



**TRUCKEE MEADOWS WATER AUTHORITY**  
**Section §115 Other Post-Employment Benefit Plan & Trust**  
**Trustee Meeting**  
**AGENDA**  
**Tuesday April 20, 2021 at 12:30 p.m.**  
**Meeting Via Teleconference**

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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: 788862266#**

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 January 19, 2021 minutes. **(For Possible Action)**
5. Review and consideration for approval of request for reimbursement of premiums – Rosalinda Rodriguez **(For Possible Action)**
6. Review of Retirement Benefits Investment Fund (RBIF) – Michele Sullivan\*
7. Trustee comments and requests for future agenda items\*
8. Public comment—limited to no more than three minutes per speaker\*
9. 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/DeclarationofEmergencyDirective006reOML.3-21-20.pdf](http://gov.nv.gov/uploadedFiles/govnewnv.gov/Content/News/Emergency_Orders/2020/DeclarationofEmergencyDirective006reOML.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](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 April 19th 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.



**Section 115 Post-Retirement Medical Plan & Trust**

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

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**DRAFT January 19, 2021 MINUTES**

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The meeting of the TMWA Section 115 Post-Retirement Medical Plan and Trust (Trust) Trustees was held on Tuesday, January 19, 2021 through a teleconference.

Michele Sullivan, Chairman, called the meeting to order at 12:31 p.m.

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

A quorum was present.

Voting Members Present:

Michele Sullivan  
Sandra Tozi  
Charles Atkinson  
Randall Van Hoozer

Voting Members Absent:

Members Present

Jessica Atkinson  
Rosalinda Rodriguez

Members Absent:

Mike Venturino  
Gus Rossi

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 OCTOBER 20, 2020 MINUTES

**Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the October 20, 2020 meeting minutes.**

5. APPROVAL OF THE OCTOBER 27, 2020 MINUTES

**Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the October 27, 2020 meeting minutes.**

6. DISCUSSION AND REQUEST TO APPOINT TMWA SECTION 115 OTHER POST-EMPLOYMENT BENEFIT PLAN AND TRUST TRUSTEE CHAIRPERSON AND VICE CHAIRPERSON FOR TWO-YEAR TERM BEGINNING JANUARY 1, 2021 THROUGH DECEMBER 31, 2022

Ms. Atkinson advised that at the TMWA Board meeting held on December 16, 2020, the Board approved the General Managers selected Trustee's for the Other Post-Employment Benefits Plan & Trust for the term January 1, 2021 through December 31, 2022.

**Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved to reappointment of Michele Sullivan as Chairperson and Charles Atkinson as Vice-Chairperson for the term January 1, 2021 through December 31, 2022.**

7. DISCUSSION AND ACTION ON SIGNING § 115 OTHER POST-EMPLOYMENT BENEFIT PLAN AND TRUST ANNUAL PLEDGE OF PERSONAL COMMITMENT/DISCLOSURE FORM

Ms. Rodriguez reviewed the annual pledge of personal commitment/disclosure form that Trustees are required to review and sign.

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

8. PRESENTATION OF THE BUDGET FOR CALENDAR YEAR 2021

Sophie Cardinal, Principal Accountant, reviewed the Budget sheet for Calendar Year 2021, Agenda item 08.

Ms. Cardinal reviewed the first line item Employer contributions is \$66,740, this comes directly from the actuarial valuation conducted for the §115 Trust. Per that report it was suggested that \$66,740 be contributed for the year 2021. Using recent trends an estimate of \$23,000 was used to represent what retirees contribute for their premium portion.

The Net appreciation (depreciation) in fair value of investment line is left at zero (0) as this is difficult to predict. The investment income is an estimate looking at trends for what has been received in dividends and interest income, as well as other related expenses.

The Benefits paid, for the §115 Trust consists of premiums paid to the city of Reno, life insurance premiums and quarterly reimbursements which totals an amount of \$74,100.

The Administrative expenses line is our estimate of what will be paid for the audit or any legal services. Overall, there is a net increase of \$25,815 projected for the year.

Ms. Cardinal also advised that as of January 1, 2021 there are 7 retirees. Human Resources verified there are currently no anticipated retirements in 2021.

**Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the budget as presented for the calendar year 2021.**

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

Ms. Sullivan reviewed the last RBIF report dated September 30, 2021, as we have not received one ending December 31, 2020 yet. The total RBIF current year to date return as of this last report was 5.9%, the overall market is at 5.6 % which is slightly better. The funds are doing well, and the expectation is that the performance in December is even higher.



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

10. TRUSTEE COMMENTS AND REQUESTS FOR FUTURE AGENDA ITEMS

RBIF review

Actuaries valuation Roll forward (if available)

11. PUBLIC COMMENT – LIMITED TO NO MORE THAN THREE MINUTES PER SPEAKER

There was no public comment.

12. ADJOURNMENT

With no further business to discuss, Chairperson Sullivan adjourned the meeting at 12:46 a.m.

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

Respectfully Submitted,

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Rosalinda Rodriguez, Recording Secretary

January 29, 2021

Rosalinda Rodriguez, PHR  
Human Resources Coordinator  
Truckee Meadows Water Authority  
1355 Capital Blvd. Reno, NV 89502

Dear Rosalinda,

I am submitting a request for reimbursement of my Senior Care Plus medicare advantage plan premiums, and noticed that the SOP says you can't do it for more than one year. Not being aware of that, I would like to request a waiver of that limitation. The premiums I paid for November and December of 2019 are legitimate expenses. If those two expenses were lumped into the total for 2020, the total requested reimbursement is still below the amount of my allowed benefit for 2020.

Thanks for your consideration.

Sincerely,

A large black rectangular redaction box covering the signature and any handwritten notes or dates that might have been present.A large black rectangular redaction box covering the signature and any handwritten notes or dates that might have been present.

RETRIEE INFORMATION:

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

Phone #: 775-750-6527

## Expenses

[illegible]

**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: 1-28-2021

OPEB Approval\*: \_\_\_\_\_

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

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

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

\* Indicates the reimbursement request &amp; 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.

WELLS  
FARGO

# Wells Fargo Portfolio Checking

## Activity summary

Balance on 11/1  
Deposits/Additions  
Withdrawals/Subtractions  
**Balance on 11/30**

Account number: [REDACTED]

Wells Fargo Bank, N.A. (Member FDIC)

NEVADA account terms and conditions apply

Questions about your account: **1-800-742-4932**

Worksheet to balance your account and General  
Statement Policies can be found towards the  
end of this statement.

## Overdraft protection

Your account is linked to the following for Overdraft Protection:

■ [REDACTED]

## Interest you've earned

Interest paid this statement  
Interest earned this statement period  
Average collected balance  
Annual percentage yield earned  
Interest paid this year

## Transaction history

Date	Description	Check No.	Deposits/ Additions	Withdrawals/ Subtractions	Ending Daily Balance
<b>Beginning balance on 11/1</b>					
11/4	Nationstar DBA MR Cooper [REDACTED]				[REDACTED]
11/5	Mobile Deposit : Ref Number [REDACTED]		43.45		[REDACTED]
11/6	Hometown Debit 191105 C00011832 [REDACTED]			45.00	[REDACTED]
11/6	Hometown Debit 191105 C00025446 [REDACTED]			45.00	[REDACTED]
11/12	Online Transfer From Reich S Savings Xxxxxx6816 Ref #1b0758Xlxx On 11/10/19				[REDACTED]
11/13	[REDACTED]				[REDACTED]
11/13	SSA Treas 310 Xxsoc Sec 1 [REDACTED]				[REDACTED]
11/14	State Farm Ro 27 Sfpp 24 [REDACTED]				[REDACTED]
11/14	Passportservices Payment [REDACTED]	^1098			[REDACTED]
11/14	Passportservices Payment [REDACTED]	^1099			[REDACTED]
11/15	Citi Card Online Payment [REDACTED]				[REDACTED]
11/18	NV Energy North Sppc Pymt [REDACTED]				[REDACTED]
11/19	Check [REDACTED]	1097			[REDACTED]
11/20	Verizon Wireless Payments [REDACTED] 0000000070706844600001				[REDACTED]
11/22	[REDACTED]				[REDACTED]
11/22	[REDACTED]				[REDACTED]
11/22	[REDACTED]	1100			[REDACTED]
11/25	Capital One Online Pmt [REDACTED]				[REDACTED]
11/29	Interest Payment [REDACTED]		0.04		[REDACTED]
<b>Ending balance on 11/30</b>					
<b>Totals</b>					

**Key to symbols:** ^ **Converted check:** Paper check converted to an electronic format by your payee or designated representative.  
Converted checks cannot be returned, copied or imaged.

