

§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, January 16, 2018 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 November 21, 2017 minutes **(For Possible Action)**
5. Discussion and action on signing §501-c-9 Post-Retirement Medical Plan and Trust Board of Trustees Annual Pledge of Personal Commitment/Disclosure Form—Jessica Atkinson **(For Possible Action)**
6. Review and consideration for approval of request for reimbursement of premiums for United Healthcare paid by retiree. —Jessica Atkinson **(For Possible Action)**
7. Review and consideration for approval of request for reimbursement of premiums for United Healthcare paid by retiree. —Jessica Atkinson **(For Possible Action)**
8. Review and consideration for approval of request for reimbursement of premiums for Medicare paid through Social Security.—Jessica Atkinson **(For Possible Action)**
9. Review and consideration for approval of request for reimbursement of premiums for AARP United Healthcare paid for by retiree. —Jessica Atkinson **(For Possible Action)**
10. Presentation of GASB 74 Update, and hiring of actuarial services —Michele Sullivan*
11. Review of Retirement Benefits Investment Fund (RBIF) performance review—Michele Sullivan*
12. Trustee comments and requests for future agenda items*
13. Public comment — limited to no more than three minutes per speaker*
14. 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.tmtwa.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 November 21, 2017 MINUTES

The meeting of the TMWA Post-Retirement Medical Plan and Trust (Trust) Trustees was held on Wednesday, November 21, 2017 in the Truckee Meadows Water Authority Independence Room, 1355 Capital Blvd., Reno, Nevada.

Michele Sullivan, Chairman, called the meeting to order at 1:04 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

Voting Members Absent

Steve Enos

Members Present

Rosalinda Rodriguez
Gus Rossi
Jessica Atkinson

Members Absent:

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 AUGUST 15, 2017 MINUTES

Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the August 15, 2017 minutes.

5. 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.

6. REVIEW AND CONSIDERATION FOR APPROVAL OF REQUEST FOR REIMBURSEMENT OF PREMIUMS FOR PLAN OFFERED THROUGH SECURITY LIFE INSURANCE PAID BY RETIREE

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

7. REVIEW AND CONSIDERATION FOR APPROVAL OF REQUEST FOR REIMBURSEMENT OF PREMIUMS THROUGH PHUS MUTUAL INS PHYS MUTUAL, AND CIGNA HEALTH SPRING RX COVERAGE PAID BY RETIREE

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

8. REVIEW AND CONSIDERATION FOR APPROVAL FOR 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.

Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the reimbursement request for all but the dental premiums paid through the spouse's employer, as pre-tax contributions toward premiums are not eligible for reimbursement.

9. REVIEW AND CONSIDERATION FOR APPROVAL OF REQUEST FOR REIMBURSEMENT FOR APPROVAL 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. DISCUSSION AND POSSIBLE TRUSTEE DIRECTION REGARDING MEETING TIMES AND DATES FOR 2018

Ms. Atkinson recommended changing the trustee meetings for the two different post-retirement medical benefit trust to allow for approval and processing of reimbursement requests according to the reimbursement payment schedule.

Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the proposed dates and times for 2018 to allow for approval and processing of reimbursement requests according to the reimbursement payment schedule.

11. PRESENTATION OF GASB 74 UPDATE

Ms. Sullivan advised that she did not have anything to present but did inform the Trustee's that a new actuary would need to be hired. Ms. Sullivan had advised in the August

meeting that a new GASB74 rule had changed the process for accounting for PRMPT liabilities, and as such now the previous actuary, Bill Bush, is no longer qualified and will be resigning. Ms. Sullivan advised that she is reaching out to other public entities such as the City of Reno to get referrals on who they have contracted to perform the Actuary, and will be doing a Request for Proposal (RFP) or a Joinder in the upcoming months. Ms. Sullivan would bring updates to the meetings as this progresses.

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

Ms. Sullivan advised that the Trust is doing very well, and wanted to highlight that the investment has increased by 19% from the previous year. Currently the plan is worth \$9.7 million.

