

## **§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**

**Friday, January 18, 2019 at 11:00 a.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 October 16, 2018 minutes **(For Possible Action)**
5. Discussion and request to appoint TMWA §501-c-9 Post-Retirement Medical Plan and Trust Trustee Chairperson and Vice Chairperson for two-year term beginning January 1, 2019 through December 31, 2020 **(For Possible Action)**
6. 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)**
7. Review and approval of Post-Retirement Medical Plan & Trust calculations for TMWA Retiree Mike Bryant—Jessica Atkinson **(For Possible Action)**
8. Review and approval of Post-Retirement Medical Plan & Trust calculations for TMWA Retiree Sheryl Houlihan—Jessica Atkinson **(For Possible Action)**
9. Review and approval of Post-Retirement Medical Plan & Trust calculations for TMWA Retiree James Pezonella ---Jessica Atkinson **(For Possible Action)**
10. Review and consideration for approval of request for reimbursement of premiums for United Healthcare paid by retiree. —Jessica Atkinson **(For Possible Action)**
11. Review and consideration for approval of request for reimbursement of premiums for United Health Care, and Symphonix Value Rx paid by retiree. —Jessica Atkinson **(For Possible Action)**
12. Review and consideration for approval of request for reimbursement of premiums for Physicians mutual and Cigna Health. —Jessica Atkinson **(For Possible Action)**
13. Presentation of the Budget for calendar year 2019 —Michele Sullivan **(For Possible Action)**
14. Review of Retirement Benefits Investment Fund (RBIF) performance review—Michele Sullivan
15. Trustee comments and requests for future agenda items\*
16. Public comment — limited to no more than three minutes per speaker\*
17. Adjournment **(For Possible Action)**

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

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### 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.tnwa.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*



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### **DRAFT OCTOBER 16, 2018 MINUTES**

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The meeting of the TMWA Post-Retirement Medical Plan and Trust (Trust) Trustees was held on Tuesday, October 16, 2018 in the Truckee Meadows Water Authority Independence Room, 1355 Capital Blvd., Reno, Nevada.

Michele Sullivan, Chairman, called the meeting to order at 12:58 P.M.

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

A quorum was present.

Voting Members Present:

Michele Sullivan  
Juan Esparza  
Steve Enos

Voting Members Absent

James Weingart

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 JULY 17, 2018 MINUTES

**Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the July 17, 2018 minutes.**

5. REVIEW AND APPROVAL OF POST-RETIREMENT MEDICAL TRUST BENEFIT CALCULATION FOR TMWA RETIREE(S)

Ms. Atkinson presented the benefits calculation for Dino Tomburello. Mr. Tomburello will retire on 02/02/2019 and is requesting trust benefits beginning on 03/01/2019. Ms. Atkinson met with the retiree and confirmed the information on the benefit calculation form. He has elected to continue on TMWA coverage as Retiree and dependent child for medical (W/O Medicare) and Retiree only for dental and vision coverage. Mr. Tomburello has elected to 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 the benefits calculation for Dino Tomburello.**

6. REVIEW AND CONSIDERATION FOR APPROVAL FOR REIMBURSEMENT OF PREMIUMS FOR UNITED HEALTH CARE, AND HUMANA HEALTH PAID BY THE RETIREE

Ms. Atkinson asked Trust Counsel, Gus Rossi if it was necessary to post the backup documentation provided for reimbursement requests as part of the Public Agenda packet. The concern is that this back up information generally includes personal identifying information as well as confidential unrelated financial information. While every effort is made to redact confidential information prior to posting, there is a big risk something could accidentally be missed. Mr. Rossi advised that as long as TMWA would be able to provide the documentation if a records request were to be made, then it should be fine. It was agreed that going forward only the reimbursement request form would be a part of the posted agenda packet, and the backup documentation would be provided to Trustees' for their review and approval.

**Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the reimbursement request for premiums for United Health care, and Humana Health.**

7. REVIEW AND CONSIDERATION FOR APPROVAL FOR REIMBURSEMENT OF PREMIUMS FOR UNITED HEALTHCARE, AND SYMPHONIX VALUE RX PLAN PAID FOR BY RETIREE

**Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the reimbursement request for premiums for United Health care and Symphonix Value RX Plan.**

8. REVIEW AND CONSIDERATION FOR APPROVAL FOR REIMBURSEMENT OF MEDICARE PART B, PAID FOR BY RETIREE THROUGH SOCIAL SECURITY.

