

§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 21, 2020 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 October 15, 2019 minutes (**For Possible Action**)
5. Review and approval of Post-Retirement Medical Plan & Trust calculations for TMWA Retiree Chris Struffert –Rosalinda Rodriguez (**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 consideration for approval of request for reimbursement of premiums — Rosalinda Rodriguez (**For Possible Action**)
8. Presentation of the Budget for calendar year 2020 –Michele Sullivan (**For Possible Action**)
9. Review of Retirement Benefits Investment Fund (RBIF) performance review—Michele Sullivan
10. Trustee comments and requests for future agenda items*
11. Public comment — limited to no more than three minutes per speaker*
12. 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 OCTOBER 15, 2019 MINUTES

The meeting of the TMWA Post-Retirement Medical Plan and Trust (Trust) Trustees was held on Tuesday October 15, 2019 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
James Weingart

Voting Members Absent

Members Present

Jessica Atkinson
Rosalinda Rodriguez
Mike Venturino
Gus Rossi

Members Absent:

2. PUBLIC COMMENT

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 16, 2019 MINUTES

Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the July 16, 2019 minutes.

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

Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the request for reimbursement of premiums for Medicare paid for through Social Security.

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

Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the request for reimbursement of premiums for Medicare paid for through Social Security.

7. REVIEW AND CONSIDERATION OF APPROVAL OF REQUEST FOR REIMBURSEMENT OF PREMIUMS FOR MEDICARE, UNITED HEALTH CARE, AND RX COVERAGE PAID FOR BY RETIREE

Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the request for reimbursement of premiums for Medicare, United Health Care, and RX Coverage paid for by the Retiree.

8. REVIEW AND CONSIDERATION FOR APPROVAL OF REQUEST FOR REIMBURSEMENT OF PREMIUMS FOR UNITED HEALTH CARE PAID FOR BY RETIREE

Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the request for reimbursement of premiums for United Health Care paid for by the Retiree.

9. DISCUSSION AND POSSIBLE TRUSTEE DIRECTION REGARDING POTENTIAL BENEFICIARIES' ELIGIBILITY THAT WERE HIRED PRIOR TO JANUARY 1, 2006 AT THE CREATION OF THE VEBA DOCUMENT.

For informational purposes, Ms. Atkinson explained, when TMWA was formed in 2001 the Board adopted a resolution regarding the Post-Retirement Medical Plan & Trust benefit. Employees hired between TMWA's inception in 2001 and the first issuance of the VEBA document in 2006, received only a copy of the resolution to explain the post-retirement medical benefits. The resolution was meant to be a summary of the benefit offered and did not indicate that there was a minimum age that must be attained in order to receive a post-retirement medical benefit. It was not until the first VEBA document was approved and published in 2006 that this requirement was made known. As such, employees hired between 2001 and 2006 did not receive notice of all requirements necessary to qualify for the benefit.

A recent retiree notified the HR department that he was under the belief he should be entitled to a post-retirement medical benefit based on the information he was provided at the time of his hire. The individual in question had not meet the 55 age requirement but had met all other requirements that were identified in the materials he received when hired at TMWA. Ms. Atkinson spoke to the individual in question and he advised that even if eligible, he would not have taken elected to stay on the TMWA plan due to the age reduction.

Ms. Atkinson has performed a quick analysis on who was hired between 2001 and 2006 and there were only a handful that may not have received the full detail at their time of hire. However, since their hire date they have received multiple notifications of the final requirements as did the retiree in question. At this time, no one else has come forward asserting a right to the benefit without meeting the age requirement. Ms. Atkinson wanted the Trustees to be aware of the concern should this be brought forward in the future by an employee who was hired prior to the creation of the VEBA document.

Discussion ensued and while there is the potential that an employee hired between the Board resolution and the VEBA document creation could assert a right to the benefit without attaining age 55, the Trustees determined that the VEBA document should be referenced for eligibility and benefit definitions as has been done in the past and no action is required.