13. COMMUNICATION REGARDING FINAL VEBA DOCUMENT AND TRUSTEE SIGNATURE

Ms. Atkinson advised the Trustee's that TMWA's Board of Trustee's had approved the VEBA document and the last requirement for the updated document was the trustee's signatures. The Trustee's present signed off on the final VEBA document.

14. TRUSTEE COMMENTS AND REQUEST FOR FUTURE AGENDA ITEMS*

GASB 74 update

15. PUBLIC COMMENT

There was no public comment.

16. ADJOURNMENT

With no further business to discuss, Chairman Sullivan adjourned the meeting at 1:28 p.m.

Minutes were approved by the Trustees in session on _____.

Respectfully Submitted,

Rosalinda Rodriguez, Recording Secretary

Subject: Conflict of Interest and Disclosure Policy			COM001
Source:			Supersedes: N/A
Origination Date: 01/11/2011	Revision Date:	Reviewed Date:	Page 1 of 9

Post-Retirement Medical Plan & Trust Administrative Policy & Procedure

Purpose:

The Board of Trustees of The Truckee Meadows Water Authority Post-Retirement Medical Plan and Trust (the "Trust") recognize that honesty, integrity, accountability, responsibility, openness and disclosure of financial relationships and interests are absolutely essential to the administration of the Trust.

The Board of Trustees of the Trust (sometimes referred to as the "Board") deems it necessary and appropriate that the highest standards of ethical behavior, accountability and responsibility be maintained. To achieve this end, the Board has adopted the following Conflict of Interest and Disclosure policy (the "Policy"). The purpose of this Policy is to protect the interests of the Trust and its participants when the Trust is contemplating entering into a transaction or arrangement that might benefit the private interest of a Trustee of the Trust. Even though the Trustees receive no compensation from the Trust for their service, the Board unanimously agrees that, in order to prevent any potential conflict of interest, there should be proper disclosure of those matters concerning potential conflicts that could arise. Full disclosure of any situation in doubt should be made so as to provide for an impartial and objective determination.

Definitions:

For the purposes of this Policy:

- An "interested person" shall mean a Trustee, officer, or member of a Trust committee with governing board delegated powers, who has a direct or indirect financial interest, as defined below.
- An interested person has a "financial interest" if the person has, directly or indirectly, through business, investment or family:
 - (1) An ownership interest or investment interest in any entity with which the Trust has a transaction or arrangement;
 - (2) A compensation arrangement with the Trust or with any entity or individual with which the Trust has a transaction or arrangement; or
 - (3) A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which the Trust is negotiating a transaction or arrangement.
- The term "family" means a parent, spouse, sibling, child, grandparent, grandchild, great-grandchild, in-law, or domestic partner of an interested party, or any step relation to an interested person.

Subject: Conflict of Interest Policy for Trustees			COM001
Source:			Supersedes: N/A
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Post Retirement Medical Plan & Trust Policy & Procedure

Covered Persons:

This policy applies to the Trust and its Board. Trustees serve the participants of the Trust. All decisions of the Trustees are to be made solely on the basis of a desire to promote the best interests of the Trust and its participants.

Men and women of substance inevitably are involved in the affairs of other organizations. Trustees cannot consist of individuals entirely free from at least perceived conflicts of interest. Although most such potential conflicts are and will be deemed to be inconsequential, it is the Trustees' responsibility to ensure that they are made aware of situations that involve personal, familial, or business relationships that could be troublesome for the Trust. Thus, each Trustee and member of a Trust committee with governing board delegated powers is required to annually sign a statement which affirms that such person:

- Has received a copy of the Policy;
- Has read and understands the Policy;
- Has agreed to comply with the Policy;
- Has agreed to disclose any possible personal, familial, or business relationships that reasonably could give rise to a conflict of interest; and
- Understands that the Trust is exempt from Federal Income taxes and in order to maintain its federal tax exempt status it must engage in activities which accomplish one or more of its tax-exempt purposes.

