

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

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

AGENDA

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

Tuesday, April 20, 2021 at 1:00 p.m.

Meeting Via Teleconference Only

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: 752143671#

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. Approval of the January 26, 2021 minutes **(For Possible Action)**
6. Approval of the February 10, 2021 minutes **(For Possible Action)**
7. Review and approval of Post-Retirement Medical Plan & Trust calculation for TMWA Retiree Joan Shaffer — Rosalinda Rodriguez **(For Possible Action)**
8. Review and approval of Post-Retirement Medical Plan & Trust calculation for TMWA Retiree Mark Patterson — Rosalinda Rodriguez **(For Possible Action)**
9. Review and approval of Post-Retirement Medical Plan & Trust calculation for TMWA Retiree Greg Peralta — Rosalinda Rodriguez **(For Possible Action)**
10. Review and approval of Post-Retirement Medical Plan & Trust calculation for TMWA Retiree Brian Luczkow — Rosalinda Rodriguez **(For Possible Action)**
11. Review and approval of Post-Retirement Medical Plan & Trust calculation for TMWA Retiree Charles Scarborough — Rosalinda Rodriguez **(For Possible Action)**
12. Review and consideration for approval of request(s) for reimbursement of premiums. — Rosalinda Rodriguez **(For Possible Action)**
13. Presentation and discussion regarding eligibility to continue on plans offered by TMWA and VEBA Plan document language related thereto and possible direction to staff. — Rosalinda Rodriguez*
14. Presentation and discussion regarding reinstatement of insurance by retired public officer or employee or surviving spouse per Nevada Revised Statute 287.45 — Rosalinda Rodriguez*
15. Review of Retirement Benefits Investment Fund (RBIF) performance review—Michele Sullivan*
16. Trustee comments and requests for future agenda items*
17. Public comment — limited to no more than three minutes per speaker*

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18. 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%20Orders/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.
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 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.

Post-Retirement Medical Plan & Trust

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DRAFT JANUARY 19, 2021 MINUTES

The meeting of the TMWA Post-Retirement Medical Plan and Trust (Trust) Trustees was held on Friday, January 19, 2021 in the Truckee Meadows Water Authority Independence Room, 1355 Capital Blvd., Reno, Nevada.

Michele Sullivan, Chairman, called the meeting to order at 1:05 P.M.

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

A quorum was not present.

Voting Members Present:

Michele Sullivan
James Weingart

Voting Members Absent

Steve Enos
Juan Esparza

Members Present

Rosalinda Rodriguez
Jessica Atkinson

Members Absent:

Gus Rossi
Mike Venturino

This meeting was canceled as a quorum was not present

Post-Retirement Medical Plan & Trust

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DRAFT JANUARY 26, 2021 MINUTES

The meeting of the TMWA Post-Retirement Medical Plan and Trust (Trust) Trustees was held on Friday, January 26, 2021 in the Truckee Meadows Water Authority through Teleconference.

Michele Sullivan, Chairman, called the meeting to order at 1:03 P.M.

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

A quorum was present.

Voting Members Present:

Michele Sullivan
James Weingart
Steve Enos

Voting Members Absent

Juan Esparza

Members Present

Rosalinda Rodriguez
Jessica Atkinson

Members Absent:

Gus Rossi
Mike Venturino

2. 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 minutes.

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

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 Post Retirement

Medical Plan & Trust §501-c-9 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 Steve Enos as Vice-Chairperson for the term January 1, 2021 through December 31, 2022.

6. DISCUSSION AND ACTION OF SIGNING 501-C-9 POST RETIREMENT MEDICAL PLAN AND TRUST BOARD OF TRUSTEES 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.

7. REVIEW AND CONSIDERATION FOR APPROVAL OF REQUEST(S) FOR REIMBURSEMENT OF PREMIUMS

Ms. Rodriguez presented a reimbursement request from a retiree 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 through Social Security.

Ms. Rodriguez presented a reimbursement request for United Healthcare Supplemental and Prescription coverage paid for directly 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 Supplemental and Prescription coverage.

Ms. Rodriguez presented a reimbursement request for United Health Care premiums paid for through AARP.

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

8. PRESENTATION OF 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 set at zero, this comes directly from the actuarial valuation conducted for the §501-c-9 Trust. Per that

report the Trust is well funded and as such TMWA does not need to make any contributions for the next 2 years. The next line is the Plan member contributions which represent what retirees contribute for their premium portion that comes from their PERS or RHS accounts for a total of \$118,600. This amount is an estimate based on the most recent month of data.

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 \$252, 600.

Next area is Deductions. The Benefits paid, for the §501-c-9 Trust consists of premiums paid to the City of Reno Health premiums, life insurance premiums and quarterly reimbursements which totals an amount of \$419,100.

The Administrative expenses line, is our estimate of what will be paid for the audit or any legal services which is \$17,200. Overall, there is a net decrease of \$68,100 projected for the year.

Ms. Cardinal also advised that as of January 1, 2021 there are 48 retirees receiving benefits.

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

14. 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 market has been turning around. The total RBIF current year to date return as of this last report was 5.9% RBIF increase, the overall market is at 5.6 % which is slightly better. Overall we have had a 6% return since inception which is in line with our estimate.

For informational purposes only, no action required.

15. TRUSTEE COMMENTS AND REQUEST FOR FUTURE AGENDA ITEMS*

Reimbursement request received

Benefit Calculations

RBIF review

16. PUBLIC COMMENT

There was no public comment.

17. ADJOURNMENT

With no further business to discuss, Chairman Sullivan adjourned the meeting at 1:16 p.m.

Minutes were approved by the Trustees in session on _____.

Respectfully Submitted,

Rosalinda Rodriguez, Recording Secretary

Post-Retirement Medical Plan & Trust

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DRAFT February 10, 2021 MINUTES

The meeting of the TMWA Post-Retirement Medical Plan and Trust (Trust) Trustees was held on Wednesday, February 10, 2021 via Teleconference.

Michele Sullivan, Chairman, called the meeting to order at 11:30 A.M.

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

A quorum was present.

Voting Members Present:

Michele Sullivan
James Weingart
Steve Enos

Voting Members Absent

Juan Esparza

Members Present

Rosalinda Rodriguez

Members Absent:

Jessica Atkinson
Gus Rossi
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. REVIEW AND APPROVAL OF POST-RETIREMENT MEDICAL PLAN & TRUST CALCULATIONS FOR TMWA RETIREE DAVE BARDEN

Ms. Rodriguez presented the benefits calculation for Dave Barden. Mr. Barden will retire on February 15, 2021, with a benefit effective date of March 1, 2021. Ms. Rodriguez met with the retiree and confirmed the information on the benefit calculation form. Mr. Barden has elected not to continue on TMWA health coverages at this time, he will submit for reimbursement at a later time. He is accepting the benefit as is. He is eligible for Life insurance and has elected to waive the spouse life coverage at this time.

Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the benefit calculation for Dave Barden.

5. TRUSTEE COMMENTS AND REQUEST FOR FUTURE AGENDA ITEMS*

6. PUBLIC COMMENT

There was no public comment.

7. ADJOURNMENT

With no further business to discuss, Chairman Sullivan adjourned the meeting at 11:35 AM.

Minutes were approved by the Trustees in session on _____.

Respectfully Submitted,

Rosalinda Rodriguez, Recording Secretary

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

RETRIEE INFORMATION:
DATE RANGE From 3/1/2021

To 3/31/2021

Name:

Employee #: 50055

Address:

Phone #:

Expenses

Date Paid	Description (example: Monthly Premium)	Name of Provider (example: Anthem Blue Cross)	Cost	Total
2/12/2021	Medicare Premium	US Dept of Health & Human Services CMS	\$148.50	\$148.50 -
2/10/2021	Prescription Pt D	Humana	\$17.20	\$17.20 -
3/1/2021	Medicare Supplement	AARP United Healthcare	\$84.82	\$84.82 -
				\$ -
				\$ -
				\$ -
				\$ -
Medicare Eligible? _____ YES _____ NO				Total \$250.52 -

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: 3/24/2021

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.

DescriptionDraft# 4884

04/20/2021 PRMT § 501-c-9 Agenda 12_A

Detail Description CMS MEDICARE PAYMENT, 02-24-2021 @ : 0 Trace #:041036016341074

Date Feb 24, 2021

Transaction Amount -\$445.50

New Balance ~~20,551.36~~

Reference Number 4884

Printed from Sierra Pacific Federal Credit Union
checking account - Amount is for 3 months.
Reimbursement sought is for March 2021
Premium



4880

94-6023/3212

2/2/21

Pay to the
Order of

Humana Insurance Company

\$ 17.20

Seventeen and 20/100

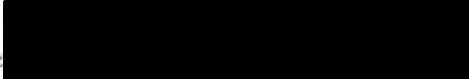
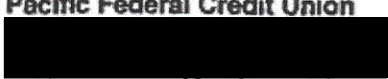
Dollars



Security
Features
Details on
Back

Sierra Pacific Federal Credit Union

#



For March 2021 Premium



Security features exceed industry standards and include:

- MicroMark™: Mobile Deposit check mark to indicate check has been deposited via mobile device
- The Security Weave™ pattern on back designed to deter fraud
- Microprint (MP) lines printed on front and back
- The words "ORIGINAL DOCUMENT" across the back
- Pencil mark visible on front and back

Do not cash if:

- Any of the features listed above are missing or altered
- The words "VOID" or "COPY" are visible on the front or back
- Brown stains or colored spots appear on both front and back



CHECK BO
WRITE NAME

X

ENDORSE HERE

ONLINE ABOVE

DEPOSIT

4883
94-8023/3212

#29 2/12/2021

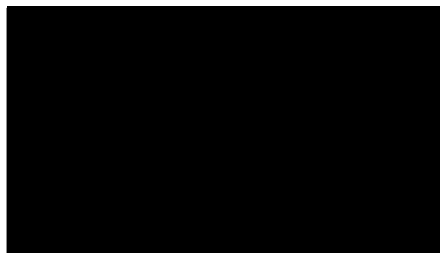
Pay to the Order of [REDACTED] \$ 84.82

Eighty-four and 82/100 Dollars

Sierra Pacific Federal Credit Union

For March AARP/United Health

[REDACTED]



Twice Per Month
For Deposit Only
Sierra Pacific

Reimbursement to [REDACTED] AARP Member,
for my portion of United Health Care Supplemental
Premium

UnitedHealthcare Insurance Company

PO BOX 30607

Salt Lake City, UT 84130-0607
04/20/2021 PRMT § 501-c-9 Agenda 12_A

Call 3/1/20

Create Act My AARP Medicare.com

December 03, 2020

Dear Insured Member(s),

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

Why are you receiving this letter?

Your monthly premium payment amount has been updated as a result of a rate change to your plan(s). Your new monthly premium payment amount, which includes all available discounts* for your coverage, is shown in the chart on the back of this letter.

How will this affect your Electronic Funds Transfer (EFT) payments?

This new payment amount will be automatically withdrawn from your bank account if it has not already been paid. If this change results in a credit or the full amount can't be deducted, you will be sent another letter in the mail. Your EFT payment will continue to be deducted on or about the fifth (5th) day of each month.

What will your monthly payments be?

As of the date of this letter, the chart on the back of this letter shows any unpaid payments by month and year for this account. The amount due is the total household premium including all of your discounts and adjustments *

(Over, please)

*Discounts may not be available in all states.

BILLEFT

SGL8403F

AARP | Supplemental and Personal Health
from  UnitedHealthcare

Due Date	Amount Due
January, 2021	\$257.50
February, 2021	\$257.50
March, 2021	\$342.32
April, 2021	\$342.32
May, 2021	\$342.32
June, 2021	\$342.32
July, 2021	\$342.32
August, 2021	\$342.32
September, 2021	\$342.32
October, 2021	\$342.32
November, 2021	\$342.32
December, 2021	\$342.32

as of 3/1/21
\$84.82
Increase

If your account is effective in the past or is past due, a letter will be sent in a separate mailing that provides the information necessary to send the payment(s) due to bring this account up to date.

Please review your bank statement each month and record the amount of the deduction for your records. If the EFT payment can't be processed, you will be contacted.

We'll work with you if you have any questions about this process.

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

- For English-speaking representatives, please call **1-800-523-5800**, TTY 711.
- Representatives are available to help:
 - ▶ Weekdays from 7 a.m. to 11 p.m., Eastern Time, or
 - ▶ Saturday from 9 a.m. to 5 p.m., Eastern Time.
- Para español: **1-800-822-0246**.
 - ▶ De lunes a viernes, de 7 a.m. a 11 p.m., hora del este, o
 - ▶ Los sábados de 9 a.m. a 5 p.m., hora del este.
- You may also visit us online at **www.myAARPMedicare.com** for more information.

Thank you for being a valued customer insured by UnitedHealthcare.

Sincerely,

Mark Bruce

Mark Bruce

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.