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

Ms. Sullivan advised that the fund is at a rate of 8% year to date, and a rate of 6.5% since inception, the actuarial analysis assumes a 6% return, so this is on track.

This was informational no action required.

11. DISCUSSION AND POSSIBLE TRUSTEE DIRECTION REGARDING MEETING TIMES AND DATES FOR 2020

Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the meeting dates and times for 2020.

12. TRUSTEE COMMENTS AND REQUESTS FOR FUTURE AGENDA ITEMS.

RBIF

13. PUBLIC COMMENT

Ms. Jessica Atkinson provided an update to the trustees regarding Open Enrollment for 2020 changes. There will be an approximate 4% premium increase for the CDS medical plan. This increase will equalize the premiums between the two plans (HHP and CDS). Another notable change is that City of Reno will no longer have a Medicare Tier rate for members over 65 this too will be effective 01/01/2020. Informational material is being created to assist in communicating these changes to retirees on our plans. In addition, the HR department will be hosting Open Enrollment meetings specific for retirees to answer any questions they may have.

14. ADJOURNMENT

With no further business to discuss, Chairman Sullivan adjourned the meeting at 1:24 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 Post-Retirement Medical Plan & Trust
THRU: Rosalinda Rodriguez, TMWA Human Resources Coordinator
DATE: January 21, 2020
SUBJECT: **Review and approval of Post-Retirement Medical Trust benefit calculations for TMWA Retiree Chris Struffert**

Recommendation

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

CY2020: Chris Struffert

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 (CY20) 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.”

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;

Subject: Conflict of Interest Policy for Trustees			COM001
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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.

Subject: Conflict of Interest Policy for Trustees			COM001
Source:			Supersedes: N/A
Origination Date: 01/11/2011	Revision Date:	Reviewed Date:	Page 6 of 9

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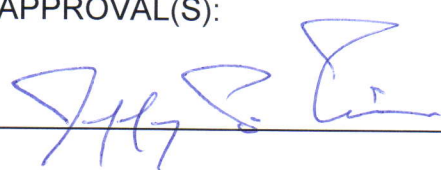
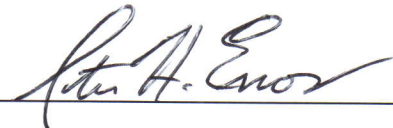
8. Periodic Reviews.

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.

Subject: Conflict of Interest Policy for Trustees			COM001
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**Post Retirement Medical Plan & Trust
Policy & Procedure**

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):	Title
 <hr/>	Chairman, PRMT Board of Trustees
 <hr/>	Vice Chairman, PRMT Board of Trustees

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

DATE RANGE From 10-19
To 12-19

RETRIEE INFORMATION:

Name: [REDACTED]
Address: [REDACTED]

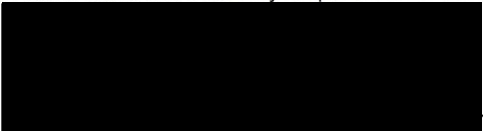
Employee #: _____
Phone #: [REDACTED]

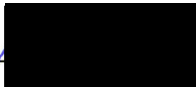
Expenses

Date Paid	Description (example: Monthly Premium)	Name of Provider (example: Anthem Blue Cross)	Cost	Total
10-1-19	Medicare premium	U.S. Government	135.50	135.50
11-1-19	" "	" "	11	135.50
12-1-19	" "	" "	11	135.50
			\$0.00	
Medicare Eligible? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				Total \$ <u>406.50</u> -

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

I certify that the above information is correct. I understand that I will not be reimbursed for medical insurance premiums for any period during which I was not eligible for participation or failed to maintain coverage. I further understand that if I receive reimbursement for premiums for which I was not eligible or did not meet eligibility criteria, the Trust may recover these payments from my future benefit award(s) 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: 

PRMPT Approval*: _____

Date: _____

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

Accounting Approval***: _____

Date: _____

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

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 on a post-tax basis;
- A statement from the eligible recipient's employer listing dates and amounts of premiums deducted from wages on a post-tax basis;
- 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.