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

9. REVIEW OF 2017 TAX FORM 990 FILED ON BEHALF OF PRMPT BY EIDE BAILLY



Ms. Sullivan provided a copy of the tax return to trustees that was filed on behalf of TMWA by Eide Bailly. Ms. Sullivan pointed out the total revenue for the year was \$897,845, which this broken down was a total of \$445,00 was contributions, and \$452,845 was investment income. TMWA does not pay any taxes on this plan but is required to file this form. A copy of this form was provided to Trustee's before it was sent to the IRS.

**This is for informational purposes only, no action required.**

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

Ms. Sullivan reviewed the report dated as of June 30, 2018. There is no updated report since June of 2018. Schedule of their performance, the plan has been doing really well up to that point. A 6% rate of return is project for the next quarter, which is a conservative number, but we have met in the past.

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

11. DISCUSSION AND POSSIBLE TRUSTEE DIRECTION REGARDING MEETING TIMES AND DATES FOR 2019

Ms. Atkinson proposed that we continue with the same schedule as 2018 for the calendar year 2019, which is the second Tuesday following the OPEB meeting quarterly.

**Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the meeting times and dates for calendar year 2019.**

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

RBIF review

Reappoint Trustees

12. PUBLIC COMMENT

There was no public comment.

13. ADJOURNMENT

With no further business to discuss, Chairman Sullivan adjourned the meeting at 1:10 p.m.

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

Respectfully Submitted,

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



## STAFF REPORT

**TO:** Board of Trustees of the §501-c-9 Post-Retirement Medical Plan & Trust  
**FROM:** Jessica Atkinson, TMWA Human Resources Administrator  
**DATE:** 01/18/2019  
**SUBJECT:** **Discussion and request to appoint TMWA §501-c-9 Post-Retirement Medical Trust Trustee Chairperson and Vice Chairperson for two year term beginning January 1, 2019 through December 31, 2020**

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### **Recommendation**

TMWA staff recommends that the Board of Trustees discuss and decide which Trustees will serve as Chairperson and Vice Chairperson for a two year term beginning January 1, 2019 through December 31, 2020.

### **Discussion**

Move to appoint Trustee, \_\_\_\_\_ to serve a two year term as Chairperson of the TMWA §501-c-9 Post-Retirement Medical Trust Board of Trustees.

Move to appoint Trustee, \_\_\_\_\_ to serve a two year term as Vice Chairperson of the TMWA §501-c-9 Post-Retirement Medical Trust Board of Trustees.

### **Background**

During their meeting on January 15, 2019, The TMWA Board confirmed §501-c-9 Trustee appointments of Michele Sullivan, Chief Financial Officer, Juan Esparza, Principal Engineer, Steve Enos, SCADA Technician, and James Weingart, Apprentice Water Plant Operator for the two year term beginning on January 1, 2019 and ending on December 31, 2020.

Trustee Sullivan has been serving as Chairperson of the TMWA §501-c-9 Post-Retirement Medical Trust since 2016.

Trustee Enos has been serving as Vice Chairperson of the TMWA §501-c-9 Post-Retirement Medical Trust for several years.

<b>Subject: Conflict of Interest and Disclosure Policy</b>			<b>COM001</b>
<b>Source:</b>			<b>Supersedes: N/A</b>
<b>Origination Date:</b> 01/11/2011	<b>Revision Date:</b>	<b>Reviewed Date:</b>	<b>Page</b> 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.



<b>Subject: Conflict of Interest Policy for Trustees</b>			<b>COM001</b>
<b>Source:</b>			<b>Supersedes: N/A</b>
<b>Origination Date:</b> 01/11/2011	<b>Revision Date:</b>	<b>Reviewed Date:</b>	<b>Page</b> 2 of 9

## 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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## Post Retirement Medical Plan & Trust Policy & Procedure

- 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.



<b>Subject: Conflict of Interest Policy for Trustees</b>			<b>COM001</b>
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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."

<b>Subject: Conflict of Interest Policy for Trustees</b>			<b>COM001</b>
<b>Source:</b>			<b>Supersedes: N/A</b>
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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.