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

DATE RANGE From JAN. 2021
To MAR. 2021

RETRIEE INFORMATION:

Name: _____

Employee #: 50078

Address: _____

Phone #: _____

Expenses

Date Paid	Description (example: Monthly Premium)	Name of Provider (example: Anthem Blue Cross)	Cost	Total
JAN, Feb Mar.	Monthly Premium	United Healthcare (Supplemental)	\$179.65 x 3 months	\$ 538.95
				\$ -
				\$ -
JAN, Feb Mar.	Monthly Premium	United Healthcare (Prescription Coverage)	\$23.90 x 3 months	\$ 71.70
				\$ -
				\$ -
			\$0.00	
Total				\$ 610.65

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: _____

Date: 3/16/21

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
01/04/21	AT&T LOCAL AND LONG DISTANCE Bill Payment	
01/04/21	Online scheduled payment to LOC	
01/04/21	TRUCKEE MEADOWS WATER AUTHORITY Bill Payment	
01/05/21	Little Flower Sc DES:FACTS ID:000000117195623 IND ID:9470751402 WEB	
01/05/21	UnitedHealthcare DES:PREMIUM ID:34304188 PPD	-179.65 ✓
01/05/21	SYNCHRONY BANK DES:PAYMENT ID:650172443226603 ID:1061537262 TEL	
01/05/21	UnitedHCMedicare DES:MedInsPymt ID:000000965032609 ID ID:9000447048 PPD	-23.90 ✓

Total other subtractions

Checks

Date	Check #	Amount	Date	Check #	Amount
12/09/20	6464		12/18/20	6474	
12/30/20	6473*				
Total checks			Total # of checks		

* There is a gap in sequential check numbers

Withdrawals and other subtractions - continued

Other subtractions

Date	Description	Amount
02/04/21	AT&T LOCAL AND LONG DISTANCE Bill Payment	
02/04/21	Online scheduled payment to LOC 8600 Confirmation# 3344033134	
02/05/21	UnitedHealthcare DES:PREMIUM ID:3430418891 [REDACTED] D CO ID:1836282001 PPD	-179.65 ✓
02/05/21	SYNCHRONY BANK DES:PAYMENT ID:650172443226603 ID:1061537262 TEL [REDACTED] CO	
02/05/21	TRUCKEE MEADOWS WATER AUTHORITY Bill Payment	
02/05/21	UnitedHCMedicare DES:MedInsPymt ID:000000974989287 ID:9000447048 PPD [REDACTED] D CO	-23.90 ✓
02/08/21	BANK OF AMERICA DES:MORTGAGE ID:P19297416 INDN ID:PXXXXXXXXX TEL [REDACTED] CO	
02/11/21	WASTE MANAGEMENT OF NEVADA Bill Payment	
02/12/21	CARDMEMBER SERVICE Bill Payment	-1
02/12/21	Silvaroli Dental Bill Payment	
02/12/21	City of Sparks Bill Payment	
02/16/21	EDWARD JONES DES:INVESTMENT ID:26843 XXXXXXXXXX IND ID:3430345811 PPD [REDACTED] CO	
02/18/21	CITI CARDS Bill Payment	-3
02/26/21	STATE FARM BANK Bill Payment	-1
03/01/21	Washoe County Treasurer NV Bill Payment	-1
03/01/21	Washoe County Treasurer NV Bill Payment	
03/02/21	B's Lawn & Pest Control Svcs Bill Payment	
03/05/21	NV ENERGY Bill Payment	
03/05/21	UnitedHealthcare DES:PREMIUM ID:3430418891 [REDACTED] D CO ID:1836282001 PPD	-179.65 ✓
03/05/21	AT&T LOCAL AND LONG DISTANCE Bill Payment	
03/05/21	SYNCHRONY BANK DES:PAYMENT ID:650172443226603 ID:1061537262 TEL [REDACTED] CO	
03/05/21	Online scheduled payment to LOC [REDACTED]	
03/05/21	UnitedHCMedicare DES:MedInsPymt ID:9000447048 PPD [REDACTED] D CO	-23.90 ✓
03/08/21	TRUCKEE MEADOWS WATER AUTHORITY Bill Payment	
03/08/21	BANK OF AMERICA DES:MORTGAGE ID:PXXXXXXXXX TEL [REDACTED] CO	

Total other subtractions

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

RETRIEE INFORMATION:

Name: _____

Address: _____

DATE RANGE From January 1, 2021To March 31, 2021Employee #: 50068

Phone: _____

TRUCKEE MEADOWS

APR 07 2021

THORITY

Expenses

Date Paid	Description (example: Monthly Premium)	Name of Provider (example: Anthem Blue Cross)	Cost	Total
Jan. - March	Monthly Premium	Medicare "Part B"	\$148.50 per month X three months	\$445.50 -
				\$0.00 -
				\$0.00 -
				\$0.00 -
				\$0.00 -
				\$0.00 -
				0.00
Medicare Eligible?	<u> X </u> YES <u> </u> NO			Total \$445.50 -

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

I certify that the above information is correct. I understand that I will not be reimbursed for medical insurance premiums for any period during which I was not eligible for participation or failed to maintain coverage. I further understand that if I receive reimbursement for premiums for which I was not eligible or did not meet eligibility criteria, the Trust may recover these payments from my future benefit award(s) and I will be liable for all related taxes. I also authorize the Trust, and its designees to contact the insurance company I have listed above to verify coverage and premium amounts paid. I certify that all expenses for which reimbursement or payment is claimed were incurred by myself, my spouse, my eligible dependents, or a spouse beneficiary (after the participant's death only) while eligible to receive benefits under the trust. I also certify as follows: 1.) The premium expenses have not been reimbursed or will not be reimbursed by any other plan, 2.) The premium expenses were not paid by an employer of a participant or an employer of a participant's spouse on a "pre-tax" basis, including, without limitation, a policy or plan offered by an employer under a Code Section 125 plan (commonly referred to as a "Cafeteria Plan"). I understand that I am fully responsible for the sufficiency, accuracy, and veracity of all information relating to this reimbursement request.

Retiree Signature: _____

Date: 04/06/2021

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.



Social Security Administration Benefit Verification Letter

Date: April 6, 2021

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. *Medicare "Part B"*

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

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

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

Information About Past Social Security Benefits

From December 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.