Your New Benefit Amount

01/21/2020 PRMT \$501c-9 Agenda Item 07_A

BENEFICIARY'S NAME: [REDACTED]

Your Social Security benefits will increase by **2.8%** in 2019 because of a rise in the cost of living. You can use this letter as proof of your benefit amount if you need to apply for food, rent, or energy assistance. You can also use it to apply for bank loans or for other business. Keep this letter with your important financial records.

How Much Will I Get And When?

- Your monthly amount (before deductions) is [REDACTED]
- The amount we deduct for Medicare Medical Insurance is **\$135.50**
(If you did not have Medicare as of November 16, 2018, or if someone else pays your premium, we show \$0.00.)
- The amount we deduct for your Medicare Prescription Drug Plan is **\$0.00**
(We will notify you if the amount changes in 2019. If you did not elect withholding as of November 1, 2018, we show \$0.00.)
- The amount we deduct for voluntary Federal tax withholding is [REDACTED]
(If you did not elect voluntary tax withholding as of November 16, 2018, we show \$0.00.)
- After we take any other deductions, you will receive [REDACTED]
on or about **January 9, 2019.**

If you disagree with any of these amounts, you must write to us within 60 days from the date you receive this letter. Or visit www.ssa.gov/non-medical/appeal to appeal online. We would be happy to review the amounts.

If you receive a paper check and want to switch to an electronic payment, please visit the Department of the Treasury's Go Direct website at www.godirect.org online.

What If I Have Questions?

- Visit our website at www.socialsecurity.gov
- Call us toll-free at **1-800-772-1213** (TTY **1-800-325-0778**)
- Contact your nearest Social Security office

1170 HARVARD WAY
RENO NV 89502

Other Help For Seniors

Call the Eldercare Locator service of the U.S. Administration on Aging at **1-800-677-1116** or visit www.eldercare.acl.gov to learn about a wide variety of services that may be helpful to you.

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

DATE RANGE From July 1, 2019
To Sept. 30, 2019

RETRIEE INFORMATION:

Name: [REDACTED] _____

Employee #: [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"	\$135.50	\$406.50 -
				\$0.00 -
				\$0.00 -
				\$0.00 -
				\$0.00 -
				\$0.00 -
				\$0.00 -
				0.00
Medicare Eligible? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			Total	\$406.50 -

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: [REDACTED] _____

Date: 10/2/19

PRMPT Approval*: _____

Date: _____

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

Accounting Approval***: _____

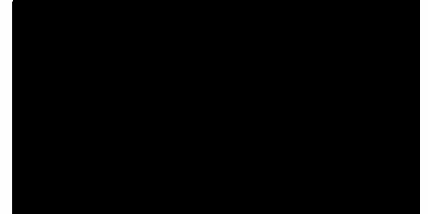
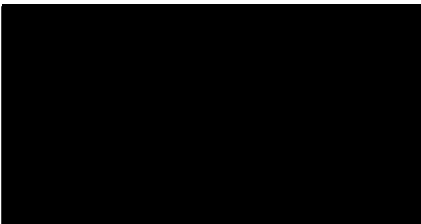
Date: _____

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



Social Security Administration

Date: October 02, 2019



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.

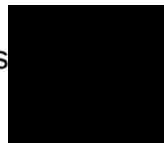
Information About **Current Social Security Benefits**

Beginning December 2018, the full monthly Social Security benefit before any deductions is



We deduct \$135.50 for medical insurance premiums each month. *Medicare "Part B"*

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 2017 to November 2018, the full monthly Social Security benefit before any deductions was [REDACTED]

We deducted [REDACTED] 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.

