

MAR 19 2020

WATER AUTHORITY

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

DATE RANGE From JAN. 2020 To MAR. 2020

RETRIEE INFORMATION:

Name: [Redacted] Employee #: 50078
Address: [Redacted] Phone #: [Redacted]

Expenses

Date Paid	Description (example: Monthly Premium)	Name of Provider (example: Anthem Blue Cross)	Cost	Total
JAN -	6159.13 x 3	United Healthcare	6159.13 x 3	\$ 4777.39
Mar. 2020	(Mo. Premium)	Supplemental		\$ -
JAN -	Mo. Premium	United Healthcare	624.20 x 3	\$ 72.60
Mar 2020		Prescription Drug Coverage		\$ -
			\$0.00	\$ -
Total				\$ 549.99

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: [Redacted]
PRMPT Approval*: [Redacted] Date: [Redacted]
Accounting Approval***: [Redacted] Date: [Redacted]

* 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.

Withdrawals and other subtractions - continued

Other subtractions

Date	Description	Amount
12/12/19	CARDMEMBER SERVICE Bill Payment	
12/16/19	EDWARD JONES DES:INVESTMENT ID:26843 XXXXXXXXX	
12/18/19	CITI CARDS Bill Payment	
12/23/19	MACY'S Bill Payment	
12/24/19	Today Tomorrow Together Campaign Bill Payment	
12/31/19	STATE FARM BANK Bill Payment	
12/31/19	Catholic Services Appeal Bill Payment	
01/03/20	NV ENERGY Bill Payment	
01/03/20	AT&T Bill Payment	
01/03/20	TRUCKEE MEADOWS WATER AUTHORITY Bill Payment	
01/06/20	Little Flower Sc DES:FACTS	
01/06/20	UnitedHealthcare DES:PREMIUM PPD	-159.13 ✓
01/06/20	UnitedHCMedicare DES:MedInsPymt ID:9000447048 PPD	-24.20 ✓
01/07/20	B's Lawn & Pest Control Svcs Bill Payment	
Total other subtractions		

Checks

Date	Check #	Amount	Date	Check #	Amount
12/10/19	6393		12/19/19	6401	
12/20/19	6395*		12/30/19	6402	
12/10/19	6396		01/02/20	6403	
12/13/19	6399*		01/02/20	6404	
12/31/19	6400		Total checks		
			Total # of checks		

* There is a gap in sequential check numbers

Withdrawals and other subtractions - continued

Other subtractions - continued

Date	Description	Amount
01/15/20	EDWARD JONES DES:INVESTMENT [REDACTED]	[REDACTED]
01/16/20	CITI CARDS Bill Payment	[REDACTED]
01/30/20	STATE FARM BANK Bill Payment	[REDACTED]
02/04/20	Little Flower Sc DES:FACTS [REDACTED]	[REDACTED]
02/04/20	NV ENERGY Bill Payment	[REDACTED]
02/04/20	AT&T Bill Payment	[REDACTED]
02/04/20	TRUCKEE MEADOWS WATER AUTHORITY Bill Payment	[REDACTED]
02/05/20	Little Flower Sc DES:FACTS [REDACTED]	[REDACTED]
02/05/20	UnitedHealthcare DES:PREMIUM PPD [REDACTED]	-159.13 ✓
02/05/20	UnitedHCMedicare DES:MedInsPymt [REDACTED]	-24.20 ✓
Total other subtractions		[REDACTED]

Checks

Date	Check #	Amount	Date	Check #	Amount
01/14/20	6405	[REDACTED]	01/09/20	6409	[REDACTED]
01/09/20	6406	[REDACTED]	01/09/20	6410	[REDACTED]
01/15/20	6407	[REDACTED]	02/04/20	6412*	[REDACTED]
01/21/20	6408	[REDACTED]	02/05/20	6413	[REDACTED]
Total checks			Total # of checks		

* There is a gap in sequential check numbers

Withdrawals and other subtractions - continued

Other subtractions

Date	Description	Amount
02/10/20	WASTE MANAGEMENT OF NEVADA Bill Payment	[REDACTED]
02/12/20	City of Sparks Bill Payment	[REDACTED]
02/14/20	CARDMEMBER SERVICE Bill Payment	[REDACTED]
02/18/20	CITI CARDS Bill Payment	[REDACTED]
02/18/20	EDWARD JONES [REDACTED]	[REDACTED]
02/20/20	Today Tomorrow Together Campaign Bill Payment	[REDACTED]
03/02/20	STATE FARM BANK Bill Payment	[REDACTED]
03/04/20	NV ENERGY Bill Payment	[REDACTED]
03/05/20	Little Flower Sc DES:FACTS [REDACTED]	[REDACTED]
03/05/20	AT&T Bill Payment	[REDACTED]
03/05/20	UnitedHealthcare DES:PREMIUM PPD [REDACTED]	-159.13 ✓
03/05/20	UnitedHCMedicare DES:MedInsPymt ID:9000447048 PPD [REDACTED] D CO	-24.20 ✓
03/06/20	B's Lawn & Pest Control Svcs Bill Payment	[REDACTED]
03/06/20	TRUCKEE MEADOWS WATER AUTHORITY Bill Payment	[REDACTED]
03/09/20	WASHOE COUNTY TREASURER NV Bill Payment	[REDACTED]
03/09/20	WASHOE COUNTY TREASURER NV Bill Payment	[REDACTED]
Total other subtractions		[REDACTED]

Checks

Date	Check #	Amount
02/10/20	6414	[REDACTED]
02/20/20	6415	[REDACTED]
02/20/20	6416	[REDACTED]

Date	Check #	Amount
02/20/20	6417	[REDACTED]
03/02/20	6418	[REDACTED]
03/04/20	6423*	[REDACTED]
Total checks		[REDACTED]
Total # of checks		[REDACTED]

* There is a gap in sequential check numbers