Date of Birth Information

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

See Next Page

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

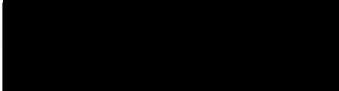
DATE RANGE From 1-1-20
To 12-31-20

RETRIEE INFORMATION:

Name: 

Employee #: 50097

Address: 

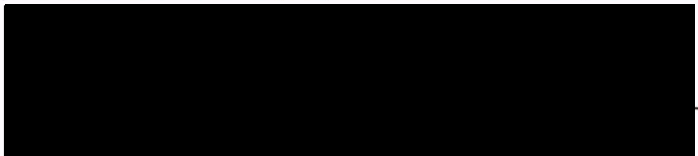
Phone #: 

Expenses

Date Paid	Description (example: Monthly Premium)	Name of Provider (example: Anthem Blue Cross)	Cost	Total
2020	Monthly Medical	Blue Cross Blue Shield	Jan-\$209.82; Feb-Dec \$222.44	\$ 2,656.66
2020	Monthly Dental	Metlife	Jan-\$43.29; Feb-Dec \$46.36	\$ 553.25
2020	Monthly Vision	VSP	Jan-\$14.47; Feb-Dec \$14.45	\$ 173.42
				\$ -
				\$ -
				\$ -
			\$0.00	
Medicare Eligible? <u>YES</u> <input checked="" type="checkbox"/> <u>NO</u>				Total \$ <u>3,383.33</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: March 12, 2021

PRMPT Approval*: 

Date: _____

Accounting Approval**:

Date: _____

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

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

Return completed form to: PRMPT c/o TMWA Human Resources, PO Box 30013, Reno, NV 89520

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

In order for an eligible recipient to receive reimbursement of medical insurance premiums from the Post Retirement Medical Plan & Trust, the eligible participant must submit at least one of the following as proof of payment for the medical insurance premiums:

- A copy of the invoice from the insurance company and copy of the receipt of payment;
- A copy of the invoice from the insurance company and copy of the front and back of the cancelled check made out to the insurance company;
- A copy of a pay stub if the pay stub clearly shows a deduction for medical insurance on a post-tax basis;
- A statement from the eligible recipient's employer listing dates and amounts of premiums deducted from wages on a post-tax basis;
- A copy of a bank statement showing deductions for medical insurance if the statement clearly indicates payment to a company that provides only medical insurance;
- A copy of a bank statement showing deductions to an insurance company along with a statement from the insurance company listing dates and amounts of premiums; or
- Other documentation which the Trust, or its designees, determines is sufficient to prove payment for medical insurance.

Below is an itemized list of my 2020 paid premiums. Attached is documentation.

[REDACTED]

8. [REDACTED]



Retirement Services

Summary of Payment

UNITED STATES
OFFICE OF PERSONNEL MANAGEMENT
RETIREMENT PROGRAMS
BOYERS, PA 16017

ClaimNumber: [REDACTED]

Description	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Gross Amount of Annuity	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Basic LI Premium Until 65 (if ret after 1/1/90)									[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Basic Life Insurance Premiums	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]					[REDACTED]
Blue Cross/Blue Shield Service Benefit Plan-Basic	-\$369.56	-\$386.99	-\$386.99	-\$386.99	-\$386.99	-\$386.99	-\$386.99	-\$386.99	-\$386.99	-\$386.99	-\$386.99	-\$386.99	-\$4,626.45
Federal Dental Insurance	-\$86.58	-\$92.71	-\$92.71	-\$92.71	-\$92.71	-\$92.71	-\$92.71	-\$92.71	-\$92.71	-\$92.71	-\$92.71	-\$92.71	-\$1,106.39
Federal Income Tax (Citizen)									[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]					[REDACTED]
Federal Vision Insurance	-\$28.90	-\$28.86	-\$28.86	-\$28.86	-\$28.86	-\$28.86	-\$28.86	-\$28.86	-\$28.86	-\$28.86	-\$28.86	-\$28.86	-\$346.36
FERS Annuity Supplement										[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]				[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

* An *(asterisk) reflected in the payment description indicates that the amount is a one-time only adjustment.

The summary of payments and total paid to date is current as of Dec 31, 2020, payment. The Summary of Payments contains information regarding the recurring monthly payments that are issued to you. The Summary of Payments does not include any adjustment payments that have been made. Generally, in the middle of the month, we authorize payments that are payable for the first business day of the following month.

The information contained in the Summary of Payments is not to be used for income tax filing purposes.

2020 Rate Information for the Blue Cross and Blue Shield Service Benefit Plan

To compare your FEHB health plan options please go to www.opm.gov/fehbcompare.

To review premium rates for all FEHB health plan options please go to www.opm.gov/FEHBpremiums or www.opm.gov/Tribalpremium.

Non-Postal rates apply to most non-Postal employees. If you are in a special enrollment category, contact the agency that maintains your health benefits enrollment.

Postal rates apply to certain United States Postal Service employees as follows:

- **Postal Category 1** rates apply to career bargaining unit employees who are represented by the following agreements: APWU, IT/AS, NALC, and NPMHU.
- If you are a career bargaining unit employee represented by the agreement with NPPN, you will find your premium rates on <https://liteblue.usps.gov/fehb>.
- **Postal Category 2** rates apply to career bargaining unit employees who are represented by the following agreement: PPOA.

Non-Postal rates apply to all career non-bargaining unit Postal Service employees and career employees represented by the NRLCA agreement. Postal rates do not apply to non-career Postal employees, Postal retirees, and associate members of any Postal employee organization who are not career Postal employees.

If you are a Postal Service employee and have questions or require assistance, please contact:

USPS Human Resources Shared Service Center: 877-477-3273, option 5, Federal Relay Service 800-877-8339

Premiums for Tribal employees are shown under the monthly non-Postal column. The amount shown under employee contribution is the maximum you will pay. Your Tribal employer may choose to contribute a higher portion of your premium. Please contact your Tribal Benefits Officer for exact rates.

Type of Enrollment	Enrollment Code	Non-Postal Premium				Postal Premium	
		Biweekly		Monthly		Biweekly	
		Gov't Share	Your Share	Gov't Share	Your Share	Category 1 Your Share	Category 2 Your Share
Standard Option Self Only	104	\$235.77	\$116.91	\$510.84	\$253.30	\$113.63	\$103.81
Standard Option Self Plus One	106	\$504.12	\$267.15	\$1,092.26	\$578.83	\$260.15	\$239.14
Standard Option Self and Family	105	\$546.47	\$286.74	\$1,184.02	\$621.27	\$279.15	\$256.39
Basic Option Self Only	111	\$227.84	\$75.94	\$493.64	\$164.55	\$72.91	\$63.03
Basic Option Self Plus One	113	\$504.12	\$178.61	\$1,092.26	\$386.99	\$171.61	\$150.60
Basic Option Self and Family	112	\$546.47	\$191.22	\$1,184.02	\$414.31	\$183.63	\$160.87



2020 FEDVIP dental payment history

The information displayed below reflects transactions from 1/1/2020 through 12/10/2020.