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 800-772-1213. 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

DATE RANGE From 07/01/2019
To 12/31/2019

RETRIEE INFORMATION:

Name: [REDACTED]

Employee #: [REDACTED]

Address: [REDACTED]

Phone #: [REDACTED]

Expenses

Date Paid	Description (example: Monthly Premium)	Name of Provider (example: Anthem Blue Cross)	Cost	Total
	Monthly Premium	United Health Care		
	Monthly Premium	United Health Care		
	Monthly Premium	United Health Care		
	Monthly Premium	United Health Care		
	Monthly Premium	United Health Care		
11/13/2019	December Premium	United Health Care	\$350.03 /2 = \$175.01	\$ 175.01
Total				\$ 175.01

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: [REDACTED]

Date: 12/13/2019

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.

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 on a post-tax basis;
- A statement from the eligible recipient's employer listing dates and amounts of premiums deducted from wages on a post-tax basis;
- 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.

Premium Payments

Payment history [REDACTED]
Plan name(s): AARP MEDICARE SUPPLEMENT PLAN
Member ID: [REDACTED]
From: June 13, 2019
To: December 13, 2019

Combined premium. My premium is one-half this amount.



Premium Due Date	Premium Amount	Payment Status
12/01/2019	\$350.03	PAID
11/01/2019	\$350.03	PAID
10/01/2019	\$350.03	PAID
09/01/2019	\$350.03	PAID
08/01/2019	\$350.03	PAID
07/01/2019	\$350.03	PAID
Total Premium	\$2100.18	

WELLS FARGO

Sign Off

Accounts ▾

Brokerage

Transfer & Pay ▾

Plan & Learn ▾

Account Summary

Bill Pay

Payees

Scheduled

History

United Healthcare

View: Last 60 days

Sent ▾

Payee ⇅

Amount ⇅

Payment Account ⇅

Deliver by ⇅

Status

11/13/19

United Healthcare

\$350.03

...2635

11/15/19

Paid

10/15/19

United Healthcare

\$350.03

...2635

10/17/19

Paid

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

DATE RANGE From July 2019
To Oct 2019

RETRIEE INFORMATION:

Name: [REDACTED]
Address: [REDACTED]

Employee #: _____

Phone # [REDACTED]

Expenses

Date Paid	Description (example: Monthly Premium)	Name of Provider (example: Anthem Blue Cross)	Cost	Total
7/1-10/2019	MONTHLY PREM	UNITED HEALTH CARE INS, CO	131.87/MO	\$ 527.48
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
			\$0.00	
Medicare Eligible? <input type="checkbox"/> YES <input type="checkbox"/> NO				Total \$ <u>527.48</u>

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

I certify that the above information is correct. I understand that I will not be reimbursed for medical insurance premiums for any period during which I was not eligible for participation or failed to maintain coverage. I further understand that if I receive reimbursement for premiums for which I was not eligible or did not meet eligibility criteria, the Trust may recover these payments from my future benefit award(s) 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: [REDACTED] _____

Date: 10/28/2019

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.



October 16, 2019
 AARP Membership Number [REDACTED]
 Insured Member: [REDACTED]

[REDACTED]

Dear [REDACTED]

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

Our records indicate that you are enrolled in the AARP Health Electronic Funds Transfer (EFT) service.

The following chart summarizes your coverage through AARP Health.

Plan	Coverage Period	Monthly Rate	Number of Months	Total Received
AARP Medicare Supplement Plan N	07 2019 – 10 2019	\$131.87	4	\$527.48

If you have any questions or concerns, please call our 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 on our website at www.aarpadvantages.com.