<b>Subject: Conflict of Interest Policy for Trustees</b>			<b>COM001</b>
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## Post Retirement Medical Plan & Trust Policy & Procedure

### 8. Periodic Reviews.

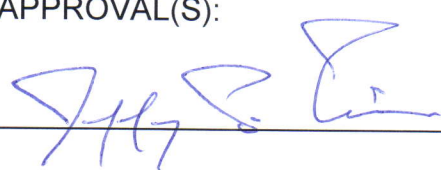
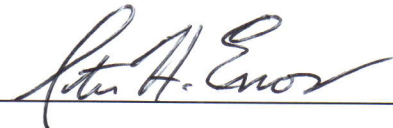
To ensure the Trust operates in a manner consistent with charitable purposes and does not engage in activities that could jeopardize its tax-exempt status, periodic reviews shall be conducted. The periodic reviews shall, at a minimum, include the following subjects:

- 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.



<b>Subject: Conflict of Interest Policy for Trustees</b>			<b>COM001</b>
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<b>Supersedes:</b>	N/A
<b>Source:</b>	N/A
<b>REFERENCES:</b>	
<ul style="list-style-type: none"> <li>▪ Truckee Meadows Water Authority Post-Retirement Medical Plan &amp; Trust (As Restated) plan document</li> <li>▪ Pledge of Personal Commitment Document</li> </ul>	
<b>APPROVAL(S):</b>	<b>Title</b>
	Chairman, PRMT Board of Trustees
	Vice Chairman, PRMT Board of Trustees



## STAFF REPORT

**TO:** Board of Trustees of the Post-Retirement Medical Plan & Trust  
**THRU:** Jessica Atkinson, TMWA Human Resources Manager  
**DATE:** January 8, 2019  
**SUBJECT:** **Review and approval of Post-Retirement Medical Trust benefit calculations for TMWA Retiree Michael Bryant**

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### **Recommendation**

TMWA staff recommends the Post-Retirement Medical Plan and Trust (PRMPT) approve the retirement health insurance benefit calculation for the following TMWA retiree:

CY2019: Michael Bryant

### **Summary**

Trustees move to approve the benefit calculation, as presented.

### **Background**

Based on the PRMPT plan document, TMWA Human Resources has completed the benefit calculation for the declared retiree. Please refer to the attached benefit calculation worksheet for specific details.

TMWA Human Resources has met to discuss this calculation with the retiree and provided a copy of the PRMPT Plan Document and applicable PRMPT Policies. The retiree is aware that this calculation is based on current plan year (CY19) premium costs. These costs are subject to change (increase or decrease) in accordance with annual open enrollment periods.

Retiree has been made aware that in order to qualify for the Post-Retirement Medical Benefits, after attaining age 65, the retiree and their qualified dependents must enroll in and pay the cost of Medicare A and Medicare Part “B” or Medicare Part “C.”



## STAFF REPORT

**TO:** Board of Trustees of the Post-Retirement Medical Plan & Trust  
**THRU:** Jessica Atkinson, TMWA Human Resources Manager  
**DATE:** January 8, 2019  
**SUBJECT:** **Review and approval of Post-Retirement Medical Trust benefit calculations for TMWA Retiree Sheryl Houlihan**

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### **Recommendation**

TMWA staff recommends the Post-Retirement Medical Plan and Trust (PRMPT) approve the retirement health insurance benefit calculation for the following TMWA retiree:

CY2019: Sheryl Houlihan

### **Summary**

Trustees move to approve the benefit calculation, as presented.

### **Background**

Based on the PRMPT plan document, TMWA Human Resources has completed the benefit calculation for the declared retiree. Please refer to the attached benefit calculation worksheet for specific details.

TMWA Human Resources has met to discuss this calculation with the retiree and provided a copy of the PRMPT Plan Document and applicable PRMPT Policies. The retiree is aware that this calculation is based on current plan year (CY19) premium costs. These costs are subject to change (increase or decrease) in accordance with annual open enrollment periods.

Retiree has been made aware that in order to qualify for the Post-Retirement Medical Benefits, after attaining age 65, the retiree and their qualified dependents must enroll in and pay the cost of Medicare A and Medicare Part “B” or Medicare Part “C.”