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# Wells Fargo Portfolio Checking

## Activity summary

Balance on 12/1  
Deposits/Additions  
Withdrawals/Subtractions  
**Balance on 12/31**

Wells Fargo Bank, N.A. (Member FDIC)

NEVADA account terms and conditions apply

Questions about your account: **1-800-742-4932**

Worksheet to balance your account and General Statement Policies can be found towards the end of this statement.

## Overdraft protection

Your account is linked to the following for Overdraft Protection:

## Interest you've earned

Interest paid this statement  
Interest earned this statement period  
Average collected balance  
Annual percentage yield earned  
Interest paid this year

## Transaction history

Date	Description	Check No.	Deposits/ Additions	Withdrawals/ Subtractions	Ending Daily Balance
<b>Beginning balance on 12/1</b>					
12/2					
12/2					
12/3					
12/3					
12/6	Hometown Debit 191205 C00011832				
12/6	Hometown Debit 191205 C00025446			45.00	
12/11	SSA Treas 310 XXSoc Sec 121119 Xxx				
12/11					
12/13	Deposited On Cashier Check	1101			
12/16					
12/16					
12/20					
12/23					
12/26					
12/26					
12/30					
12/31	Interest Payment				
<b>Ending balance on 12/31</b>					

### Totals

Summary of checks written (checks listed are also displayed in the preceding Transaction history section)

Number	Date	\$ Amount
1101	12/13	140.00

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# Wells Fargo Portfolio Checking

## Activity summary

Balance on 1/1  
Deposits/Additions  
Withdrawals/Subtractions  
**Balance on 1/31**

Wells Fargo Bank, N.A. (Member FDIC)

NEVADA account terms and conditions apply

Questions about your account: **1-800-742-4932**

Worksheet to balance your account and General Statement Policies can be found towards the end of this statement.

## Overdraft protection

Your account is linked to the following for Overdraft Protection:

## Interest you've earned

Interest paid this statement  
Interest earned this statement period  
Average collected balance  
Annual percentage yield earned  
Interest paid this year  
Total interest paid in 2019

## Transaction history

Date	Description	Check No.	Deposits/ Additions	Withdrawals/ Subtractions	Ending Daily Balance
<b>Beginning balance on 1/1</b>					
1/2					
1/3					
1/3					
1/6					
1/6					
1/6	Check	1102			
1/6	Hometown Debit 200105 C0001183				
1/6	Hometown Debit 200105 C0002544			45.00	
1/8	SSA Trans 310 Xxsoc Sec 010820 Xx				
1/8					
1/10					
1/10					
1/13					
1/13					
1/15					
1/23					
1/23					
1/28					
1/28					
1/30					
1/30					

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# Wells Fargo Portfolio Checking

## Activity summary

Balance on 2/1  
Deposits/Additions  
Withdrawals/Subtractions  
**Balance on 2/29**

Wells Fargo Bank, N.A. (Member FDIC)

NEVADA account terms and conditions apply

Questions about your account: **1-800-742-4932**

Worksheet to balance your account and General Statement Policies can be found towards the end of this statement.

## Overdraft protection

Your account is linked to the following for Overdraft Protection:

## Interest you've earned

Interest paid this statement  
Interest earned this statement period  
Average collected balance  
Annual percentage yield earned  
Interest paid this year  
Total interest paid in 2019

## Transaction history

Date	Description	Check No.	Deposits/ Additions	Withdrawals/ Subtractions	Ending Daily Balance
<b>Beginning balance on 2/1</b>					
2/3	Mobile Deposit : Ref Number [REDACTED]				
2/3	Check	1103			
2/3	Nationstar DBA MR Cod [REDACTED]				
2/6	Hometown Debit 2002 [REDACTED]				
2/6	Hometown Debit 20 [REDACTED]			45.00	
2/10	[REDACTED]				
2/12	[REDACTED]				
2/12	[REDACTED]				
2/12	[REDACTED]				
2/12	[REDACTED]				
2/13	[REDACTED]				
2/13	[REDACTED]				
2/14	[REDACTED]				
2/14	[REDACTED]				
2/18	[REDACTED]	1109			
2/18	[REDACTED]				
2/18	[REDACTED]	1104			
2/19	[REDACTED]				
2/20	[REDACTED]				
2/24	[REDACTED]				
2/24	[REDACTED]				
2/25	[REDACTED]				