Transaction date	Description	Pre-tax	Post tax
12/04/2020	Annuity Payment		\$92.71
11/05/2020	Annuity Payment		\$92.71
10/06/2020	Annuity Payment		\$92.71
09/04/2020	Annuity Payment		\$92.71
08/06/2020	Annuity Payment		\$92.71
07/06/2020	Annuity Payment		\$92.71
06/04/2020	Annuity Payment		\$92.71
05/06/2020	Annuity Payment		\$92.71
04/07/2020	Annuity Payment		\$92.71
03/05/2020	Annuity Payment		\$92.71
02/06/2020	Annuity Payment		\$92.71
01/07/2020	Annuity Payment		\$86.58
Sub-totals		\$0.00	\$1,106.39
Year-to-Date Total:			\$1,106.39

High & Standard Rates

Rating Area	High - Bi-Weekly			High - Monthly		
	Self Only	Self Plus One	Self and Family	Self Only	Self Plus One	Self and Family
1	\$19.10	\$38.19	\$57.29	\$41.38	\$82.75	\$124.13
2	\$21.39	\$42.79	\$64.18	\$46.35	\$92.71	\$139.06
3	\$23.31	\$46.62	\$69.92	\$50.51	\$101.01	\$151.49
4	\$25.24	\$50.48	\$75.73	\$54.69	\$109.37	\$164.08
5	\$28.25	\$56.50	\$84.75	\$61.21	\$122.42	\$183.63

Rating Area	Standard - Bi-Weekly			Standard - Monthly		
	Self Only	Self Plus One	Self and Family	Self Only	Self Plus One	Self and Family
1	\$10.30	\$20.59	\$30.89	\$22.32	\$44.61	\$66.93
2	\$11.17	\$22.33	\$33.50	\$24.20	\$48.38	\$72.58
3	\$12.39	\$24.78	\$37.17	\$26.85	\$53.69	\$80.54
4	\$13.75	\$27.51	\$41.26	\$29.79	\$59.61	\$89.40
5	\$15.12	\$30.23	\$45.35	\$32.76	\$65.50	\$98.26



2020 FEDVIP vision payment history

The information displayed below reflects transactions from 1/1/2020 through 12/10/2020.

Transaction date	Description	Pre-tax	Post tax
12/04/2020	Annuity Payment		\$28.86
11/05/2020	Annuity Payment		\$28.86
10/06/2020	Annuity Payment		\$28.86
09/04/2020	Annuity Payment		\$28.86
08/06/2020	Annuity Payment		\$28.86
07/06/2020	Annuity Payment		\$28.86
06/04/2020	Annuity Payment		\$28.86
05/06/2020	Annuity Payment		\$28.86
04/07/2020	Annuity Payment		\$28.86
03/05/2020	Annuity Payment		\$28.86
02/06/2020	Annuity Payment		\$28.86
01/07/2020	Annuity Payment		\$28.90
Sub-totals		\$0.00	\$346.36
Year-to-Date Total:			\$346.36

Rate Information

VSP is a nationwide vision plan that does not require rating regions. The following are nationwide and international rates.

Standard - Bi-Weekly			Standard - Monthly		
Self Only	Self Plus One	Self and Family	Self Only	Self Plus One	Self and Family
\$3.51	\$7.01	\$10.53	\$7.61	\$15.19	\$22.82

High - Bi-Weekly			High - Monthly		
Self Only	Self Plus One	Self and Family	Self Only	Self Plus One	Self and Family
\$6.65	\$13.32	\$19.99	\$14.41	\$28.86	\$43.31

U.S. OFFICE OF PERSONNEL MANAGEMENT

FREQUENTLY ASKED QUESTIONS INSURANCE
RETIREMENT

- **Will my deduction continue to be pre-tax after I retire?**

No, retiree pay premiums on a post tax basis.

- **I am not enrolled in FEHB. If I stay enrolled in a FEDVIP plan for the next five years, can I then get FEHB coverage in retirement?**

No, your FEDVIP enrollment will not count towards the 5-year enrollment requirement for carrying FEHB coverage into retirement.

- **I'm eligible for Medicare. What do I do?**

You should examine your Medicare coverage in order to determine if the Federal Employees Dental and Vision Insurance Program (FEDVIP) will benefit you or your family. Your FEDVIP premiums will not change if you enroll in Medicare.

- **Are retirees receiving a deferred annuity eligible?**

No.

- **If I accept a deferred retirement annuity at age 62, would I then be eligible for FEDVIP? What about MRA+10 retirees?**

If you are on a deferred retirement annuity, you are not eligible for FEDVIP.

If you are retiring with title to an MRA+10 annuity and you postpone receiving your annuity, you are eligible for FEDVIP only when you begin to receive that annuity. You would not be eligible for FEDVIP during the time between your separation from duty and before actual receipt of your annuity.

- **Will employees be responsible for contacting BENEFEDS and letting them know they have retired and FEDVIP premiums need to come out of their annuity payment instead of billing the agency they just retired from?**

No, you are not required to contact BENEFEDS. However, you can speed up the process by contacting BENEFEDS.

- **Does my coverage change if I go back to work as a reemployed annuitant?**

No. The Federal Employees Dental and Vision Insurance Program (FEDVIP) coverage is the same for all enrollees.

However, if you go back to work and you are in a position that conveys FEDVIP eligibility, you must contact BENEFEDS (1-877-888-3337), if you want your premiums to be deducted from your paychecks. Most reemployed annuitants want to make that change because retirees pay FEDVIP premiums with post-tax dollars and employees pay FEDVIP premiums with pre-tax dollars. If your new position does not convey FEDVIP eligibility you may retain the coverage as



STAFF REPORT

TO: Board of Trustees of the §501-c-9 Post-Retirement Medical Plan & Trust
FROM: Rosalinda Rodriguez, Human Resources Coordinator
DATE: 04/20//2021
SUBJECT: **Presentation and discussion regarding eligibility to continue on plans offered by TMWA and VEBA Plan document language related thereto and possible direction to staff.**

Discussion

Staff recently received an inquiry from an employee considering retirement options asking about premium payment options. Based on this retiree's age, his preference is to defer enrolling in NV PERS to avoid an age penalty. The premium payment policy approved by trustees allows only for premiums to be paid via NV PERS or a Retiree's RHS account. Neither of which will apply to this retiree if indeed enrollment in NV PERS is delayed.