Sincerely,

Member Services Department

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

DATE RANGE From Oct. 2019
To Dec. 2019

RETRIEE INFORMATION:

Name: _____
Address: _____

Employee #: _____
Phone #: _____

Expenses

Date Paid	Description (example: Monthly Premium)	Name of Provider (example: Anthem Blue Cross)	Cost	Total
Oct. - Dec. 2019	\$150.92 x 3	United Healthcare Supplemental	\$150.92 x 3	\$ 452.76
Oct. - Dec. 2019	\$26.70 x 3	United Healthcare Prescription Drug Coverage	\$26.70 x 3	\$ 80.10
			\$0.00	
Medicare Eligible? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				Total \$ <u>532.86</u>

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

I certify that the above information is correct. I understand that I will not be reimbursed for medical insurance premiums for any period during which I was not eligible for participation or failed to maintain coverage. I further understand that if I receive reimbursement for premiums for which I was not eligible or did not meet eligibility criteria, the Trust may recover these payments from my future benefit award(s) 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: 12/14/19

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.

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 on a post-tax basis;
- A statement from the eligible recipient's employer listing dates and amounts of premiums deducted from wages on a post-tax basis;
- 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.

Withdrawals and other subtractions - continued

Other subtractions

Date	Description	Amount
09/12/19	CARDMEMBER SERVICE Bill Payment	
09/16/19	EDWARD JONES DES:INVESTMENT ID:26843 XXXXXXXX ID:3430345811 PPD	
09/18/19	CITI CARDS Bill Payment	
09/19/19		
09/20/19	Catholic Services Appeal Bill Payment	
09/20/19	Today Tomorrow Together Campaign Bill Payment	
09/30/19	STATE FARM BANK Bill Payment	
10/03/19	TRUCKEE MEADOWS WATER AUTHORITY Bill Payment	
10/03/19	NV ENERGY Bill Payment	
10/03/19	AT&T Bill Payment	
10/07/19	Little Flower Sc DES:FACTS ID:9470751402 WEB	
10/07/19	UnitedHealthcare DES:PREMIUM PPD	-150.92 ✓
10/07/19	UnitedHCMedicare DES:MedInsPymt ID:9000447048 PPD	-26.70 ✓
Total other subtractions		

Checks

Date	Check #	Amount	Date	Check #	Amount
09/10/19	6371		09/10/19	6377	
10/01/19	6373*		09/26/19	6380*	
09/23/19	6375*		09/20/19	6381	
09/18/19	6376		09/19/19	6382	
Total checks			Total # of checks		

* There is a gap in sequential check numbers

Withdrawals and other subtractions - continued

Other subtractions - continued

Date	Description	Amount
11/01/19	NV ENERGY Bill Payment	[REDACTED]
11/01/19	B's Lawn & Pest Control Svcs Bill Payment	[REDACTED]
11/04/19	AT&T Bill Payment	[REDACTED]
11/04/19	TRUCKEE MEADOWS WATER AUTHORITY Bill Payment	[REDACTED]
11/05/19	Little Flower Sc DES:FACTS ID:00000093852432 [REDACTED] CO ID:9470751402 WEB	[REDACTED]
11/05/19	UnitedHealthcare DES:PREMIUM ID:3430418891 INDN:SOTERO D CO ID:1836282001 PPD	-150.92 ✓
11/05/19	UnitedHCMedicare DES:MedInsPymt ID:000000872789451 INDN:SOTERO D CO ID:9000447048 PPD	-26.70 ✓

Total other subtractions

[REDACTED]

Checks

Date	Check #	Amount
10/24/19	6383	[REDACTED]

Date	Check #	Amount
10/29/19	6387*	[REDACTED]

Total checks
Total # of checks

[REDACTED]