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# Wells Fargo Portfolio Checking

## Activity summary

Balance on 3/1  
Deposits/Additions  
Withdrawals/Subtractions  
**Balance on 3/31**

Wells Fargo Bank, N.A. (Member FDIC)

NEVADA account terms and conditions apply

Questions about your account: **1-800-742-4932**

Worksheet to balance your account and General  
Statement Policies can be found towards the  
end of this statement.

## Overdraft protection

Your account is linked to the following for Overdraft Protection:

## Interest you've earned

Interest paid this statement  
Interest earned this statement period  
Average collected balance  
Annual percentage yield earned  
Interest paid this year  
Total interest paid in 2019

## Transaction history

Date	Description	Check No.	Deposits/ Additions	Withdrawals/ Subtractions	Ending Daily Balance
<b>Beginning balance on 3/1</b>					
3/2		1106			
3/3					
3/3					
3/5					
3/5					
3/6	Hometown Debit 2				
3/6	Hometown Debit 200305 C000254			45.00	
3/9	Purchase Authorized On 03/08 Winco Foods #12 9750 So V				
3/9		1107			
3/11					
3/11					
3/12					
3/12					
3/16					
3/16					
3/20					
3/25					
3/26					
3/27					
3/31	Interest Payment				
<b>Ending balance on 3/31</b>					
<b>Totals</b>					

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# Wells Fargo Portfolio Checking

## Activity summary

Balance on 4/1  
Deposits/Additions  
Withdrawals/Subtractions  
**Balance on 4/30**

Wells Fargo Bank, N.A. (Member FDIC)

NEVADA account terms and conditions apply

Questions about your account: **1-800-742-4932**

Worksheet to balance your account and General  
Statement Policies can be found towards the  
end of this statement.

## Overdraft protection

Your account is linked to the following for Overdraft Protection:

## Interest you've earned

Interest paid this statement  
Interest earned this statement period  
Average collected balance  
Annual percentage yield earned  
Interest paid this year

## Transaction history

Date	Description	Check No.	Deposits/ Additions	Withdrawals/ Subtractions	Ending Daily Balance
<b>Beginning balance on 4/1</b>					
4/1					
4/2					
4/6					
4/6	Hometown Debit 200405 C			45.00	
4/8	SSA Treas 310 Xxsoc Sec 04				
4/8					
4/10					
4/13					
4/13					
4/15					
4/15					
4/22					
4/27					
4/30					
4/30					
<b>Ending balance on 4/30</b>					
<b>Totals</b>					

WELLS  
FARGO

May 31, 2020 ■ Page 4 of 12

# Wells Fargo Portfolio Checking

## Statement period activity summary

Balance on 5/1  
Deposits/Additions  
Withdrawals/Subtractions  
**Balance on 5/31**

\$

Wells Fargo Bank, N.A. (Member FDIC)

NEVADA account terms and conditions apply

Questions about your account: **1-800-742-4932**

Worksheet to balance your account and General Statement Policies can be found towards the end of this statement.

## Overdraft protection

Your account is linked to the following for Overdraft Protection:

## Interest you've earned

Interest paid this statement  
Interest earned this statement period  
Average collected balance  
Annual percentage yield earned  
Interest paid this year

## Transaction history

Date	Description	Check No.	Deposits/ Additions	Withdrawals/ Subtractions	Ending Daily Balance
<b>Beginning balance on 5/1</b>					
5/1					
5/1					
5/1					
5/4					
5/6	Hometown Debit 200505 C00011832 Savah D Reich				
5/6	Hometown Debit 200505 C00025446			45.00	
5/13					
5/13					
5/14					
5/14					
5/14		1108			
5/15					
5/18					
5/20					
5/26					
5/27					
5/27					
5/28					
5/29					
<b>Ending balance on 5/31</b>					
<b>Totals</b>					

## Summary of checks written (checks listed are also displayed in the preceding Transaction history section)

Number	Date	\$ Amount
1108	5/14	80.00

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June 30, 2020 ■ Page 3 of 13

# Wells Fargo Portfolio Checking

## Statement period activity summary

Balance on 6/1  
Deposits/Additions  
Withdrawals/Subtractions  
**Balance on 6/30**

Wells Fargo Bank, N.A. (Member FDIC)

NEVADA account terms and conditions apply

Questions about your account: **1-800-742-4932**

Worksheet to balance your account and General Statement Policies can be found towards the end of this statement.