In researching this issue further, staff became aware of language in the Nevada Revised Statutes (NRS) 287.023 (see attached) as well as in the health plan documents (see attached) that require a retiree to be enrolled in PERS to continue on TMWA's insurance plan.

Sections 4.1.2, 4.1.3, 4.1.4(a), and 4.1.4(b), of the VEBA document (see below) conflict with both the NRS and TMWA's health plan eligibility requirements.

4.1.2 – Specific Post Retirement Benefits for Health Plan Coverage for MPAT Employees. “A participant who was an MPAT Employee at his or her Retirement Date may elect coverage under the Health Plans that are made available to TMWA's active employees who are entitled to receive health and life benefits.”

4.1.3 – “All IBEW 1245 Employees hired on or after January 1, 1998, and “IBEW Transfer Employee's Receiving Sierra Plan Benefits” hired before January 1, 1998, are entitled to receive Post-Retirement Benefits for coverage under the Health Plans made available to Benefited Employees of TMWA or other Health Plans as described in Section 2.5.”

4.1.4 (a) – “A Participant who was an IBEW Transfer Employee, was hired by Sierra before January 1, 1998 and is at least age 55 and under age 65 on his or her retirement

date, is entitled to receive Post-Retirement benefits only for coverage under a Health Plan that is offered by TMWA to its benefited employees until the Plan Year in which the Participant attains age 65.”

4.1.4 (b) – “A Participant who was an IBEW Transfer Employee, was hired by Sierra before January 1, 1998 and is age 65 or over on his retirement date, is eligible to receive Post-Retirement benefits for coverage under Health Plans offered by TMWA to its benefited employees...”

Staff brings this to the attention of Trustees for discussion and possible action. Staff recommends further review and revision of the VEBA document to ensure that there is no conflicting language. Additionally, staff recommends trustees discuss implications of the NRS and health plan language on the intent of the benefits to be provided to retirees and determine if other changes may be necessary.

Attachment 1 – NRS 287.023

Attachment 2 – NRS 286.510

Attachment 3 – HHP Plan Eligibility Requirements

Attachment 4 – CDS Plan Eligibility Requirements

NRS 287.023 Option of retired officer or employee or dependent to cancel or continue group insurance, plan of benefits, medical and hospital service or coverage under Public Employees' Benefits Program; notice of selection of option; payment of costs for coverage.

1. Whenever an officer or employee of the governing body of any county, school district, municipal corporation, political subdivision, public corporation or other local governmental agency of the State of Nevada retires under the conditions set forth in NRS 1A.350 or 1A.480, or 286.510 or 286.620 and, during the period in which the person served as an officer or employee, was eligible to be covered or had dependents who were eligible to be covered by any group insurance, plan of benefits or medical and hospital service established pursuant to NRS 287.010, 287.015, 287.020 or paragraph (b), (c) or (d) of subsection 1 of NRS 287.025 or under the Public Employees' Benefits Program pursuant to paragraph (a) of subsection 1 of NRS 287.025, the officer or employee has the option upon retirement to cancel or continue any such coverage to the extent that such coverage is not provided to the officer or employee or a dependent by the Health Insurance for the Aged Act, 42 U.S.C. §§ 1395 et seq.

2. A retired person who continues coverage under the Public Employees' Benefits Program shall assume the portion of the premium or contribution costs for the coverage which the governing body or the State does not pay on behalf of retired officers or employees. A dependent of such a retired person has the option, which may be exercised to the same extent and in the same manner as the retired person, to cancel or continue coverage in effect on the date the retired person dies. The dependent is not required to continue to receive retirement payments from the Public Employees' Retirement System to continue coverage.

3. Notice of the selection of the option must be given in writing to the last public employer of the officer or employee within 60 days after the date of retirement or death, as the case may be. If no notice is given by that date, the retired officer or employee and any dependents shall be deemed to have selected the option to cancel the coverage for the group insurance, plan of benefits or medical and hospital service established pursuant to NRS 287.010, 287.015, 287.020 or paragraph (b), (c) or (d) of subsection 1 of NRS 287.025 or coverage under the Public Employees' Benefits Program pursuant to paragraph (a) of subsection 1 of NRS 287.025.

4. The governing body of any county, school district, municipal corporation, political subdivision, public corporation or other local governmental agency of this State:

(a) May pay the cost, or any part of the cost, of coverage established pursuant to NRS 287.010, 287.015 or 287.020 or paragraph (b), (c) or (d) of subsection 1 of NRS 287.025 for persons who continue that coverage pursuant to subsection 1, but it must not pay a greater portion than it does for its current officers and employees.

(b) Shall, for each retired person covered under the Public Employees' Benefits Program, pay the portion of the total cost of coverage for the retired person under the Program that is equal to the difference between the total cost of coverage for the retired person and the amount of the premium paid by a similarly situated retired person with state service who participates in the Program for coverage under the Program.

5. The governing body of any county, school district, municipal corporation, political subdivision, public corporation or other local governmental agency of this State shall, for the purpose of establishing actuarial data to determine rates and coverage for persons who continue coverage for group insurance, a plan of benefits or medical and hospital service with the governing body pursuant to subsection 1, commingle the claims experience of those persons with the claims experience of active officers and employees and their dependents who participate in the group insurance, a plan of benefits or medical and hospital service.

(Added to NRS by 1967, 974; A 1979, 325, 1074; 1981, 246; 1985, 40; 1987, 504; 1993, 875; 1995, 1957; 1999, 3025; 2001, 951; 2001 Special Session, 95; 2003, 2738, 3250, 3262; 2007, 2869, 2870, 3143; 2009, 1582, 2355; 2011, 2737; 2017, 3652)

NRS 286.510 Eligibility: Age and service of police officers, firefighters and other employees; reduction of benefit for retirement before required age.

1. Except as otherwise provided in subsections 2 and 3, a member of the System:

(a) Who has an effective date of membership before January 1, 2010, is eligible to retire at age 65 if the member has at least 5 years of service, at age 60 if the member has at least 10 years of service and at any age if the member has at least 30 years of service.

(b) Who has an effective date of membership on or after January 1, 2010, and before July 1, 2015, is eligible to retire at age 65 if the member has at least 5 years of service, at age 62 if the member has at least 10 years of service and at any age if the member has at least 30 years of service.

