



TRUCKEE MEADOWS WATER AUTHORITY
Section §115 Other Post-Employment Benefit Plan & Trust
Trustee Meeting
AGENDA
Tuesday October 19, 2021 at 12:30 p.m.
Independence Room
1355 Capital Boulevard, Reno, NV 89502

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 July 20, 2021 minutes. **(For Possible Action)**
5. Review and consideration for approval of request of reimbursement of premiums – Rosalinda Rodriguez **(For Possible Action)**
6. Discussion and interpretation for possible direction for staff regarding eligibility after separation of employment **(For Possible Action)**
7. Review of Retirement Benefits Investment Fund (RBIF) performance review—Michele Sullivan*
8. Discussion and possible Trustee direction regarding meetings being held only in person or a hybrid option (virtual and in person), and date and times for 2022—Rosalinda Rodriguez **(For Possible Action)**
9. Trustee comments and requests for future agenda items*
10. Public comment — limited to no more than three minutes per speaker*
11. Adjournment **(For Possible Action)**

NOTES:

1. The announcement of this meeting has been posted at the following locations: Truckee Meadows Water Authority (1355 Capital Blvd., Reno), Reno City Hall (1 E. First St., Reno), Sparks City Hall (431 Prater Way, Sparks), Sparks Justice Court (1675 E. Prater Way, Sparks), Washoe County Courthouse (75 Court St., Reno), Washoe County Central Library (301 South Center St., Reno), Washoe County Administration (1001 East Ninth St., Reno), and at <http://www.tmtwa.com>.
2. In accordance with NRS 241.020, this agenda closes three working days prior to the meeting. We are pleased to make reasonable accommodations for persons who are disabled and wish to attend meetings. If you require special arrangements for the meeting, please call 834-8002 before the meeting date.
3. 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.
4. Asterisks (*) denote non-action items.
5. Public comment is limited to three minutes and is allowed during the public comment periods. The public may sign-up to speak during the public comment period or on a specific agenda item by completing a "Request to Speak" card and submitting it to the clerk. In addition to the public comment periods, the Chairman has the discretion to allow public comment on any agenda item, including any item on which action is to be taken.



Section 115 Post-Retirement Medical Plan & Trust

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

DRAFT July 20, 2021 MINUTES

The meeting of the TMWA Section 115 Post-Retirement Medical Plan and Trust (Trust) Trustees was held on Tuesday, April 20, 2021 through a teleconference.

Michele Sullivan, Chairman, called the meeting to order at 12:35 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
Gus Rossi

Members Absent:

Mike Venturino

2. PUBLIC COMMENT

There was no public comment.

3. APPROVAL OF THE AGENDA

Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the agenda with a change to remove item 6- Review of Actuarial Analysis and reorder the items for the purpose of the minutes.

4. APPROVAL OF THE APRIL 20, 2021 MINUTES

Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the April 20, 2021 meeting minutes.

5. REVIEW OF CURRENT PEBS SUBSIDY CALCULATIONS

Ms. Atkinson advised that Trustees have in the past used the subsidy schedules published by Public Employee Benefit System (PEBS) of Nevada to establish the subsidy rates for Tier II retirees under TMWA's §115 OPEB Trust. PEBS published a rate schedule titled "Medicare Exchange Retiree HRA Contribution" for plan year 2022 (July 1, 2021-June 30, 2022). As approved in prior years, Ms. Atkinson recommends that these updated HRA contribution amounts be adopted as published and used to calculate the Tier II subsidy for retirees who have attained age 65 based on years of service.