Conflicts:

1. General Policy Statement Defining Conflicts of Interest.

In addition to the specific circumstances that may be prohibited by federal or state law, the following situations may constitute an actual or potential conflict of interest:

- An interested person (as defined in Definition Section above) has a direct or indirect financial interest (as defined in Definition Section above) in a transaction involving the Trust;
- An interested person has a material financial interest in a transaction involving the Trust. This includes entities in which the interested person and all individuals or entities having significant relationships with the interested person own, in the aggregate, more than five (5) percent;
- An action by an interested person involving the Trust where the interested person may receive a personal gain or advantage;

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- An action or transaction involving the Trust which has or may have an adverse effect or impact on the Trust and results or may result in the personal gain of an interested person or family member of an interested person;
- An action or transaction involving the Trust, where an interested person obtains or assists in obtaining for a third party an improper gain from, or an unfair advantage, of the Trust; and
- An interested person or family member serves on the governing board of another private or governmental entity or organization which directly or indirectly has oversight over Trust investments.

Disclosure and Procedures Relating Thereto:

1. Duty to Disclose.

In connection with any actual or possible conflict of interest, an interested person must disclose the existence of the actual or possible conflict of interest and be given the opportunity to disclose all material facts to the Trustees of the proposed transaction or arrangement, even if such interest, relationship or responsibility has otherwise generally been disclosed to the Trust. In addition, an interested person is required to disclose any adjudication of bankruptcy within the most previous five (5) years.

2. Determining Whether a Conflict of Interest Exists.

After disclosure of the actual or potential conflict of interest and all other material facts, and after any discussion with the interested person who makes the disclosure, he/she shall leave the Board while the determination of a conflict of interest is discussed and voted upon. The remaining members of the Board shall decide if a conflict of interest exists.

3. Procedures for Addressing the Conflict of Interest.

- a) An interested person may make a presentation at the Board meeting, but after the presentation, he/she shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement involving the possible conflict of interest.
- b) The Chairperson of the Board may, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement.

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- c) After exercising due diligence, the Board shall determine whether the Trust can obtain with reasonable efforts a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest.
- d) If a more advantageous transaction or arrangement is not reasonably possible under circumstances not producing a conflict of interest, the Board shall determine by a majority vote of the disinterested Trustees whether the transaction or arrangement is in the Trust's best interest, for its own benefit, and whether to enter into the transaction or arrangement. In conformity with the above determination, it shall make its decision as to whether to enter into the transaction or arrangement.

4. Violations of the Policy.

If the Board or committee has reasonable cause to believe an interested person has failed to disclose actual or possible conflicts of interest, it shall inform the interested person of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose.

If, after hearing the member's response and after making further investigation as warranted by the circumstances, the Board or committee determines the interested person has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

5. Resignation.

In circumstances where an interested person has a significant, ongoing and irreconcilable conflict, and where such personal or outside interest, relationship or responsibility significantly impedes the interested person's ability to carry out his or her fiduciary responsibility to the Trust, resignation from the Trust or termination of the conflicting interest may be appropriate and/or required. Should an ongoing and irreconcilable conflict arise, the Trustees have the authority to remove an interested person from office as a Trustee before the 60 days indicated in the Trust plan document entitled "Removal and Resignation of Trustee."

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- 6. Records of Proceedings.** The minutes of the governing board and all committees with board delegated powers shall contain:
- a) Names of persons who disclosed or had a financial interest.
The names of the persons who disclosed or otherwise were found to have a financial interest in connection with an actual or possible conflict of interest, the nature of the financial interest, any action taken to determine whether a conflict of interest was present, and the governing board's decision as to whether a conflict of interest in fact existed.
 - b) Names of Persons Present for Discussions.
The names of the persons who were present for discussions and votes relating to the transaction or arrangement, the content of discussion, including any alternatives to the proposed transaction or arrangement, and a record of any votes taken in connection with the proceedings.
- 7. Compensation.**
- a) Trustee Precluded on Voting on own Compensation.
A Trustee who receives compensation, directly or indirectly, from the Trust for services is precluded from voting on matters pertaining to that member's compensation.
 - b) Committee Member Precluded on Voting on own Compensation.
A voting member of any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the Trust for services is precluded from voting on matters pertaining to that member's compensation.
 - c) Prohibition from Providing Compensation Information.
A Trustee or voting member of a committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the Trust, either individually or collectively, is prohibited from providing information to any committee regarding compensation.