(c) Who has an effective date of membership on or after July 1, 2015, is eligible to retire at age 65 if the member has at least 5 years of service, at age 62 if the member has at least 10 years of service, at age 55 if the member has at least 30 years of service and at any age if the member has at least 33 1/3 years of service. For the purposes of this paragraph, any year or part of a year of service purchased by a member pursuant to subsection 2 or 3 of NRS 286.300 or purchased on behalf of the member pursuant to subsection 4 of NRS 286.300 or as authorized by NRS 286.3005 and subsections 1 and 2 of NRS 286.3007 must not be considered in determining the number of years of service of a member unless the member has a family medical emergency. For the purposes of this paragraph, the Board shall define by regulation "family medical emergency" and set forth by regulation the circumstances in which purchased service credit may be considered in determining the number of years of service of a member who has a family medical emergency.

2. A police officer or firefighter:

(a) Who has an effective date of membership before January 1, 2010, is eligible to retire at age 65 if the police officer or firefighter has at least 5 years of service, at age 55 if the police officer or firefighter has at least 10 years of service, at age 50 if the police officer or firefighter has at least 20 years of service and at any age if the police officer or firefighter has at least 25 years of service.

(b) Who has an effective date of membership on or after January 1, 2010, and before July 1, 2015, is eligible to retire at age 65 if the police officer or firefighter has at least 5 years of service, at age 60 if the police officer or firefighter has at least 10 years of service and at age 50 if the police officer or firefighter has at least 20 years of service.

(c) Who has an effective date of membership on or after July 1, 2015, is eligible to retire at age 65 if the police officer or firefighter has at least 5 years of service, at age 60 if the police officer or firefighter has at least 10 years of service and at age 50 if the police officer or firefighter has at least 20 years of service. For the purposes of this paragraph, any year or part of a year of service purchased by a police officer or firefighter pursuant to subsection 2 or 3 of NRS 286.300 or subsection 7 of NRS 286.367 or purchased on behalf of the police officer or firefighter as authorized by NRS 286.3005 and subsections 1 and 2 of NRS 286.3007 must not be considered in determining the number of years of service of a police officer or firefighter unless the police officer or firefighter has a family medical emergency. For the purposes of this paragraph, the Board shall define by regulation "family medical emergency" and set forth by regulation the circumstances in which purchased service credit may be considered in determining the number of years of service of a police officer or firefighter who has a family medical emergency.

➤ Only service performed in a position as a police officer or firefighter, established as such by statute or regulation, service performed pursuant to subsection 3 and credit for military service, may be counted toward eligibility for retirement pursuant to this subsection.

3. Except as otherwise provided in subsection 4, a police officer or firefighter who has at least 5 years of service as a police officer or firefighter and is otherwise eligible to apply for disability retirement pursuant to NRS 286.620 because of an injury arising out of and in the course of the police officer's or firefighter's employment remains eligible for retirement pursuant to subsection 2 if:

(a) The police officer or firefighter applies to the Board for disability retirement and the Board approves the police officer's or firefighter's application;

(b) In lieu of a disability retirement allowance, the police officer or firefighter accepts another position with the public employer with which the police officer or firefighter was employed when the police officer or firefighter became disabled as soon as practicable but not later than 90 days after the Board approves the police officer's or firefighter's application for disability retirement;

(c) The police officer or firefighter remains continuously employed by that public employer until the police officer or firefighter becomes eligible for retirement pursuant to subsection 2; and

(d) After the police officer or firefighter accepts a position pursuant to paragraph (b), the police officer's or firefighter's contributions are paid at the rate that is actuarially determined for police officers and firefighters until the police officer or firefighter becomes eligible for retirement pursuant to subsection 2.

4. If a police officer or firefighter who accepted another position with the public employer with which the police officer or firefighter was employed when the police officer or firefighter became disabled pursuant to subsection 3 ceases to work for that public employer before becoming eligible to retire pursuant to subsection 2, the police officer or firefighter may begin to receive a disability retirement allowance without further approval by the Board by notifying the Board on a form prescribed by the Board.

5. Eligibility for retirement, as provided in this section, does not require the member to have been a participant in the System at the beginning of the police officer's or firefighter's credited service.

6. Any member who has the years of creditable service necessary to retire but has not attained the required age, if any, may retire at any age with a benefit actuarially reduced to the required retirement age. Except as otherwise required as a result of NRS 286.537, a retirement benefit pursuant to this subsection must be reduced:

(a) If the member has an effective date of membership before January 1, 2010, by 4 percent of the unmodified benefit for each full year that the member is under the appropriate retirement age, and an additional 0.33 percent for each additional month that the member is under the appropriate retirement age.

(b) If the member has an effective date of membership on or after January 1, 2010, by 6 percent of the unmodified benefit for each full year that the member is under the appropriate retirement age, and an additional 0.5 percent for each additional month that the member is under the appropriate retirement age.

➤ Any option selected pursuant to this subsection must be reduced by an amount proportionate to the reduction provided in this subsection for the unmodified benefit. The Board may adjust the actuarial reduction based upon an experience study of the System and recommendation by the actuary.

[Part 18:181:1947; A 1949, 174; 1951, 269] — (NRS A 1971, 623; 1975, 1048; 1981, 453; 1989, 1024; 1991, 2364; 1999, 972; 2001, 1288; 2003, 2060; 2009, 2352; 2015, 2725)

ELIGIBILITY AND EFFECTIVE DATES

A. ELIGIBILITY REQUIREMENTS

To participate as an Employee in the Plan described herein, an individual must be:

- an Employee in full-time active employment, as determined by the Employer, performing all customary duties of his/her occupation at his/her usual place of employment (or at a location to which the business of the Employer requires him to travel);
- an elected public official;
- an employee who has retired from the City of Reno pursuant to the Public Employees' Retirement System;
- a surviving spouse of an active or retired employee who expired prior to March 1, 1988;
- a surviving spouse of a retired employee who expired while receiving retirement benefits from the Public Employee System; or
- a surviving spouse of an active employee killed in the line of duty.
- A spouse and/or an otherwise eligible dependent under 26 years of a retired employee who terminates coverage in the plan due to Medicare eligibility.
- As of July 1, 2017, an employee who is (1) age 65 or older and has retired from the City of Reno pursuant to the Public Employees' Retirement System; and (2) is eligible for Medicare, or a surviving spouse of a retired employee who is: (1) age 65 or older; and (2) is eligible for Medicare, must be enrolled for Medicare Part A and Medicare Part B in order to be eligible for coverage under this Plan.

