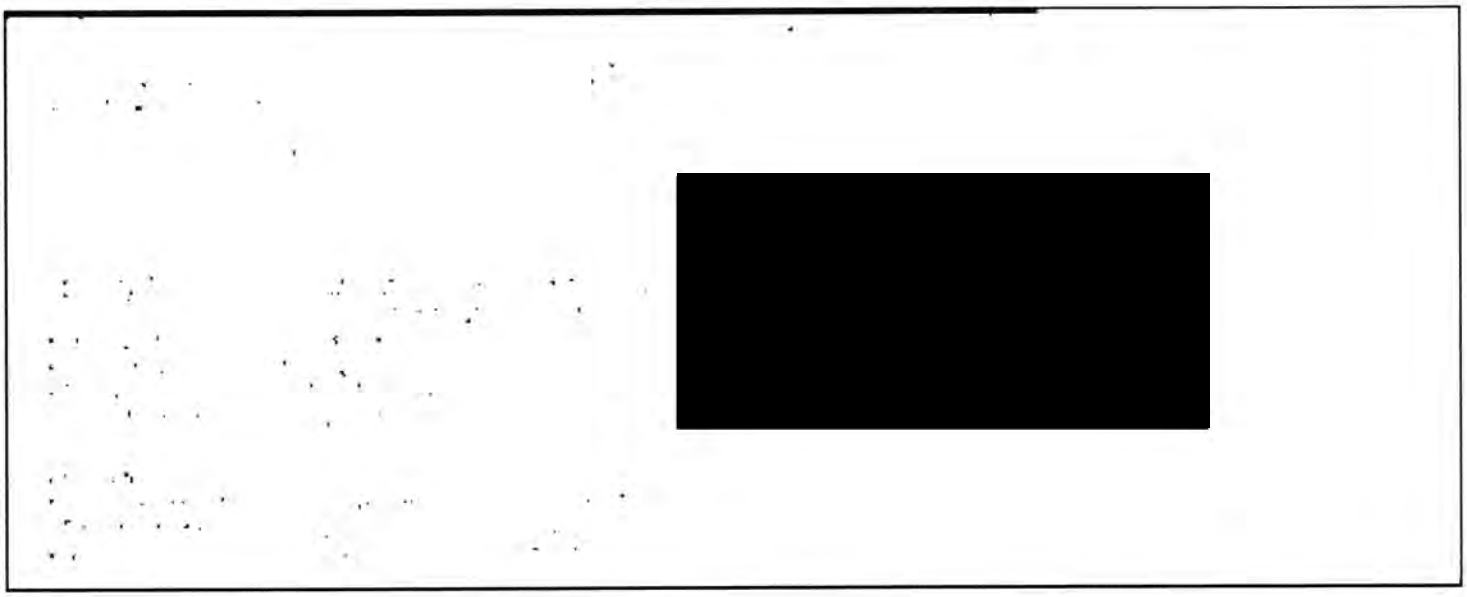
To obtain a full copy of the image, please call us at 1-800-TO-WELLS (1-800-869-3557), 24 hours, 7 days a week.

Equal Housing Lender

Check Number	3456
Date Posted	08/03/17
Check Amount	$38.60


3456
94-7074/3212 649
1000254118
7-29-2017
Date
Pay to the Order of Cigna-HealthSpring AX $ 38.60
Thirty-Eight & 60/100 Dollars
Wells Fargo Bank, N.A.
Nevada
wellsfargo.com
For 1513248 7801