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Source:			Supersedes: N/A
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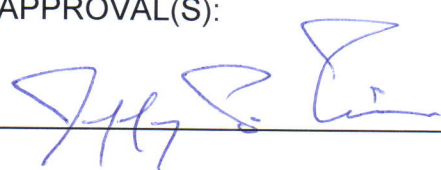
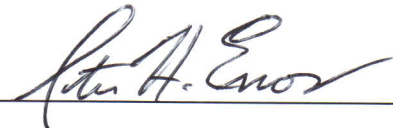
8. Periodic Reviews.

To ensure the Trust operates in a manner consistent with charitable purposes and does not engage in activities that could jeopardize its tax-exempt status, periodic reviews shall be conducted. The periodic reviews shall, at a minimum, include the following subjects:

- a) Compensation Arrangements and Benefits.
Whether compensation arrangements and benefits, if any, are reasonable, based on competent survey information, and the result of arm's length bargaining.
- b) Arrangements conform to Trust's Policies, etc.
Whether partnerships, joint ventures, and arrangements with other organizations conform to the Trust's written policies, are properly recorded, reflect reasonable investment or payments for goods and services, further charitable purposes and do not result in inurement, impermissible private benefit or in an excess benefit transaction.
- c) Use of Outside Experts.
When conducting the periodic reviews as provided for in Section 8, the Trust may, but need not, use outside advisors. If outside experts are used, their use shall not relieve the Board of its responsibility for ensuring periodic reviews are conducted.

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Supersedes:	N/A
Source:	N/A
REFERENCES: <ul style="list-style-type: none"> ▪ Truckee Meadows Water Authority Post-Retirement Medical Plan & Trust (As Restated) plan document ▪ Pledge of Personal Commitment Document 	
APPROVAL(S): <div style="margin-top: 20px;">  <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> </div> <div style="margin-top: 20px;">  <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> </div>	Title <div style="margin-top: 20px;"> <p style="text-align: center;">Chairman, PRMT Board of Trustees</p> </div> <div style="margin-top: 20px;"> <p style="text-align: center;">Vice Chairman, PRMT Board of Trustees</p> </div>

Post Retirement Medical Plan & Trust

Medical Premium Expense Reimbursement Request

RETRIEE INFORMATION:

DATE RANGE From 7-1-2017
To 12-31-2017

Name: _____

Social Security #: _____

Address: _____

Phone #: _____

Expenses

Date Paid	Description (example: Monthly Premium)	Name of Provider (example: Anthem Blue Cross)	Cost	Total
11-16-17	Monthly premium	United Health Care	December	\$ 147.03 -
10-17-17			November	\$ -
9-18-17			October	\$ -
8-17-17			September	\$ -
7-11-17			August	\$ -
6-15-17			July	\$ -
			\$0.00	
Total				\$ 892.18 -

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: _____

Date: 12-2-2017

TMWA Approval: _____

Date: _____

PRMPT Approval: _____

Date: _____

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

Welcome [REDACTED]

Insured since
2016



You are here: [My Account Home](#) » [My Plans](#) » [Payments](#) » [Premium Payment History](#)

[My Account Home](#)

[My Plans](#)

[My Health and Wellness](#)

[My Personal Health Record](#)

AARP MEDICARE SUPPLEMENT PLAN

[View details for a different plan ▼](#)

[Summary](#) | [Benefits and Coverage](#) | [Claims](#) | [Payments](#) | [Order Materials](#) | [Forms and Resources](#)

Note: the billing history below includes payments for the following plans:

- AARP MedicareRx Saver Plus (PDP)
- AARP MEDICARE SUPPLEMENT PLAN

Premium Payments Overview

Total amount due: \$0.00

[make a one-time payment](#)

Paid through date: 12/31/2017

[set up recurring payment](#)

Payment method: [Coupon Book](#)

When you set up recurring payments using Electronic Funds Transfer (EFT) you will save \$2.00 off the total monthly rate for your household!