## Overdraft protection

Your account is linked to the following for Overdraft Protection:

## Interest you've earned

Interest paid this statement  
Interest earned this statement period  
Average collected balance  
Annual percentage yield earned  
Interest paid this year

## Transaction history

Date	Description	Check No.	Deposits/ Additions	Withdrawals/ Subtractions	Ending Daily Balance
<b>Beginning balance on 6/1</b>					
6/1					
6/1					
6/2					
6/2					
6/8					
6/8	Hometown Debit 200605			45.00	
6/8	Overdraft Protection From				
6/8					
6/9					
6/10					
6/10					
6/11					
6/12					
6/12					
6/16					
6/22					
6/22		1111			
6/25					
6/25					
6/26					
6/26					
6/30					
6/30					
<b>Ending balance on 6/30</b>					
<b>Totals</b>			<b>\$7,384.29</b>	<b>\$7,112.74</b>	

WELLS  
FARGO

July 31, 2020 ■ Page 3 of 11

# Wells Fargo Portfolio Checking

## Statement period activity summary

Balance on 7/1  
Deposits/Additions  
Withdrawals/Subtractions  
**Balance on 7/31**

Wells Fargo Bank, N.A. (Member FDIC)

NEVADA account terms and conditions apply

Questions about your account: **1-800-742-4932**

Worksheet to balance your account and General  
Statement Policies can be found towards the  
end of this statement.

## Overdraft protection

Your account is linked to the following for Overdraft Protection:

## Interest you've earned

Interest paid this statement  
Interest earned this statement period  
Average collected balance  
Annual percentage yield earned  
Interest paid this year

## Transaction history

Date	Description	Check No.	Deposits/ Additions	Withdrawals/ Subtractions	Ending Daily Balance
<b>Beginning balance on 7/1</b>					
7/1					
7/2					
7/6					
7/6	Hometown Debit 200705 C00025448 Alan K Reich			45.00	
7/8					
7/8					
7/9					
7/10					
7/13					
7/14					
7/15					
7/20		1114			
7/20		1113			
7/22					
7/27					
7/28					
7/29					
7/31					
7/31					
<b>Ending balance on 7/31</b>					

Totals

**Summary of checks written** (checks listed are also displayed in the preceding Transaction history section)

Number	Date	\$ Amount	Number	Date	\$ Amount
1113	7/20	12.00	1114	7/20	85.00

WELLS  
FARGO

August 31, 2020 ■ Page 3 of 11

# Wells Fargo Portfolio Checking

## Statement period activity summary

Balance on 8/1  
Deposits/Additions  
Withdrawals/Subtractions  
**Balance on 8/31**

Wells Fargo Bank, N.A. (Member FDIC)

NEVADA account terms and conditions apply

Questions about your account: **1-800-742-4932**

Worksheet to balance your account and General Statement Policies can be found towards the end of this statement.

## Overdraft protection

Your account is linked to the following for Overdraft Protection:

## Interest you've earned

Interest paid this statement  
Interest earned this statement period  
Average collected balance  
Annual percentage yield earned  
Interest paid this year

## Transaction history

Date	Description	Check No.	Deposits/ Additions	Withdrawals/ Subtractions	Ending Daily Balance
<b>Beginning balance on 8/1</b>					
8/3					
8/6					
8/6	Hometown Debit 200805 C0002544			45.00	
8/12					
8/12					
8/12					
8/14					
8/17					
8/20					
8/21					
8/24		1115			
8/25					
8/25					
8/26					
8/26					
8/27					
8/31					
8/31					
<b>Ending balance on 8/31</b>					
<b>Totals</b>			<b>\$8,486.52</b>	<b>\$10,790.94</b>	

## Summary of checks written (checks listed are also displayed in the preceding Transaction history section)

Number	Date	\$ Amount
1115	8/24	60.00

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# Wells Fargo Portfolio Checking

## Statement period activity summary

Balance on 9/1  
Deposits/Additions  
Withdrawals/Subtractions  
**Balance on 9/30**

Wells Fargo Bank, N.A. (Member FDIC)

NEVADA account terms and conditions apply

Questions about your account: **1-800-742-4932**

Worksheet to balance your account and General  
Statement Policies can be found towards the  
end of this statement.

