

## **§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**

**Tuesday, January 19, 2021 at 1:00 p.m.**

**Meeting Via Teleconference Only**

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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: 544 780 033#**

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 20, 2020 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, 2021 through December 31, 2022 – Jessica Atkinson **(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—Rosalinda Rodriguez **(For Possible Action)**
7. Review and consideration for approval of request(s) for reimbursement of premiums. — Rosalinda Rodriguez **(For Possible Action)**
8. Presentation of the Budget for calendar year 2021 – Sophia Cardinal **(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. 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/DeclarationofEmergencyDirective006reOML3-21-20.pdf](http://gov.nv.gov/uploadedFiles/govnewnv.gov/Content/News/Emergency_Orders/2020/DeclarationofEmergencyDirective006reOML3-21-20.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.

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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](http://tmwa.com/PublicComment)) or by email sent to [boardclerk@tmwa.com](mailto: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 January 15<sup>th</sup>. 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.

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**Post-Retirement Medical Plan & Trust**

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**DRAFT October 20, 2020 MINUTES**

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The meeting of the TMWA Post-Retirement Medical Plan and Trust (Trust) Trustees was held on Tuesday, October 20, 2020 via Teleconference.

Michele Sullivan, Chairman, called the meeting to order at 1:02 P.M.

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

A quorum was present.

Voting Members Present:

Michele Sullivan  
Juan Esparza  
James Weingart  
Steve Enos

Voting Members Absent

Members Present

Jessica Atkinson  
Rosalinda Rodriguez  
Gus Rossi

Members Absent:

Mike Venturino

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 21, 2020 MINUTES

**Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the July 21, 2020 minutes.**

5. REVIEW AND APPROVAL OF POST-RETIREMENT MEDICAL PLAN & TRUST CALCULATIONS FOR TMWA RETIREE MIKE HALLIBURTON

Ms. Rodriguez presented the benefits calculation for Mike Halliburton. Mr. Halliburton will retire on 11/06/2020 and is requesting trust benefits beginning on 12/01/2020. Ms. Rodriguez met with the retiree and confirmed the information on the benefit calculation form. He has elected to continue on TMWA coverage as Retiree & Spouse for medical, dental, and vision coverages. Mr. Halliburton has elected to have any remaining premium balance paid from his 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 Mike Halliburton.**

6. REVIEW AND APPROVAL OF POST-RETIREMENT MEDICAL PLAN & TRUST CALCULATIONS FOR TMWA RETIREE CHRIS CONTE

Ms. Rodriguez presented the benefits calculation for Chris Conte. Mr. Conte will retire on 11/13/2020 and is requesting trust benefits beginning on 12/01/2020. Ms. Rodriguez met with the retiree and confirmed the information on the benefit calculation form. He has elected to continue on TMWA coverage as Retiree only for medical, dental, and vision coverage. Mr. Conte has elected to have any remaining premium balance paid from his 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 Chris Conte.**

7. REVIEW AND CONSIDERATION FOR APPROVAL OF REQUEST FOR REIMBURSEMENT OF PREMIUMS

Ms. Rodriguez presented a reimbursement request received 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 reimbursement request for premiums for Medicare premiums paid for through Social Security.**

Ms. Rodriguez presented a reimbursement request received for Medicare Part B and Mutual of Omaha premiums paid for through Social Security and directly from the retiree.

**Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the reimbursement request for premiums for Medicare Part B and Mutual of Omaha premiums paid for through Social Security and directly from the retiree.**

Ms. Rodriguez presented a reimbursement request received for United Healthcare supplemental coverage and Prescription drug coverage paid for by the retiree.



**Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the reimbursement request for United Health Care supplemental coverage and Prescription drug coverage paid for by the retiree.**

Ms. Rodriguez presented a reimbursement request received for United Healthcare premiums paid for by the 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 premiums paid for by the retiree.**

Ms. Rodriguez presented a reimbursement request received for AARP United Healthcare Medicare Supplement plan paid for by retiree through AARP.

**Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the reimbursement request for premiums for United Healthcare, paid for by the retiree through AARP.**

Ms. Rodriguez presented a reimbursement request received for Medicare Part B paid for by the 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 premiums for Medicare Part B paid for by the retiree through Social Security.**

Ms. Rodriguez presented a reimbursement request received for Medicare paid for by the 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 premiums for Medicare paid for by the retiree through Social Security.**

8. **REVIEW OF ACTUARIAL ANALYSIS**

Sophie Cardinal, Principal Accountant, advised that in the July 21<sup>st</sup> meeting she had reviewed the draft of the actuarial analysis, the final version has since been received in July of 2020 and no updates were made and as such had nothing new to review. The actuaries were working on the Dec 31<sup>st</sup>, 2019 valuation and actuarial report for the fiscal year ended June 30, 2020.