*Note

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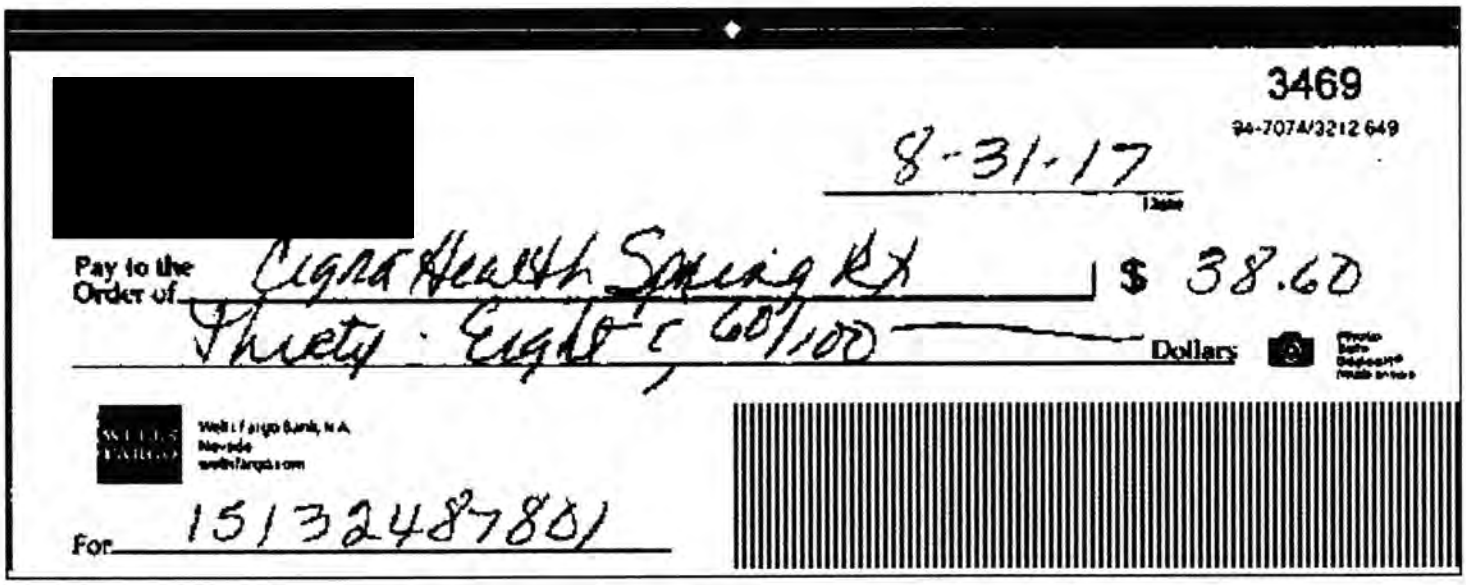
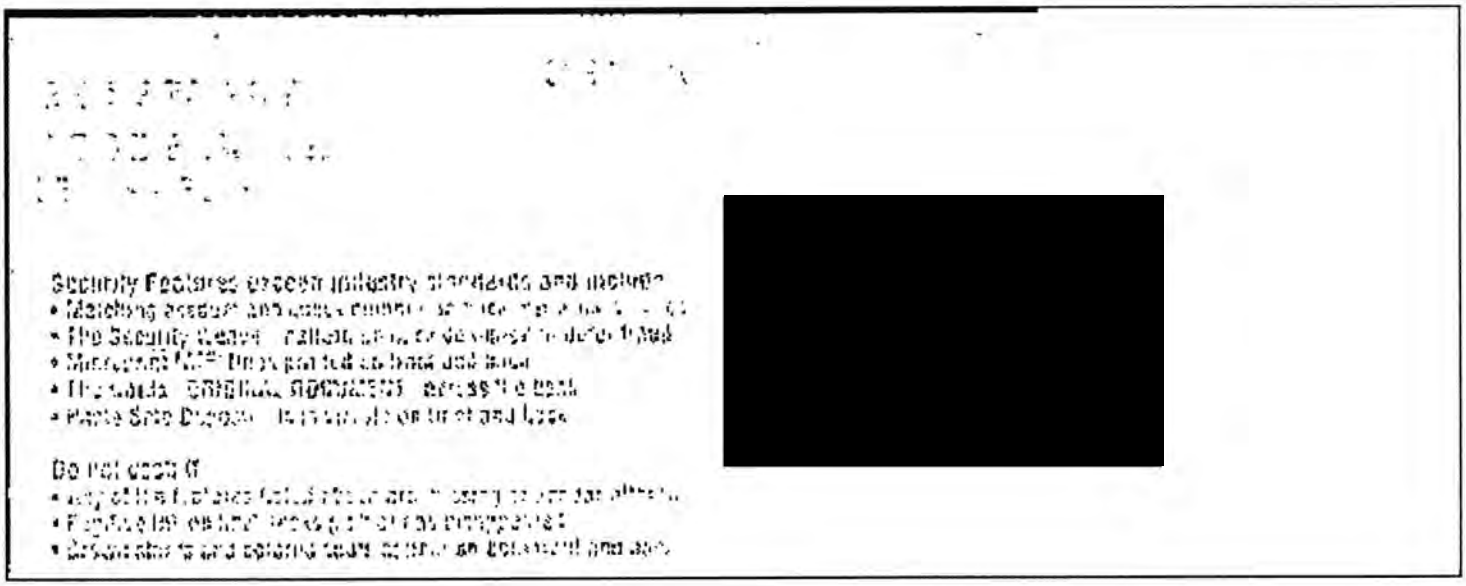
To obtain a full copy of the image, please call us at 1-800-TO-WELLS (1-800-869-3557), 24 hours, 7 days a week.