## Overdraft protection

Your account is linked to the following for Overdraft Protection:

## Interest you've earned

Interest paid this statement  
Interest earned this statement period  
Average collected balance  
Annual percentage yield earned  
Interest paid this year

## Transaction history

Date	Description	Check No.	Deposits/ Additions	Withdrawals/ Subtractions	Ending Daily Balance
<b>Beginning balance on 9/1</b>					
9/1					
9/1					
9/1					
9/1		1119			
9/2					
9/4					
9/8					
9/8	Hometown Debit 200905 C0002544			45.00	
9/9					
9/9					
9/10					
9/11					
9/16					
9/16					
9/22					
9/25					
9/25					
9/30					
<b>Ending balance on 9/30</b>					
<b>Totals</b>					

**Summary of checks written** (checks listed are also displayed in the preceding Transaction history section)

WELLS  
FARGO

# Wells Fargo Portfolio Checking

## Statement period activity summary

Balance on 10/1  
Deposits/Additions  
Withdrawals/Subtractions  
**Balance on 10/31**

Wells Fargo Bank, N.A. (Member FDIC)

NEVADA account terms and conditions apply

Questions about your account: **1-800-742-4932**

Worksheet to balance your account and General  
Statement Policies can be found towards the  
end of this statement.

## Overdraft protection

Your account is linked to the following for Overdraft Protection:

## Interest you've earned

Interest paid this statement  
Interest earned this statement period  
Average collected balance  
Annual percentage yield earned  
Interest paid this year

## Transaction history

Date	Description	Check No.	Deposits/ Additions	Withdrawals/ Subtractions	Ending Daily Balance
<b>Beginning balance on 10/1</b>					
10/1		1036			
10/1					
10/2					
10/5					
10/6					
10/6	Hometown Debit 201005 C0002544			45.00	
10/14					
10/14					
10/14					
10/14					
10/15					
10/15					
10/21					
10/22					
10/23		1037			
10/23					
10/26					
10/27					
10/27					
10/30					



WELLS  
FARGO

November 30, 2020 ■ Page 3 of 11

# Wells Fargo Portfolio Checking

## Statement period activity summary

Balance on 11/1  
Deposits/Additions  
Withdrawals/Subtractions  
**Balance on 11/30**

Wells Fargo Bank, N.A. (Member FDIC)

NEVADA account terms and conditions apply

Questions about your account: **1-800-742-4932**

Worksheet to balance your account and General Statement Policies can be found towards the end of this statement.

## Overdraft protection

Your account is linked to the following for Overdraft Protection:

## Interest you've earned

Interest paid this statement  
Interest earned this statement period  
Average collected balance  
Annual percentage yield earned  
Interest paid this year

## Transaction history

Date	Description	Check No.	Deposits/ Additions	Withdrawals/ Subtractions	Ending Daily Balance
<b>Beginning balance on 11/1</b>					
11/2					
11/2					
11/6					
11/6	Hometown Debit 201105 C0002544			45.00	
11/10					
11/10					
11/16					
11/16					
11/16					
11/20					
11/23					
11/30					
11/30					
<b>Ending balance on 11/30</b>					
<b>Totals</b>					

WELLS  
FARGO

# Wells Fargo Portfolio Checking

## Statement period activity summary

Balance on 12/1  
Deposits/Additions  
Withdrawals/Subtractions  
**Balance on 12/31**

Wells Fargo Bank, N.A. (Member FDIC)

NEVADA account terms and conditions apply

Questions about your account: **1-800-742-4932**

Worksheet to balance your account and General  
Statement Policies can be found towards the  
end of this statement.