## STAFF REPORT

**TO:** Board of Trustees of the Post-Retirement Medical Plan & Trust  
**THRU:** Jessica Atkinson, TMWA Human Resources Manager  
**DATE:** January 8, 2019  
**SUBJECT:** **Review and approval of Post-Retirement Medical Trust benefit calculations for TMWA Retiree James Pezonella**

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### **Recommendation**

TMWA staff recommends the Post-Retirement Medical Plan and Trust (PRMPT) approve the retirement health insurance benefit calculation for the following TMWA retiree:

CY2019: James Pezonella

### **Summary**

Trustees move to approve the benefit calculation, as presented.

### **Background**

Based on the PRMPT plan document, TMWA Human Resources has completed the benefit calculation for the declared retiree. Please refer to the attached benefit calculation worksheet for specific details.

TMWA Human Resources has met to discuss this calculation with the retiree and provided a copy of the PRMPT Plan Document and applicable PRMPT Policies. The retiree is aware that this calculation is based on current plan year (CY19) premium costs. These costs are subject to change (increase or decrease) in accordance with annual open enrollment periods.

Retiree has been made aware that in order to qualify for the Post-Retirement Medical Benefits, after attaining age 65, the retiree and their qualified dependents must enroll in and pay the cost of Medicare A and Medicare Part “B” or Medicare Part “C.”

# Post Retirement Medical Plan & Trust - Medical Premium Expense Reimbursement Request

**RETRIEE INFORMATION:**

DATE RANGE From 07/01/2018  
To 12/31/2018

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

Employee #: 50144

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

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

## Expenses

Date Paid	Description (example: Monthly Premium)	Name of Provider (example: Anthem Blue Cross)	Cost	Total
11/16/2018	December Premium	United Health Care	319.87 / 2 =	\$ 159.93
10/18/2018	November Premium	United Health Care	319.87 / 2 =	\$ 159.93
09/17/2018	October Premium	United Health Care	319.87 / 2 =	\$ 159.93
08/20/2018	September Premium	United Health Care	319.87 / 2 =	\$ 159.93
07/17/2018	August Premium	United Health Care	319.87 / 2 =	\$ 159.93
06/18/2018	July Premium	United Health Care	319.87 / 2 =	\$ 159.93
Medicare Eligible? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				<b>Total</b> \$ 959.58

**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) and I will be liable for all related taxes. I also authorize the Trust, and its designees to contact the insurance company I have listed above to verify coverage and premium amounts paid. I certify that all expenses for which reimbursement or payment is claimed were incurred by myself, my spouse, my eligible dependents, or a spouse beneficiary (after the participant's death only) while eligible to receive benefits under the trust. I also certify as follows: 1.) The premium expenses have not been reimbursed or will not be reimbursed by any other plan, 2.) The premium expenses were not paid by an employer of a participant or an employer of a participant's spouse on a "pre-tax" basis, including, without limitation, a policy or plan offered by an employer under a Code Section 125 plan (commonly referred to as a "Cafeteria Plan"). I understand that I am fully responsible for the sufficiency, accuracy, and veracity of all information relating to this reimbursement request.

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

Date: 12/15/2018

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

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

Accounting Approval\*\*: \_\_\_\_\_

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

\* Indicates the reimbursement request & back up are sufficient and expenses qualify as eligible for reimbursement under the trust.

\*\* Indicates the trust accountant has ensured any amounts reimbursed are within the participants available trust balance



# Post Retirement Medical Plan & Trust - Medical Premium Expense Reimbursement Request

DATE RANGE From Sept. 2018  
To Dec. 2018

## RETRIEE INFORMATION:

Name:

Employee #: 50078

Address:

Phone #

## Expenses

Date Paid	Description (example: Monthly Premium)	Name of Provider (example: Anthem Blue Cross)	Cost	Total
Sept -	Monthly Premium	AARP Supplemental Personal	\$138.48 x 4 months	\$ 553.92
Dec. 2018	\$138.48/mo.	Health Plan (United Healthcare)		\$ -
Sept -	Monthly Premium	Symphonix Value RX (POP)	\$20.20 x 4 months	\$ 80.80
Dec. 2018	\$20.20/mo.	United Healthcare		\$ -
			\$0.00	\$ -
Total				\$ 634.72

