



TRUCKEE MEADOWS WATER AUTHORITY
Section §115 Other Post-Employment Benefit Plan & Trust
Trustee Meeting
AGENDA
Tuesday October 27, 2020 at 11:00 a.m.
Meeting Via Teleconference

MEMBERS OF THE PUBLIC MAY ATTEND TELPHONICALLY BY CALLING THE NUMBER LISTED BELOW.

NO PHYSICAL LOCATION IS BEING PROVIDED FOR THIS MEETING

(be sure to keep your phones on mute, and do not place the call on hold)

Phone: (775) 325-5404

Meeting ID: 628565280#

1. Roll call*
2. Public comment—limited to no more than three minutes per speaker*
3. Approval of the agenda **(For Possible Action)**
4. Review and approval of reimbursement request for retiree – Rosalinda Rodriguez **(For Possible Action)**
5. Trustee comments and requests for future agenda items*
6. Public comment—limited to no more than three minutes per speaker*
7. Adjournment **(For Possible Action)**

NOTES:

1. This meeting is being conducted pursuant to the Governor’s Declaration of Emergency Directive 006 (“Directive 006”) http://gov.nv.gov/uploadedFiles/govnewnv.gov/Content/News/Emergency_Orders/2020/DeclarationofEmergencyDirectiv e006reOML.3-21- 20.pdf
2. The announcement of this meeting has been electronically posted in compliance with NRS 241.020(3) and Directive 006 at <http://www.tmwa.com>, and NRS 232.2175 at <https://notice.nv.gov/>.
3. Pursuant to Directive 006, the requirement contained in NRS 241.020(3)(c) that physical locations be available for the public to receive supporting material for public meetings has been suspended. Staff reports and supporting material for the meeting are available on the TMWA website at <http://www.tmwa.com/meeting/> or you can contact Rosalinda Rodriguez at (775) 834-8294. Supporting material is made available to the general public in accordance with NRS 241.020(6).
4. 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.
5. Asterisks (*) denote non-action items.
6. Pursuant to Directive 006, public comment, whether on action items or general public comment, may be provided without being physically present at the meeting by submitting written comments online on TMWA’s Public Comment Form (tmwa.com/PublicComment) or by email sent to boardclerk@tmwa.com prior to the Board opening the public comment period during the meeting. In addition, public comments may be provided by leaving a voicemail at (775)834-0255 prior to 4:00 p.m. on October 26th. Voicemail messages received will either be broadcast on the telephone call during the meeting or transcribed for entry into the record. Public comment is limited to three minutes and is allowed during the public comment periods. The Board may elect to receive public comment only during the two public comment periods rather than each action item.

AUG 10 2020

DATE RANGE From 1/1/2020
To 6/30/2020

Employee #: 50424

Date Paid	Description (example: Monthly Premium)	Name of Provider (example: Anthem Blue Cross)	Cost	Total
2/10/20	Medicare Part B	S.S.A.	144. ⁶⁰ / ₁₀₀	144. ⁶⁰ / ₁₀₀
1/15/20	Medicare PLAN G	Mutual of Omaha	121. ⁰⁰ / ₁₀₀	121. ⁰⁰ / ₁₀₀
3/10/20	Medicare Part B	S.S.A.	144. ⁶⁰ / ₁₀₀	144. ⁶⁰ / ₁₀₀
2/17/20	Medicare PLAN G	MUTUAL of Omaha	121. ⁰⁰ / ₁₀₀	121. ⁰⁰ / ₁₀₀
4/10/20	Medicare Part B	S.S.A.	144. ⁶⁰ / ₁₀₀	144. ⁶⁰ / ₁₀₀
3/16/20	Medicare PLAN G	Mutual of Omaha	121. ⁰⁰ / ₁₀₀	121. ⁰⁰ / ₁₀₀
5/10/20	Medicare Part B	S.S.A.	144. ⁶⁰ / ₁₀₀	144. ⁶⁰ / ₁₀₀
4/15/20	Medicare PLAN G	Mutual of Omaha	121. ⁰⁰ / ₁₀₀	121. ⁰⁰ / ₁₀₀
6/10/20	Medicare Part B	S.S.A.	144. ⁶⁰ / ₁₀₀	144. ⁶⁰ / ₁₀₀
5/15/20	Medicare PLAN G	Mutual of Omaha	121. ⁰⁰ / ₁₀₀	121. ⁰⁰ / ₁₀₀
7/10/20	Medicare Part B	S.S.A.	144. ⁶⁰ / ₁₀₀	144. ⁶⁰ / ₁₀₀
6/15/20	Medicare PLAN G	Mutual of Omaha	121. ⁰⁰ / ₁₀₀	121. ⁰⁰ / ₁₀₀
.				
			\$0.00	
Total				1,593. ⁶⁰ / ₁₀₀

Medicare Eligible? ☒ YES ☐ NO

Medicare Eligible?

☒ YES ☐ NO

Total	1,593.60
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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 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: 8/5/2020

OPEB 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: OPEB c/o TMWA Human Resources, PO Box 30013, Reno, NV 89520**§115 OPEB Trust - Medical and/or Vision 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.



Social Security Administration

Date: August 05, 2020

REF: A

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 2019, the full monthly Social Security benefit before any deductions is

We deduct \$144.60 for medical insurance premiums each month.

The regular monthly Social Security payment is
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the second Wednesday of each month.

Information About Past Social Security Benefits

From December 2018 to November 2019, the full monthly Social Security benefit before any deductions was

We deducted for medical insurance premiums each month.

The regular monthly Social Security payment was

(We must round down to the whole dollar.)

Type of Social Security Benefit Information

You are entitled to monthly retirement benefits.

Date of Birth Information

The date of birth shown on our records is June 04, 1953.

Medicare Information

You are entitled to hospital insurance under Medicare beginning June 2018.

You are entitled to medical insurance under Medicare beginning June 2018.

Your Medicare number is [REDACTED] You may use this number to get medical services while waiting for your Medicare card.

If you have any questions, please log onto Medicare.gov, or call 1-800-MEDICARE (1-800-633-4227).

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



Policy Info

Policy Payor



Issue Date **09/01/2018**

Paid to Date **08/01/2020**

Payment Details

Date Processed 01/15/2020

Amount Paid **\$121.00**

Generated: 08/05/2020 03:23 PM



Policy Info

Policy Payor



Issue Date **09/01/2018**

Paid to Date **08/01/2020**

Payment Details

Date Processed 02/17/2020

Amount Paid **\$121.00**

Generated: 08/05/2020 03:24 PM



Policy Info

Policy Payor



Issue Date **09/01/2018**

Paid to Date **08/01/2020**

Payment Details

Date Processed 03/16/2020

Amount Paid **\$121.00**

Generated: 08/05/2020 03:25 PM



Policy Info

Policy Payor



Issue Date **09/01/2018**

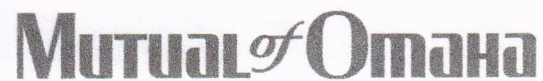
Paid to Date **08/01/2020**

Payment Details

Date Processed 04/15/2020

Amount Paid **\$121.00**

Generated: 08/05/2020 03:25 PM



Policy Info

Policy Payor



Issue Date **09/01/2018**

Paid to Date **08/01/2020**

Payment Details

Date Processed 05/15/2020

Amount Paid **\$121.00**

Generated: 08/05/2020 03:26 PM



Policy Info

Policy Payor



Issue Date **09/01/2018**

Paid to Date **08/01/2020**

Payment Details

Date Processed 06/15/2020

Amount Paid **\$121.00**

Generated: 08/05/2020 03:26 PM