Equal Housing Lender

Check Number	3469
Date Posted	09/05/17
Check Amount	$38.60





*Note

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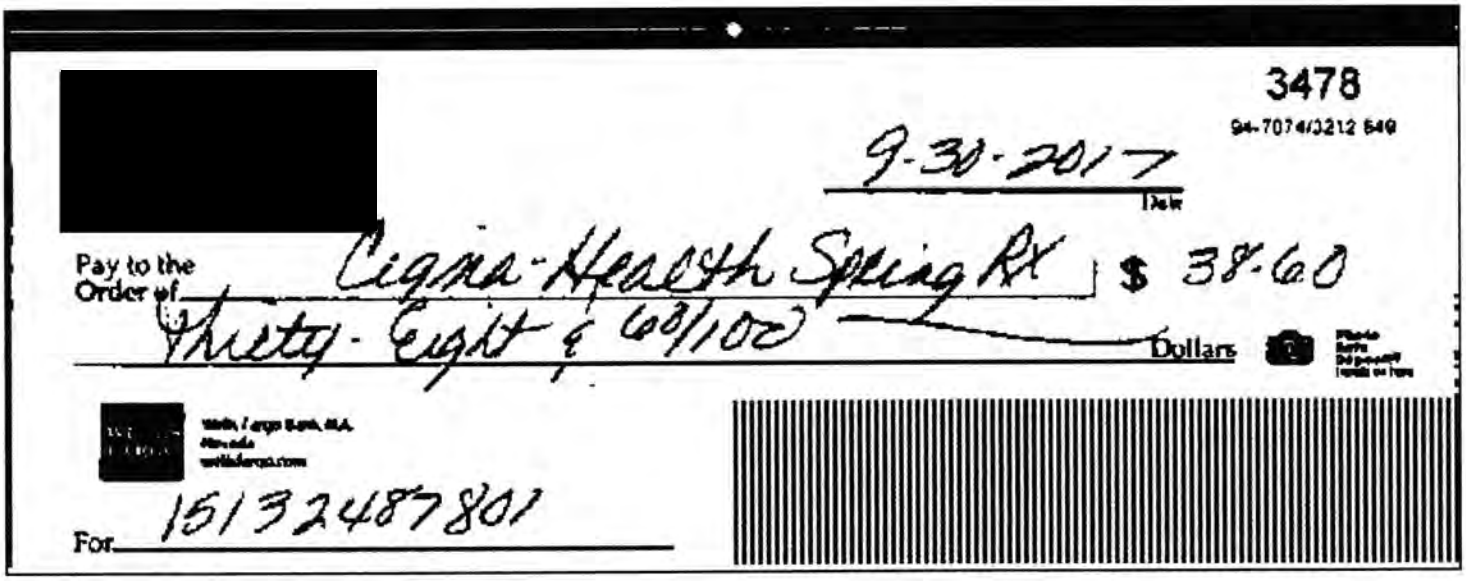
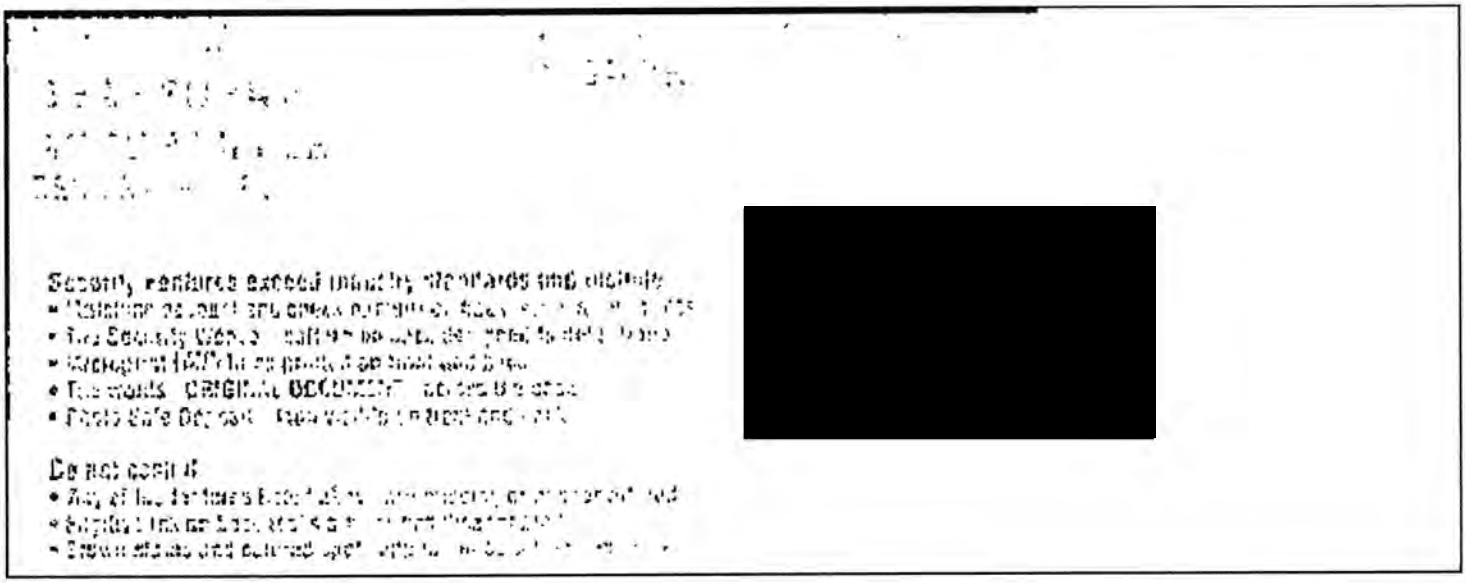
To obtain a full copy of the image, please call us at 1-800-TO-WELLS (1-800-869-3557), 24 hours, 7 days a week.