* There is a gap in sequential check numbers

Withdrawals and other subtractions - continued

Other subtractions

Date	Description	Amount
11/06/19	Waste Management of Nevada Bill Payment	[REDACTED]
11/13/19	City of Sparks Bill Payment	[REDACTED]
11/15/19	EDWARD JONES DES:INVESTMENT ID:3430345811 PPD	[REDACTED]
11/18/19	CITI CARDS Bill Payment	[REDACTED]
11/27/19	Catholic Services Appeal Bill Payment	[REDACTED]
11/29/19	STATE FARM BANK Bill Payment	[REDACTED]
11/29/19	Today Tomorrow Together Campaign Bill Payment	[REDACTED]
12/02/19	AT&T Bill Payment	[REDACTED]
12/03/19	NV ENERGY Bill Payment	[REDACTED]
12/05/19	Little Flower Sc DES:FACTS ID:000000095719623 ID:9470751402 WEB	[REDACTED]
12/05/19	UnitedHealthcare DES:PREMIUM PPD	-150.92 ✓
12/05/19	UnitedHCMedicare DES:MedInsPym ID:9000447048 PPD	-26.70 ✓
12/06/19	TRUCKEE MEADOWS WATER AUTHORITY Bill Payment	[REDACTED]
Total other subtractions		[REDACTED]

Checks

Date	Check #	Amount
11/20/19	6384	[REDACTED]
11/22/19	6385	[REDACTED]
11/13/19	6386	[REDACTED]
11/06/19	6388*	[REDACTED]
11/12/19	6389	[REDACTED]

Date	Check #	Amount
11/07/19	6390	[REDACTED]
11/14/19	6391	[REDACTED]
12/02/19	6394*	[REDACTED]
11/26/19	6397*	[REDACTED]
12/05/19	6398	[REDACTED]
Total checks		[REDACTED]
Total # of checks		[REDACTED]

* There is a gap in sequential check numbers

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

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



TO: Board of Trustees of the Post-Retirement Medical Plan & Trust
FROM: Michele Sullivan, TMWA CFO and Trust Chairperson
DATE: January 21, 2020

SUBJECT: Presentation of the Budget for Calendar Year 2020

Recommendation

The Board of Trustees approves the calendar year 2020 budget.

Suggested Motion

Discussion

The Calendar Year 2020 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 \$442,100 in gross retiree health care and life premium expenses. The Trust now provides benefits for 26 beneficiaries who are actually receiving benefits and enrolled in plans offered by TMWA. The Trust has nine beneficiaries who are receiving benefits via reimbursement of premiums via trust credit (not enrolled in plans offered by TMWA). The Trust has five beneficiaries who has a remaining benefit available under life time credit and a total of 43 beneficiaries who are currently receiving a life benefit. Four additional retirees are expected to enroll in this calendar year.

Total PRMPT assets are expected to be around \$12.1 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.

**Truckee Meadows Water Authority
Post-Retirement Medical Plan & Trust
Budget for Calendar Year 2020**

Additions

Contributions		
Employer	\$	138,578
Plan Members		106,500
Total Contributions		245,078
Investment Income		
Net appreciation (depreciation) in fair value of investment		-
Investment income		241,100
Less investment expenses		(2,600)
Net investment income		238,500
Total Additions		483,578

Deductions

Benefits paid		442,100
Administrative expenses		15,000
Total Deductions		457,100
Net Increase (Decrease)	\$	26,478

Attachment A

Retirement Benefits Investment Fund

September 30, 2019

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	\$ 278,857,650	50.5%	50.2%	1.7%	4.2%	13.4%	10.8%	13.2%	9.2%
Market Return				1.7%	4.3%	13.4%	10.8%	13.2%	9.1%
Int'l Stocks- MSCI World x US Index	\$ 118,835,378	21.5%	21.4%	-0.9%	-0.8%	6.8%	3.6%	5.3%	2.5%
Market Return				-0.9%	-0.4%	6.8%	3.5%	5.0%	2.3%
U.S. Bonds- U.S. Bond Index	\$ 152,817,679	28.0%	27.5%	2.4%	10.5%	2.3%	2.9%	3.3%	3.5%
Market Return				2.4%	10.5%	2.2%	2.9%	3.1%	3.3%
Total RBIF Fund	\$ 555,031,358	100.0%	100.0%	1.4%	5.2%	8.9%	7.1%	8.7%	6.5%
Market Return				1.4%	5.4%	8.8%	7.0%	8.7%	6.5%