## Overdraft protection

Your account is linked to the following for Overdraft Protection:

## Interest you've earned

Interest paid this statement  
Interest earned this statement period  
Average collected balance  
Annual percentage yield earned  
Interest paid this year

## Transaction history

Date	Description	Check No.	Deposits/ Additions	Withdrawals/ Subtractions	Ending Daily Balance
<b>Beginning balance on 12/1</b>					
12/1					
12/2					
12/7					
12/7	Hometown Debit 201205 C00011852 SEWAN D REICH				
12/7	Hometown Debit 201205 C00025446			45.00	
12/9					
12/9					
12/10					
12/10					
12/11					
12/14					
12/16					
12/16					
12/17					
12/22					
12/28					
12/31					
12/31					
<b>Ending balance on 12/31</b>					
<b>Totals</b>					

**Summary of Important Costs for 2020**

The table below compares the 2019 costs and 2020 costs for the Value Rx Enhanced (HMO) Plan in several important areas. **Please note this is only a summary of changes.** A copy of the *Evidence of Coverage* is located on our website at [www.SeniorCarePlus.com](http://www.SeniorCarePlus.com). You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

Cost	2019 (this year)	2020 (next year)
<b>Monthly plan premium*</b> * Your premium may be higher or lower than this amount. See Section 1.1 for details.	\$45	No change for 2020
<b>Maximum out-of-pocket amount</b> This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	\$3,400 per year	No change for 2020
<b>Emergency Room Care</b>	\$90 copay per visit	\$120 copay per visit

**VALUE RX ENHANCED (HMO)**

**Senior Care  
Plus** 

Member #: [REDACTED]  
Plan year: 2020  
Name: [REDACTED]

Primary Care Office: \$10

Specialist Office: \$40  
Urgent Care: \$25

Emergency: \$120

**Includes: Hearing, Vision, Preventative Dental, Fitness**

Phone: 775-982-3112 or 888-775-7003 (TTY Relay Service 711)  
Submit medical claims to: EDI Payor ID #88023  
Or Mail to: PO Box 981703 El Paso, Tx 79998-1703

**VALUE RX ENHANCED (HMO)**

**Senior Care  
Plus** 

Member #: [REDACTED]  
Plan year: 2019  
Name: [REDACTED]

PCP: HORNBACK, JENNIFER MD Phone: 775-851-5700

Primary Care Office: \$10

Specialist Office: \$40

OB/Gyn: \$10

Urgent Care: \$25

Emergency: \$90

**Includes: Hearing, Vision, Preventative Dental, Fitness**

Phone: 775-982-3112 or 888-775-7003 (TTY Relay Service 711)  
Health Hotline: 775-982-5757 or 888-324-3243  
Submit medical claims to: EDI Payor ID #88023  
Or Mail to: PO Box 981703 El Paso, Tx 79998-1703



## §115 OPEB Trust - Medical and/or Vision Premium Expense Reimbursement Request

DATE RANGE From 07/01/2020  
To 12/31/2020

## RETRIEE INFORMATION:

Name:

Address:

Employee #: 50424

Phone #:

## Expenses

Date Paid	Description (example: Monthly Premium)	Name of Provider (example: Anthem Blue Cross)	Cost	Total
	Medicare Part B	SSA	144.60	
7/15/20	Medicare Plan G	Mutual of Omaha	121.00	
				265.60
	Medicare Part B	SSA	144.50	
8/17/20	Medicare Plan G	Mutual of Omaha	121.00	
				265.50
	Medicare Part B	SSA	144.60	
9/15/20	Medicare Plan G	Mutual of Omaha	128.26	
				272.86
	Medicare Part B	SSA	144.60	
10/15/20	Medicare Plan G	Mutual of Omaha	128.26	
				272.86
	Medicare Part B	SSA	144.60	
11/16/20	Medicare Plan G	Mutual of Omaha	128.26	
				272.86
	Medicare Part B	SSA	144.60	
12/15/20	Medicare Plan G	Mutual of Omaha	128.26	
				272.86
			\$0.00	
Medicare Eligible? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				Total <u>1622.64</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 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: 02/01/2021

OPEB Approval\*: \_\_\_\_\_

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

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

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

\* Indicates the reimbursement request &amp; 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 Benefit Verification Letter

Date: January 30, 2021

\*0201BEVOWOFAC2S\* CCM.M72.BEVOW.R210201

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 2020, the full monthly Social Security benefit before any deductions is [REDACTED]

We deduct \$148.50 for medical insurance premiums each month.