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

9. REVISED 2020 BUDGET

Sophie Cardinal, Principal Accountant, advised that the TMWA Board had approved a budget draft in January of 2020. A revised budget is being brought forth for review and approval.

The revision is only for the Employer contributions, which is the total paid by TMWA to cover Trust obligations. At the time the budget was prepared there was only an estimate of what TMWA would need to contribute which was a total of \$138,578. During the first month of the year, half of that total was contributed which was \$69,289, this is standard practice. When the actuarial report was received in July 2020 it concluded that TMWA did not need to make any additional contribution since the PRMT is so adequately funded at the moment. The only revision made is that the original Employer contribution amount of \$138,578 has been reduced to \$69,289.

**Upon motion made, and seconded, and carried by unanimous consent the revised budget for 2020 was approved as presented.**

10. FINANCIAL AUDIT

Ms. Cardinal reviewed the December 2019 audited financial statements. TMWA's financials were audited by an external auditor called Eide Bailly and issued on October 7, 2020. The Trust received a clean or unqualified audit opinion which means the financials are fairly and accurately presented and they conform to general accepted accounting principles. This is the best opinion that can be received from an auditor.

The basic financials consist of three components:

1. The Statement of Fiduciary Net Position which is similar to a balance sheet and shows the trust's assets and liabilities.
2. Statement of Changes in Fiduciary Net Position, this is similar to an income statement and shows what happened during the year, the increase or decrease in the net position.
3. Notes to the Financial Statements this is narrative and additional detail to give a better understanding of what is reported in the financial statements.

Ms. Cardinal highlighted that the net income was \$2.1 million dollars which was due to net investment activity.

**For informational purposes only, no action required.**

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

Ms. Sullivan reviewed the Retirement Benefits Investment (RBIF) dated June 30, 2020. The Fiscal year to date return is currently 6.7%, and the return since inception is currently 6.5%. 6% is the return that the actuaries assume and is in line with the actual returns.

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

12. DISCUSS TRUSTEE APPOINTMENT FOR TERM JANUARY 1, 2021 THROUGH DECEMBER 31, 2022.

Ms. Atkinson advised current trustee appointments expire December 31, 2020. Currently a report is being drafted to present to the TMWA board of Trustees. The Union has confirmed their appointments being James Weingart and Steve Enos. Ms. Sullivan, as CFO is required to continue to serve on the trust due to fiduciary requirements. Mr. Juan Esparza has agreed to serve another Term.

The confirmed appointments will be presented in the January meeting at which time selection of the Chair and Vice Chair appointments will also be confirmed.

**For informational purposes only, no action required.**

13. DISCUSSION AND POSSIBLE TRUSTEE DIRECTION REGARDING MEETING TIMES AND DATES FOR 2021

Ms. Rodriguez presented meeting times for 2021 to remain on the same schedule that has been traditionally used, as being quarterly on the third Tuesday of the month.

**2021 Trustee Meeting Dates Proposed**

Tuesday, January 19	1:00 p.m.
Tuesday, April 20	1:00 p.m.
Tuesday, July 20	1:00 p.m.
Tuesday, October 19	1:00 p.m.

**Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the recommended meeting times and dates for 2021.**

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

RBIF review

2021 Budget

Trustee Appointments

15. PUBLIC COMMENT

There was no public comment.

16. ADJOURNMENT

With no further business to discuss, Chairman Sullivan adjourned the meeting at 1:25 P.M.

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

Respectfully Submitted,

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Rosalinda Rodriguez, Recording Secretary

<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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<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> 3 of 9

## 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>
<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> 4 of 9

## Post Retirement Medical Plan & Trust Policy & Procedure

- 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>
<b>Origination Date:</b> 01/11/2011	<b>Revision Date:</b>	<b>Reviewed Date:</b>	<b>Page</b> 5 of 9

## Post Retirement Medical Plan & Trust Policy & Procedure

- 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>
<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> 6 of 9

## Post Retirement Medical Plan & Trust Policy & Procedure

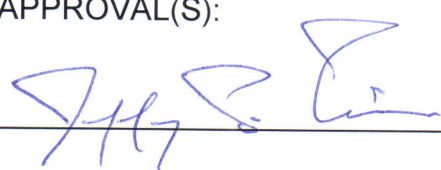
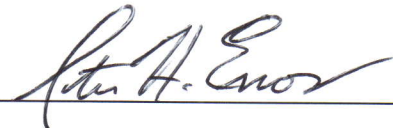
### 8. Periodic Reviews.