With recurring EFT, your household payment will be deducted from your checking account every month.

Get inspired and
Make the Most of
Your Plan

[learn more](#)

View Your Plan
Documents Online!

Access your plan
documents including
Certificate of Insurance
now at
[Member.UHCInfo.com](#).

Payment History

You may search payment history for the previous 24 months. You can also search for future premium payment information for the current plan year.

View payments for:

Last 6 months ▼

With payment status:

☒ Paid

☒ Unpaid

[show payment history](#)

Total search results for premium payments from the Last 6 months. If you have questions about your payments, please [contact us](#).

Premium payment search results:

Premium Due Date	Premium Amount	Payment Status
11/30/2017	\$294.06	PAID
10/31/2017	\$294.06	PAID
09/30/2017	\$294.06	PAID
08/31/2017	\$294.06	PAID
07/31/2017	\$294.06	PAID
06/30/2017	\$294.06	PAID

combined premium - my premium is 1/2 amount shown

IMPORTANT NOTE: The total amount due applies to your entire household. It includes payment amounts for your AARP-branded supplemental plans and also includes required coverage payment amounts for other members of your household. The amount applies only to AARP-branded supplemental plans.

[My Account Home](#) [My Plans](#) [My Health & Wellness](#) [My Personal Health Record](#)

[About Us](#) [Contact Us](#) [Privacy Policy](#) [Terms of Use](#) [Disclaimers](#)

Last updated: 10/01/2017 at 12:01 AM CT

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Report Title
[United Health Care July-Dec 2017](#) ▼ [Generate Report](#) [Customize Reports](#)

Report: [United Health Care July-Dec 2017 \(06/02/2017 - 12/02/2017\)](#)

[My Spending Report](#)

Payment Sent	Payee	Amount	Payment Account	Status	Category
11/16/2017	United Healthcare	\$294.06		Paid	None
10/17/2017	United Healthcare	\$294.06	CHECKING	Paid	None
09/18/2017	United Healthcare	\$294.06	CHECKING	Paid	None
08/17/2017	United Healthcare	\$294.06	CHECKING	Paid	None
07/11/2017	United Healthcare	\$294.06	CHECKING	Paid	None
06/15/2017	United Healthcare	\$294.06	CHECKING	Paid	None

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Post Retirement Medical Plan & Trust

Medical Premium Expense Reimbursement Request

DATE RANGE From August, 2017
To December, 2018

RETRIEE INFORMATION:

Name: _____

Social Security #: _____

Address: _____

Phone #: _____

Expenses

Date Paid	Description (example: Monthly Premium)	Name of Provider (example: Anthem Blue Cross)	Cost	Total
August, 17 to December 2017	Monthly insurance premiums	United HealthCare Insurance Company	\$301.76 per month	\$1,508.80
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
			\$0.00	
Total				\$1,508.80

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: _____

Date: 11/29/2017

TMWA Approval: _____

Date: _____

PRMPT Approval: _____

Date: _____

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

UnitedHealthcare Insurance Company

1/16/2018 PRMT \$501-c-9 Agenda Item 07
PO BOX 30607
Salt Lake City, UT 84130-0607

January 25, 2017

AARP Membership #:

Dear Member(s):

I'm writing to you from UnitedHealthcare Insurance Company, the insurer of AARP®-branded health insurance products.

Why are you receiving this letter?

Your monthly premium payment amount has been updated as a result of a rate change to your plan(s). Your new monthly premium payment amount(s), which includes all available discounts for your coverage, are shown in the chart below.

This new payment amount will be automatically withdrawn from your bank account if it has not already been paid. If this change results in a credit or an amount due, you will be sent another letter in the mail. Your EFT payment will continue to be deducted on or about the fifth of each month. You will also continue to save \$2.00 a month for participating in EFT.

What will your monthly payments be?

As of the date of this letter, the chart below shows any unpaid payments by month and year for this account. The amount due is the total household premium including all of your discounts and adjustments.