Equal Housing Lender

10/31/2017 Wells Fargo

Check Number	3478
Date Posted	10/03/17
Check Amount	$38.60





*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

[redacted]

Dental Pre-tax	24.08

[redacted]

[redacted]

[redacted]

Holiday Hrs [redacted]		Dental Pre-tax 24.08 [redacted]

[redacted]

[redacted]

[redacted]

[redacted]	ental Pre-tax	24.08

[redacted]

[redacted]

[redacted]

ental Pre-tax	24.08

[redacted]

[redacted]

[redacted]

		Dental Pre-tax 24.08

[redacted]

[redacted]

[redacted]

Dental Pre-tax	24.08

[redacted]

[redacted]

[redacted]

Dental Pre-tax	24.08

[redacted]

[redacted]

[redacted]

Dental Pre-tax	24.08	[redacted]

[redacted]

[redacted]

[redacted]

Dental Pre-tax	24.08	[redacted]

[redacted]

[redacted]

[redacted]

Dental Pre-tax	24.08	[redacted]

[redacted]

[redacted]

[redacted]

Dental Pre-tax	24.08	[redacted]

[redacted]

[redacted]

[redacted]

Dental Pre-tax	24.08	[redacted]

[redacted]

[redacted]

[redacted]

Dental Pre-tax	24.08

[redacted]

[redacted]

[redacted]

Dental Pre-tax	24.08

[redacted]

[redacted]

[redacted]

[redacted]

Dental Pre-tax	24.08	[redacted]

[redacted]

[redacted]

[redacted]

Dental Pre-tax	24.08	[redacted]

[redacted]

[redacted]

[redacted]

Dental Pre-tax	27.21

[redacted]

[redacted]

Post Retirement Medical Plan & Trust
Medical Premium Expense Reimbursement Request

DATE RANGE From 7/1/2017
To 9/30/2017

RETRIEE INFORMATION:

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
July - Sept.	Monthly Premium	Medicare "Part B"	$104.90 per month	$ 314.70
				$ -
				$ -
				$ -
				$ -
				$ -
			$0.00	
			Total	$ 314.70

Medicare Eligible? x Yes
_____ No

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: 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

[redacted]

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 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

TRUCKEE MEADOWS WATER AUTHORITY
Quality. Delivered.

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**

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.