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.

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<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> 7 of 9

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

Supersedes:	N/A
Source:	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>
 <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 10-20  
To 12-20

**RETRIEE INFORMATION:**

Name: [REDACTED]

Employee #: \_\_\_\_\_

Address: [REDACTED]

Phone #: [REDACTED]

### Expenses

Date Paid	Description (example: Monthly Premium)	Name of Provider (example: Anthem Blue Cross)	Cost	Total
10-5-20	Monthly Premium	Medicare	144.60	\$ 144.60 -
11-5-20	" "	" "	144.60	\$ 144.60 -
12-8-20	" "	" "	144.60	\$ 144.60 -
				\$ -
				\$ -
				\$ -
				<b>Total</b> \$ 0.00 <del>423.80</del>

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: 2-3-20

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

01/19/2021 PRMT § 501-c-9 Agenda 7\_A

**BENEFICIARY'S NAME:** [REDACTED]

Your Social Security benefits will increase by 1.6% in 2020 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 [REDACTED] \$144.60  
(If you did not have Medicare as of November 22, 2019, or if someone else pays your premium, we show \$0.00.)
- The amount we deduct for your Medicare Prescription Drug Plan is [REDACTED] \$0.00  
(We will notify you if the amount changes in 2020. If you did not elect withholding as of November 1, 2019, 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 22, 2019, we show \$0.00.)
- After we take any other deductions, you will receive [REDACTED]  
on or about January 8, 2020.

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-medicalappeal](http://www.ssa.gov/non-medicalappeal) 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](http://www.godirect.org) online.

**What If I Have Questions?**

- Visit our website at [www.socialsecurity.gov](http://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](http://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 Oct. 2020  
To Dec. 2020

**RETRIEE INFORMATION:**

Name: [REDACTED]  
Address: [REDACTED]

Employee #: 50078  
Phone #: [REDACTED]

**Expenses**

Date Paid	Description (example: Monthly Premium)	Name of Provider (example: Anthem Blue Cross)	Cost	Total
Oct/Nov Dec.	Monthly Premium	United Healthcare (Supplemental)	\$166.35 x 3 months	\$ 499.05
				\$ -
				\$ -
Oct/Nov Dec.	Monthly Premium	United Healthcare (Prescription Coverage)	\$24.20 x 3 months	\$ 72.60
				\$ -
				\$ -
			\$0.00	
Medicare Eligible? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <span style="background-color: black; color: black;">[REDACTED]</span>				<b>Total</b> \$ <u>571.65</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: 12/22/20

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.

## Withdrawals and other subtractions - continued

### Other subtractions - continued

Date	Description	Amount
09/17/20	CITI CARDS Bill Payment	[REDACTED]
09/21/20	Catholic Services Appeal Bill Payment	[REDACTED]
09/21/20	Today Tomorrow Together Campaign Bill Payment	[REDACTED]
09/24/20	MACY'S Bill Payment	[REDACTED]
09/29/20	STATE FARM BANK Bill Payment	[REDACTED]
10/02/20	AT&T LOCAL AND LONG DISTANCE Bill Payment	[REDACTED]
10/05/20	Washoe County Treasurer NV Bill Payment	[REDACTED]
10/05/20	Little Flower Sc DES:FACTS ID:000000111893874 [REDACTED] CO ID:9470751402 WEB	[REDACTED]
10/05/20	Washoe County Treasurer NV Bill Payment	[REDACTED]
10/05/20	NV ENERGY Bill Payment	[REDACTED]
10/05/20	TRUCKEE MEADOWS WATER AUTHORITY Bill Payment	[REDACTED]
10/05/20	UnitedHealthcare DES:PREMIUM ID:3430418891 [REDACTED] D CO ID:1836282001 PPD	-166.35 ✓
10/05/20	SYNCHRONY BANK DES:PAYMENT ID:650172443226603 [REDACTED] CO ID:1061537262 TEL	[REDACTED]
10/05/20	Online scheduled payment to LOC 8600 Confirmation# 3689602641	[REDACTED]
10/05/20	UnitedHCMedicare DES:MedInsPymt ID:000000946514869 IND [REDACTED] D CO ID:9000447048 PPD	-24.20 ✓
10/07/20	BANK OF AMERICA DES:MORTGAGE ID:P12493184 IND [REDACTED] CO ID:PXXXXXXXXX TEL	[REDACTED]
<b>Total other subtractions</b>		[REDACTED]