An active Employee will be deemed in "active employment" on each day he is actually performing services for the Employer and on each day of a regular paid vacation or on a regular non-working day, provided he was actively at work on the last preceding regular working day. An Employee will also be deemed in "active employment" on any day on which he is absent from work during an approved FMLA leave or solely due to his/her own health status (see "Non-Discrimination Due to Health Status" in the **General Plan Information** section). An exception applies only to an Employee's first scheduled day of work. If an Employee does not report for employment on his/her first scheduled workday, he will not be considered as having commenced active employment.

See the **Extensions of Coverage** section for instances when these eligibility requirements may be waived or modified.

Eligibility for Medicaid or the receipt of Medicaid benefits will not be taken into account in determining eligibility.

B. NINE MONTH EMPLOYEES

Employees classified as "Nine Month Employees", whose active employment with the City of Reno normally terminates after nine (9) months and is reinstated after a 3-month hiatus, will be allowed to have their coverage hereunder reinstated per the following guidelines below.

The "Nine Month Employees" are offered the option of continuing coverage under **COBRA Continuation Coverage** or letting the coverage lapse when the nine (9) months of employment end.

If coverage has been allowed to lapse, coverage reinstatement will be effective on the first day of the month in which active employment resumes. The premium calculation is as follows: if the employee returns to active employment from the 1st through the 15th of the month, their coverage premium will be calculated from the first day of the calendar month in which the active employment resumes. If the employee returns to active employment from the 16th through the last day of the month, the coverage premium will be calculated from the first day of the next calendar month.

Additionally, any amounts previously credited to the Deductible in the year the Employee returns to active employment will be carried over and credited to the Deductible after reinstatement.

See the **Extensions of Coverage** section for instances when these eligibility requirements may be waived or modified.

ELIGIBILITY AND EFFECTIVE DATES

Eligibility Requirements

To participate as an Employee in the Plan described herein, an individual must be:

- an Employee in full-time active employment, as determined by the Employer, performing all customary duties of his/her occupation at his/her usual place of employment (or at a location to which the business of the Employer requires him to travel);
- an elected public official;
- an employee who has retired from the City of Reno pursuant to the Public Employees' Retirement System;
- a surviving spouse of an active or retired employee who expired prior to March 1, 1988;
- a surviving spouse of a retired employee who expired while receiving retirement benefits from the Public Employee System; or
- a surviving spouse of an active employee killed in the line of duty.

An active Employee will be deemed in "active employment" on each day he is actually performing services for the Employer and on each day of a regular paid vacation or on a regular non-working day, provided he was actively at work on the last preceding regular working day. An Employee will also be deemed in "active employment" on any day on which he is absent from work during an approved FMLA leave or solely due to his/her own health status (see "Non-Discrimination Due to Health Status" in the **General Plan Information** section). An exception applies only to an Employee's first scheduled day of work. If an Employee does not report for employment on his/her first scheduled workday, he will not be considered as having commenced active employment.

See the **Extensions of Coverage** section for instances when these eligibility requirements may be waived or modified.

Eligibility for Medicaid or the receipt of Medicaid benefits will not be taken into account in determining eligibility.

Nine Month Employees – Employees classified as "Nine Month Employees", whose active employment with the City of Reno normally terminates after nine (9) months and is reinstated after a 3-month hiatus, will be allowed to have their coverage hereunder reinstated per the following guidelines below.

The "Nine Month Employees" are offered the option of continuing coverage under **COBRA Continuation Coverage** or letting the coverage lapse when the nine (9) months of employment end.

If coverage has been allowed to lapse, coverage reinstatement will be effective on the first day of the month in which active employment resumes. The premium calculation is as follows: if the employee returns to active employment from the 1st through the 15th of the month, their coverage premium will be calculated from the first day of the calendar month in which the active employment resumes. If the employee returns to active employment from the 16th through the last day of the month, the coverage premium will be calculated from the first day of the next calendar month.



STAFF REPORT

TO: Board of Trustees of the §501-c-9 Post-Retirement Medical Plan & Trust
FROM: Rosalinda Rodriguez, TMWA Human Resources Coordinator
DATE: 04/20/2021
SUBJECT: **Presentation and discussion regarding reinstatement of insurance by retired public officer or employee or surviving spouse per Nevada Revised Statute 287.45**

Discussion

Nevada Revised Statutes (NRS) 287.023 provides a retired officer or employee or dependent the option to cancel or continue group insurance, plan of benefits, medical and hospital service or coverage under Public Employees' Benefits Program; notice of selection of option; payment of costs for coverage. It is under this NRS that eligible TMWA retirees may continue on health plans offered by TMWA.

For retirees who elect not to continue on a health plan offered by their last public employer (TMWA) either at the time of their retirement or sometime following their retirement, NRS allows the option of rejoining their last public employer's (TMWA's) health plan if and when certain criteria have been met.

Under NRS 287.0475, TMWA has in the past allowed qualified individuals to rejoin our health plans in even numbered years. However, Nevada Revised Statutes (NRS) 287.0205, and 287.0475 both address the reinstatement of insurance by retired public officer or employee or surviving spouse.

After review of NRS 287.025 and 287.0475 and consideration of TMWA's communications to retirees, we have confirmed NRS 287.0475 applies to State Officers and Employees and NRS 287.0205, applies to officers and employees of local government agencies.

NRS 287.0205 states in part, "A public officer or employee of any county, school district, municipal corporation, political subdivision, public corporation or other local governmental agency of the state of Nevada who as retired...may, except as otherwise provided in NRS 287.0475, in any even-numbered year, reinstate any insurance, except life insurance, that, at the time of reinstatement is provide by the last public employer of the retired public office or employee to the active officers and employees and their dependents of that public employer.

Staff has asked the City of Reno to confirm that this does apply to our Retirees and if not, when and what are the requirements for rejoining our plan. Staff will ensure trustees are informed of the City's confirmation.

This is being brought to the board for informational purposes in general and due to the implications, this has on Agenda Item 13.

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%
Market Return				22.2%	18.4%	14.2%	15.2%	13.9%	10.4%
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%
Market Return				21.6%	7.6%	4.2%	7.4%	5.5%	3.3%
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%
Market Return				0.1%	8.6%	5.4%	3.9%	3.4%	3.6%
	\$ 1,218,058	0.0%	0.2%						
Total RBIF Fund	\$ 703,600,388	100.0%	100.0%	15.9%	15.1%	10.3%	10.8%	9.4%	7.5%
Market Return				15.7%	14.2%	9.9%	10.5%	9.2%	7.5%