Each fiscal year, PEBS also publishes a State and Non-State Retiree Years of Service Subsidy Schedule, which Trustees have adopted and used to calculate subsidy amounts for Tier II retirees who have not yet attained 65. This subsidy table, as published for plan year 2022 (July 1, 2021-June 30, 2022), is updated annually to coincide with the new fiscal year and the new base subsidy amount. In the past, Trustees have approved to use the base and supplemental subsidy amounts associated with the Statewide EPO/HMO Plan as this is the plan that most closely matches plans offered by TMWA. As approved in prior years, Ms. Atkinson Recommends that trustees adopt the proposed subsidy spreadsheet reviewed during the meeting with the calculations for Tier II retirees who are under the age of 65.

It was noted during the meeting that the Agenda packet did not include the correct amount for the calculations, the spreadsheet used for the calculations and verification was reviewed in front of Trustee's and this had the correct amounts with a base subsidy rate of \$593.39 for the Pre65 Tier II retirees.

Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the current PEBS subsidy rate reviewed on the spreadsheet, during this meeting for the fiscal year 2022.

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

Ms. Sullivan reviewed the last RBIF report dated March 31, 2021. The total RBIF current Fiscal Year to date (FYTD) return is 20.6%. market is doing very well and the overall return rate of 7.7% is good as a 6% has been historically earned.

For informational purposes only, no action required.

10. TRUSTEE COMMENTS AND REQUESTS FOR FUTURE AGENDA ITEMS

RBIF review

Actuarial

Audit

Reimbursement requests if applicable

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 12:52 a.m.

Minutes were approved by the Trustees in session on _____.

Respectfully Submitted,

Rosalinda Rodriguez, Recording Secretary

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

DATE RANGE From 01-01-2021
To 06-30-2021

RETRIEE INFORMATION:

Name:

Employee #: 50424

Address:

Phone #:

Expenses

Date Paid	Description (example: Monthly Premium)	Name of Provider (example: Anthem Blue Cross)	Cost	Total
	Medicare Part B	S.S.A.	148.50	
1-15-21	Med Sup PLAN G	Mutual of Omaha	128.26	276.56
	Medicare Part B	S.S.A.	148.50	
2-15-21	Med. Sup PLAN G	Mutual of Omaha	128.26	276.56
	Medicare Part B	S.S.A.	148.50	
3-15-21	Med Sup PLAN G	Mutual of Omaha	128.26	276.56
	Medicare Part B	S.S.A.	148.50	
4-15-21	Med. Sup PLAN G	Mutual of Omaha	128.26	276.56
	Medicare Part B	S.S.A.	148.50	
5-17-21	Med Sup PLAN G	Mutual of Omaha	128.26	276.56
	Medicare Part B	S.S.A.	148.50	
6-15-21	Med Sup PLAN G	Mutual of Omaha	128.26	276.56
			\$0.00	

Medicare Eligible?

☒ YES ☐ NO

Total

1660.56

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: 7/24/2021

OPEB Approval*: _____

Date: _____

Accounting Approval**: _____

Date: _____

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

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

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

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

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

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



Social Security Administration Benefit Verification Letter

Date: July 24, 2021

BN
RE



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

Public Hearing



City of Detroit
Office of the Mayor
1221 Griswold Street
Detroit, MI 48226

RECEIVED
CITY OF DETROIT
OFFICE OF THE MAYOR
1221 GRISWOLD STREET
DETROIT, MI 48226

You are asked to provide information for the public hearing. The information you provide will be used to determine if you are eligible for the program. The information you provide will be used to determine if you are eligible for the program.

Information about the program is available on the City of Detroit website. The information you provide will be used to determine if you are eligible for the program. The information you provide will be used to determine if you are eligible for the program.

We have a total of \$1,000,000 in the fund. The regular rate of contribution is \$1,000,000. The regular rate of contribution is \$1,000,000. The regular rate of contribution is \$1,000,000.

Social Security is a federal program. The regular rate of contribution is \$1,000,000. The regular rate of contribution is \$1,000,000. The regular rate of contribution is \$1,000,000.

You are asked to provide information for the public hearing. The information you provide will be used to determine if you are eligible for the program. The information you provide will be used to determine if you are eligible for the program.