## Checks

Date	Check #	Amount	Date	Check #	Amount
09/09/20	[REDACTED]	[REDACTED]	09/15/20	[REDACTED]	[REDACTED]
09/09/20	[REDACTED]	[REDACTED]	09/23/20	[REDACTED]	[REDACTED]
			<b>Total checks</b>		
			<b>Total # of checks</b>		

\* There is a gap in sequential check numbers



## Withdrawals and other subtractions - continued

### Other subtractions

Date	Description	Amount
11/05/20	Little Flower Sc DES:FACTS ID:000000113823992 IND [REDACTED] ID:9470751402 WEB	[REDACTED]
11/05/20	UnitedHealthcare DES:PREMIUM ID:3430418891 [REDACTED] D CO ID:1836282001 PPD	✓ -166.35
11/05/20	SYNCHRONY BANK DES:PAYMENT ID:650172443226603 IND [REDACTED] CO ID:1061537262 TEL	[REDACTED]
11/05/20	UnitedHCMedicare DES:MedInsPymt ID:000000954989607 [REDACTED] D CO ID:9000447048 PPD	✓ -24.20
11/09/20	City of Sparks Bill Payment	[REDACTED]
11/09/20	BANK OF AMERICA DES:MORTGAGE ID:P14200267 INDN [REDACTED] CO ID:PXXXXXXXXX TEL	[REDACTED]
11/16/20	EDWARD JONES DES:INVESTMENT ID:26843 XXXXXXXXX INDN [REDACTED] CO ID:3430345811 PPD	[REDACTED]
11/20/20	Catholic Services Appeal Bill Payment	[REDACTED]
11/20/20	WASTE MANAGEMENT OF NEVADA Bill Payment	[REDACTED]
11/20/20	Today Tomorrow Together Campaign Bill Payment	[REDACTED]
11/30/20	STATE FARM BANK Bill Payment	[REDACTED]
12/04/20	NV ENERGY Bill Payment	[REDACTED]
12/04/20	AT&T LOCAL AND LONG DISTANCE Bill Payment	[REDACTED]
12/04/20	Online scheduled payment to LOC 8600 Confirmation# [REDACTED]	[REDACTED]
12/04/20	TRUCKEE MEADOWS WATER AUTHORITY Bill Payment	[REDACTED]
12/07/20	Cardmember Service Bill Payment	-1
12/07/20	Citi Cards Bill Payment	-1
12/07/20	Little Flower Sc DES:FACTS ID:000000115605493 INDN: [REDACTED] CO ID:9470751402 WEB	[REDACTED]
12/07/20	UnitedHealthcare DES:PREMIUM ID:3430418891 [REDACTED] D CO ID: [REDACTED] PPD	✓ -166.35
12/07/20	SYNCHRONY BANK DES:PAYMENT ID:650172443226603 IN [REDACTED] CO ID:1061537262 TEL	[REDACTED]
12/07/20	UnitedHCMedicare DES:MedInsPymt ID:000000958567691 [REDACTED] D CO ID:9000447048 PPD	✓ -24.20
12/07/20	BANK OF AMERICA DES:MORTGAGE ID:P15887798 INDN: [REDACTED] CO ID:PXXXXXXXXX TEL	[REDACTED]

**Total other subtractions**

[REDACTED]


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

TRUCKEE MEADOWS  
NOV 19 2020  
WATER AUTHORITY

DATE RANGE From 9/01/2020  
To 10/31/2020

**RETRIEE INFORMATION:**

Name:   
Address: 

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

## Expenses

Date Paid	Description (example: Monthly Premium)	Name of Provider (example: Anthem Blue Cross)	Cost	Total
9/01	MONTHLY PREM	UNITED HEALTHCARE / NC, CO	134.46/mo	\$ 134.46
10/01	MONTHLY PREM	" " "	"	\$ 134.46
				\$ -
				\$ -
				\$ -
				\$ -
			\$0.00	
Medicare Eligible? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				<b>Total</b> \$ <u>268.92</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: 11/16/2020

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.



PO BOX 30607  
Salt Lake City, UT 84130-0607

Toll-Free # 1-800-523-5800

October 29, 2020

AARP Membership Number: [REDACTED]

Insured Member: [REDACTED]

Dear [REDACTED]

I'm writing to you about your AARP® Supplemental or Personal Health Insurance Plan, from UnitedHealthcare.

At UnitedHealthcare, we try to provide the best possible experience to our insured members.

**Why did you receive this letter?**

UnitedHealthcare recently received a request regarding the status of this account.

The chart below summarizes coverage and payments for active coverage on the account.