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 second Wednesday of each month.

## Information About Past Social Security Benefits

From December 2019 to November 2020, the full monthly Social Security benefit before any deductions was [REDACTED]

We deducted \$144.60 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.

See Next Page

## **Information About Current Social Security Benefits**

Beginning June 1975, the full monthly Social Security benefit before any deductions is \$0.00.

We deduct \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is \$0.00.  
(We must round down to the whole dollar.)

Benefits were stopped beginning June 1975.

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 third of each month.

## **Type of Social Security Benefit Information**

You are entitled to monthly benefits as a dependent of the wage earner.

## **Date of Birth Information**

The date of birth shown on our records is [REDACTED]

## **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] may use this number to get medical services while waiting for [REDACTED]

If you any questions, please log into 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](http://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 1-888-808-5481. 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:

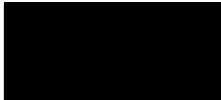
SOCIAL SECURITY  
1170 HARVARD WAY  
RENO NV 89502





## Policy Info

Policy Payor



Issue Date      **09/01/2018**

Paid to Date      **02/01/2021**

## Payment Details

Date Processed      07/15/2020

Amount Paid      **\$121.00**

Generated: 02/01/2021 12:30 PM



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## Policy Info

Policy Payor



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Issue Date      **09/01/2018**

---

Paid to Date      **02/01/2021**

## Payment Details

---

Date Processed      08/17/2020

---

Amount Paid      **\$121.00**

---

Generated: 02/01/2021 12:31 PM



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## Policy Info

Policy Payor



Issue Date **09/01/2018**

Paid to Date **02/01/2021**

## Payment Details

Date Processed 09/15/2020

Amount Paid **\$128.26**

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Generated: 02/01/2021 12:32 PM



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## Policy Info

Policy Payor



Issue Date      **09/01/2018**

Paid to Date     **02/01/2021**

## Payment Details

Date Processed    10/15/2020

Amount Paid      **\$128.26**

---

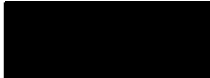
Generated: 02/01/2021 12:33 PM



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## Policy Info

Policy Payor



Issue Date      **09/01/2018**

Paid to Date      **02/01/2021**

## Payment Details

Date Processed      11/16/2020

Amount Paid      **\$128.26**

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Generated: 02/01/2021 12:33 PM



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## Policy Info

Policy Payor



Issue Date **09/01/2018**

Paid to Date **02/01/2021**

## Payment Details

Date Processed 12/15/2020

Amount Paid **\$128.26**

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Generated: 02/01/2021 12:34 PM

# Retirement Benefits Investment Fund

December 31, 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	\$ 361,818,395	50.5%	51.4%	22.1%	18.3%	14.1%	15.2%	13.9%	10.4%
<b>Market Return</b>				<b>22.2%</b>	<b>18.4%</b>	<b>14.2%</b>	<b>15.2%</b>	<b>13.9%</b>	<b>10.4%</b>
Int'l Stocks- MSCI World x US Index	\$ 156,056,261	21.5%	22.2%	21.5%	8.2%	4.6%	7.7%	5.8%	3.4%
<b>Market Return</b>				<b>21.6%</b>	<b>7.6%</b>	<b>4.2%</b>	<b>7.4%</b>	<b>5.5%</b>	<b>3.3%</b>
U.S. Bonds- U.S. Bond Index	\$ 184,507,674	28.0%	26.2%	0.2%	8.7%	5.4%	3.9%	3.6%	3.8%
<b>Market Return</b>				<b>0.1%</b>	<b>8.6%</b>	<b>5.4%</b>	<b>3.9%</b>	<b>3.4%</b>	<b>3.6%</b>
	\$ 1,218,058	0.0%	0.2%						
<b>Total RBIF Fund</b>	<b>\$ 703,600,388</b>	<b>100.0%</b>	<b>100.0%</b>	<b>15.9%</b>	<b>15.1%</b>	<b>10.3%</b>	<b>10.8%</b>	<b>9.4%</b>	<b>7.5%</b>
<b>Market Return</b>				<b>15.7%</b>	<b>14.2%</b>	<b>9.9%</b>	<b>10.5%</b>	<b>9.2%</b>	<b>7.5%</b>