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) and I will be liable for all related taxes. I also authorize the Trust, and its designees to contact the insurance company I have listed above to verify coverage and premium amounts paid. I certify that all expenses for which reimbursement or payment is claimed were incurred by myself, my spouse, my eligible dependents, or a spouse beneficiary (after the participant's death only) while eligible to receive benefits under the trust. I also certify as follows: 1.) The premium expenses have not been reimbursed or will not be reimbursed by any other plan, 2.) The premium expenses were not paid by an employer of a participant or an employer of a participant's spouse on a "pre-tax" basis, including, without limitation, a policy or plan offered by an employer under a Code Section 125 plan (commonly referred to as a "Cafeteria Plan"). I understand that I am fully responsible for the sufficiency, accuracy, and veracity of all information relating to this reimbursement request.

Retiree Signature:

Date:

12/13/18

PRMPT Approval\*:

Date:

Accounting Approval\*\*:

Date:

\* Indicates the reimbursement request & back up are sufficient and expenses qualify as eligible for reimbursement under the trust.

\*\* Indicates the trust accountant has ensured any amounts reimbursed are within the participants available trust balance.



## Post Retirement Medical Plan &amp; Trust - Medical Premium Expense Reimbursement Request

## RETRIEE INFORMATION:

DATE RANGE From

To

1/3/2018  
11/1/2018

Name:

Employee #: 50035

Address:

Phone #:

## Expenses

Date Paid	Description (example: Monthly Premium)	Name of Provider (example: Anthem Blue Cross)	Cost	Total
1/3/2018	Monthly Medicare Supplement	Physicians Mutual Physicians Mutual	\$218.28	\$ 218.28
2/5/2018	Monthly Medicare Supplement	Physicians Mutual Physicians Mutual	\$218.28	\$ 218.28
3/5/2018	Monthly Medicare Supplement	Physicians Mutual Physicians Mutual	\$218.28	\$ 218.28
4/3/2018	Monthly Medicare Supplement	Physicians Mutual Physicians Mutual	\$218.28	\$ 218.28
5/3/2018	Monthly Medicare Supplement	Physicians Mutual Physicians Mutual	\$218.28	\$ 218.28
6/4/2018	Monthly Medicare Supplement	Physicians Mutual Physicians Mutual	\$218.28	\$ 218.28
7/3/2018	Monthly Medicare Supplement	Physicians Mutual Physicians Mutual	\$218.28	\$ 218.28
8/3/2018	Monthly Medicare Supplement	Physicians Mutual Physicians Mutual	\$218.28	\$ 218.28
9/4/2018	Monthly Medicare Supplement	Physicians Mutual Physicians Mutual	\$218.28	\$ 218.28
10/3/2018	Monthly Medicare Supplement	Physicians Mutual Physicians Mutual	\$218.28	\$ 218.28
12/3/2018	Monthly Medicare Supplement	Physicians Mutual Physicians Mutual	<del>\$218.28</del> 2014.53	<del>\$218.28</del> 2014.53
1/27/2018	Medicare Part D Prescription	Cigna-Health Spring RX	\$55.20	\$ 55.20
3/1/2018	Medicare Part D Prescription	Cigna-Health Spring RX	\$55.20	\$ 55.20
4/1/2018	Medicare Part D Prescription	Cigna-Health Spring RX	\$55.20	\$ 55.20
4/30/2018	Medicare Part D Prescription	Cigna-Health Spring RX	\$55.20	\$ 55.20
6/4/2018	Medicare Part D Prescription	Cigna-Health Spring RX	\$55.20	\$ 55.20
6/30/2018	Medicare Part D Prescription	Cigna-Health Spring RX	\$55.20	\$ 55.20
7/30/2018	Medicare Part D Prescription	Cigna-Health Spring RX	\$55.20	\$ 55.20
9/4/2018	Medicare Part D Prescription	Cigna-Health Spring RX	\$55.20	\$ 55.20
9/30/2018	Medicare Part D Prescription	Cigna-Health Spring RX	\$55.20	\$ 55.20
Total			\$2,897.88	\$ 2,897.88

Medicare Eligible?