Plan Name	Coverage Period	Monthly Amount Due	Number of Months	Total Amount Received
AARP Medicare Supplement Plan N	09/01/2020 to 10/01/2020	\$134.46	2	\$268.92

**Please call UnitedHealthcare Customer Service if you have questions or need more information:**

- For English-speaking representatives, please call **1-800-523-5800**.  
For hearing impaired (TTY), call **711**.
- Representatives are available to help:
  - Weekdays from 7 a.m. to 11 p.m., Eastern Time
  - Saturday from 9 a.m. to 5 p.m., Eastern Time
- Para español: **1-800-822-0246**.
  - De lunes a viernes, de 8 a.m. a 8 p.m., hora del este
  - Los sábados de 9 a.m. a 5 p.m., hora del este

You may also visit us online at [www.myAARPMedicare.com](http://www.myAARPMedicare.com) for more information.

Thank you for being a valued customer.

UnitedHealthcare Insurance Company and affiliates pay royalty fees to AARP for the use of intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. Insured by UnitedHealthcare Insurance Company or an affiliate (collectively "UnitedHealthcare"). Refer to your Certificate of Insurance for your Insurer. For New York Certificate holders: Insured by UnitedHealthcare Insurance Company of New York. For Washington Certificate holders: Insured by UnitedHealthcare Insurance Company.

Sincerely,

Member Services Department

***§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 19, 2021

**SUBJECT: Presentation of the Budget for Calendar Year 2021**

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**Recommendation**

TMWA staff recommends the Trustees approve the calendar year 2021 budget.

**Discussion**

The following report is attached:

- Truckee Meadows Water Authority Post-Retirement Medical Plan & Trust (PRMPT) Budget for Calendar Year 2021

The budget reflects expected additions to and deductions from PRMPT during the year. The following items are noteworthy for 2021:

- The most recent actuarial valuation determined that TMWA does not need to contribute anything to the trust, so the budget for Employer Contributions is zero. TMWA conducts an actuarial analysis every two years to make sure funding levels are adequate.
- Net Appreciation (Depreciation) in Fair Value of Investment is not budgeted as unrealized gains and losses are difficult to accurately predict.
- The budget for Benefits Paid is \$419,100 and covers health premiums, life insurance premiums, and reimbursements to retirees for outside coverage.
- Trust activity is projected to result in a net decrease of \$68,100, primarily due to the reduced employer contributions noted above.
- As of January 2021, PRMPT provides benefits to 48 retirees.

**Truckee Meadows Water Authority  
Post-Retirement Medical Plan & Trust  
Budget for Calendar Year 2021**

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**Additions**

Contributions	
Employer	\$ -
Plan Members	118,600
<b>Total Contributions</b>	<b>118,600</b>
Investment Income	
Net appreciation (depreciation) in fair value of investment	-
Investment income	252,600
Less investment expenses	(3,000)
<b>Net investment income</b>	<b>249,600</b>
<b>Total Additions</b>	<b>368,200</b>

**Deductions**

Benefits paid	419,100
Administrative expenses	17,200
<b>Total Deductions</b>	<b>436,300</b>
<b>Net Increase (Decrease)</b>	<b>\$ (68,100)</b>

## Retirement Benefits Investment Fund

September 30, 2020

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	\$ 324,105,474	50.5%	50.3%	8.9%	15.1%	12.2%	14.1%	13.7%	9.6%
<b>Market Return</b>				<b>8.9%</b>	<b>15.2%</b>	<b>12.3%</b>	<b>14.2%</b>	<b>13.7%</b>	<b>9.6%</b>
Int'l Stocks- MSCI World x US Index	\$ 134,819,417	21.5%	20.9%	5.0%	0.8%	1.0%	5.6%	5.0%	2.3%
<b>Market Return</b>				<b>4.9%</b>	<b>0.2%</b>	<b>0.6%</b>	<b>5.3%</b>	<b>4.6%</b>	<b>2.1%</b>
U.S. Bonds- U.S. Bond Index	\$ 184,407,853	28.0%	28.6%	0.1%	7.8%	5.4%	3.7%	3.4%	3.9%
<b>Market Return</b>				<b>0.1%</b>	<b>7.7%</b>	<b>5.4%</b>	<b>3.7%</b>	<b>3.1%</b>	<b>3.7%</b>
	\$ 529,411	0.0%	0.1%						
<b>Total RBIF Fund</b>	<b>\$ 643,862,155</b>	<b>100.0%</b>	<b>100.0%</b>	<b>5.9%</b>	<b>11.5%</b>	<b>8.5%</b>	<b>9.7%</b>	<b>8.9%</b>	<b>6.9%</b>
<b>Market Return</b>				<b>5.6%</b>	<b>10.5%</b>	<b>8.1%</b>	<b>9.4%</b>	<b>8.8%</b>	<b>6.8%</b>