Due Date	Amount Due
February, 2017	\$296.70
March, 2017	\$296.70
April, 2017	\$296.70
May, 2017	\$296.70
June, 2017	\$296.70
July, 2017	\$296.70
August, 2017	\$301.76
September, 2017	\$301.76
October, 2017	\$301.76
November, 2017	\$301.76
December, 2017	\$301.76

Post Retirement Medical Plan & Trust

Medical Premium Expense Reimbursement Request

DATE RANGE From 10/1/2017
To 12/27/2017

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
Oct. - Nov.	Monthly Premium	Medicare "Part B"	\$110.00 per month	\$ 220.00
Month of Dec.	Monthly Premium	Medicare "Part B"	\$134.00 per month	\$ 134.00
				\$ -
				\$ -
				\$ -
				\$ -
			\$0.00	
Total				\$ 354.00

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: 12/27/2017

TMWA Approval: _____ Date: _____

PRMPT Approval: _____ Date: _____

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

Post Retirement Medical Plan & Trust Medical Premium Expense Reimbursement Request

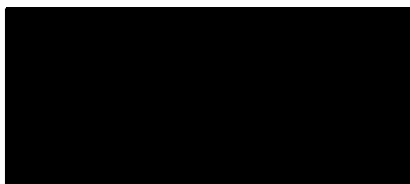
In order for an eligible recipient to receive reimbursement of medical insurance premiums from the Post Retirement Medical Plan & Trust, the eligible participant must submit at least one of the following as proof of payment for the medical insurance premiums:

- A copy of the invoice from the insurance company and copy of the receipt of payment;
- A copy of the invoice from the insurance company and copy of the front and back of the cancelled check made out to the insurance company;
- A copy of a pay stub if the pay stub clearly shows a deduction for medical insurance;
- A statement from the eligible recipient's employer listing dates and amounts of premiums deducted from wages;
- A copy of a bank statement showing deductions for medical insurance if the statement clearly indicates payment to a company that provides only medical insurance;
- A copy of a bank statement showing deductions to an insurance company along with a statement from the insurance company listing dates and amounts of premiums; or
- Other documentation which the Trust, or its designees, determines is sufficient to prove payment for medical insurance.



Social Security Administration

Date: December 27, 2017

Claim Number: XXX-XX-

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 2017, the full monthly Social Security benefit before any deductions is \$1,689.60.

We deduct \$134.00 for medical insurance premiums each month.

The regular monthly Social Security payment is \$1,555.00.
(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 2016 to November 2017, the full monthly Social Security benefit before any deductions was \$1,656.50.

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

The regular monthly Social Security payment was \$1,546.00.
(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

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

To

Social Security #: _____

Phone #: _____

Expenses

Date Paid	Description (example: Monthly Premium)	Name of Provider (example: Anthem Blue Cross)	Cost	Total
8/2017	MONTHLY PREMS	AARP- UNITED HEALTH-	112.35/MO X 5	\$ 561.75
12/2017	MEDICARE SUPPL	CARE		\$ -
	PART B			\$ -
				\$ -
				\$ -
				\$ -
				\$ -
			\$0.00	
Medicare Eligible? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Total \$ 561.75

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: 12/20/2017

TMWA Approval: _____

Date: _____

PRMPT Approval: _____

Date: _____

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



PO BOX 30607
Salt Lake City, UT 84130-0607

Toll-Free # 1-800-523-5800

December 11, 2017

AARP Membership Number: [REDACTED]

Insured Member: [REDACTED]



Dear [REDACTED]

We have received your recent inquiry regarding the status of your account.

The following chart summarizes your coverage through AARP Health.

Coverage Period	Plan(s)	Monthly Rate	Number of Months	Total Paid
8/2017 – 12/2017	N	\$112.35	5	\$561.75

If you have any questions or concerns, please call the toll-free number 1-800-523-5800. AARP Member Advantages Customer Service Representatives are available to help you weekdays from 7 a.m. to 11 p.m. and Saturdays from 9 a.m. to 5 p.m., Eastern Time. You may also visit us at www.aarpadvantages.com.

Sincerely,

Member Services Department