YES NO

Total

\$ 2,897.88

\$ 2894.13

**Truckee Meadows Water Authority  
Post-Retirement Medical Plan & Trust  
Budget for Calendar Year 2019**

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**Additions**

Contributions	
Employer	\$ 138,578
Plan Members	97,800
<b>Total Contributions</b>	<b>236,378</b>
Investment Income	
Net appreciation (depreciation) in fair value of investment	-
Investment income	228,000
Less investment expenses	(2,500)
<b>Net investment income</b>	<b>225,500</b>
<b>Total Additions</b>	<b>461,878</b>

**Deductions**

Benefits paid	402,400
Administrative expenses	25,400
<b>Total Deductions</b>	<b>427,800</b>
<b>Net Increase (Decrease)</b>	<b>\$ 34,078</b>

**Attachment A**



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

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



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**TO:** Board of Trustees of the Post-Retirement Medical Plan & Trust  
**FROM:** Michele Sullivan, TMWA CFO and Trust Chairperson  
**DATE:** January 18, 2019  
**SUBJECT:** **Presentation of the Budget for Calendar Year 2019**

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### **Recommendation**

The Board of Trustees approves the calendar year 2019 budget.

### **Suggested Motion**

### **Discussion**

The Calendar Year 2019 Budget for the 501-c-9 Post-Retirement Medical Plan and Trust (PRMPT) is provided for the Trustee's review in ***Attachment A***. In addition to retiree health and life insurance premiums, the budget reflects contributions/additions from the employer, the retiree's portion of premiums and certain administrative expenses primarily for legal services and the annual audit. No unrealized gain/loss in asset fair value is planned for this year as this is difficult to accurately predict. The Actuarially Determined Contribution (ADC) to be deposited with the Trust from TMWA is expected to be approximately \$138,578 in the calendar year. TMWA conducts an actuarial analysis every two years to make sure funding levels are adequate.

The PRMPT expects to incur about \$402,400 in gross retiree health care and life premium expenses. The Trust now provides benefits for 27 beneficiaries who are actually receiving benefits and enrolled in plans offered by TMWA. The Trust has 9 beneficiaries who are receiving benefits via reimbursement of premiums via trust credit (not enrolled in plans offered by TMWA). The Trust has one beneficiary who has a remaining benefit available under life time credit and a total of 43 beneficiaries who are currently receiving a life benefit. Five additional retirees are expected to enroll in this calendar year.

Total PRMPT assets are expected to be around \$10.9 million throughout the calendar year and are reflective of a very healthy funding level to meet future Plan participant requirements. The RBIF assets allocation is approximately 72% equities and 28% fixed rate securities so volatility in the equity markets will translate to RBIF investment performance.

## Retirement Benefits Investment Fund

September 30, 2018

Performance

Asset Class	Market Value	Target Allocation	Actual Allocation	FYTD Return	One Year	3 Years	5 Years	10 Years	Since Inception (2008)
U.S. Stocks- S&P 500 Index	\$ 250,506,285	50.5%	52.0%	7.7%	17.9%	17.2%	13.9%	12.0%	9.6%
<b>Market Return</b>				<b>7.7%</b>	<b>17.9%</b>	<b>17.3%</b>	<b>14.0%</b>	<b>12.0%</b>	<b>9.6%</b>
Int'l Stocks- MSCI World x US Index	\$ 97,582,852	21.5%	20.3%	1.3%	2.9%	9.4%	4.6%	5.4%	2.8%
<b>Market Return</b>				<b>1.3%</b>	<b>2.7%</b>	<b>9.2%</b>	<b>4.4%</b>	<b>5.4%</b>	<b>2.6%</b>
U.S. Bonds- U.S. Bond Index	\$ 129,343,157	28.0%	26.9%	-0.6%	-1.6%	0.2%	1.6%	3.3%	2.9%
<b>Market Return</b>				<b>-0.6%</b>	<b>-1.6%</b>	<b>0.2%</b>	<b>1.3%</b>	<b>2.7%</b>	<b>2.7%</b>
	\$ 4,249,738	0.0%	0.9%						
<b>Total RBIF Fund</b>	<b>\$ 481,682,032</b>	<b>100.0%</b>	<b>100.0%</b>	<b>4.0%</b>	<b>8.9%</b>	<b>10.6%</b>	<b>8.4%</b>	<b>8.2%</b>	<b>6.6%</b>
<b>Market Return</b>				<b>3.9%</b>	<b>8.7%</b>	<b>10.4%</b>	<b>8.3%</b>	<b>8.3%</b>	<b>6.7%</b>