From December 2019 to November 2020, the full monthly Social Security benefit before any deductions was \$1,157.50.

We have a total of \$1,000,000 in the fund. The regular rate of contribution is \$1,000,000. The regular rate of contribution is \$1,000,000. The regular rate of contribution is \$1,000,000.

The regular rate of contribution is \$1,000,000. The regular rate of contribution is \$1,000,000. The regular rate of contribution is \$1,000,000. The regular rate of contribution is \$1,000,000.

Type of Social Security benefit information

You are asked to provide information for the public hearing. The information you provide will be used to determine if you are eligible for the program. The information you provide will be used to determine if you are eligible for the program.



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.

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  You may use this number to get medical services while waiting for your Medicare card.

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

Date of Birth Information

The date of birth shown on our records is June 4, 1953.

Suspect Social Security Fraud?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

If You Have Questions

We invite you to visit our web site at www.socialsecurity.gov on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local office at 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

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Information: Social Security Number, Date of Birth, and Address

Beginning June 1, 2022, the Social Security Number, Date of Birth, and Address will be required for all new and existing members.

We believe Social Security Number, Date of Birth, and Address are the most important information for our members.

(The regular amount of Social Security Number, Date of Birth, and Address is \$2.00)
(We must receive this information within 30 days)

Benefits will be suspended if you do not provide this information.

Social Security Number, Date of Birth, and Address are required for all new and existing members. If you do not provide this information, your benefits will be suspended.

For more information, please contact your local Social Security office or call 1-800-772-1213.

Type of Social Security Benefit Information

You are entitled to monthly benefits based on the amount of the Social Security Number.

Medical Information

You are entitled to medical benefits based on the amount of the Social Security Number.

You are entitled to dental benefits based on the amount of the Social Security Number.

Your Social Security Number is used to determine your benefits. If you do not provide this information, your benefits will be suspended.

If you have a Social Security Number, please provide it to us. If you do not have a Social Security Number, please contact your local Social Security office for more information.

For more information, please contact your local Social Security office or call 1-800-772-1213.

The Social Security Number is used to determine your benefits.

Benefits will be suspended if you do not provide this information.

1-800-268-0271 (TTY 1-866-501-2101)

If You Have Questions

We are here to help you with any questions you may have. If you have a Social Security Number, please provide it to us. If you do not have a Social Security Number, please contact your local Social Security office for more information. We can help you with any questions you may have. If you have a Social Security Number, please provide it to us. If you do not have a Social Security Number, please contact your local Social Security office for more information.

For more information, please contact your local Social Security office or call 1-800-772-1213.

**Mutual of Omaha**

Policy Info

Policy Payor

Issue Date **09/01/2018**Paid to Date **08/01/2021**

Payment Details

Date Processed 01/15/2021

Amount Paid **\$128.26**

Generated: 07/24/2021 02:00 PM

**Mutual of Omaha®**

Policy Info

Policy Payor

Issue Date **09/01/2018**Paid to Date **08/01/2021**

Payment Details

Date Processed 02/15/2021

Amount Paid **\$128.26**

Generated: 07/24/2021 01:59 PM



Policy Info

Policy Payor

Issue Date **09/01/2018**Paid to Date **08/01/2021**

Payment Details

Date Processed 03/15/2021

Amount Paid **\$128.26**

Generated: 07/24/2021 01:59 PM



Policy Info

Policy Payor



Issue Date **09/01/2018**

Paid to Date **08/01/2021**

Payment Details

Date Processed 04/15/2021

Amount Paid **\$128.26**

Generated: 07/24/2021 01:58 PM



Policy Info

Policy Payor



Issue Date **09/01/2018**

Paid to Date **08/01/2021**

Payment Details

Date Processed 05/17/2021

Amount Paid **\$128.26**

Generated: 07/24/2021 01:58 PM



Policy Info

Policy Payor



Issue Date **09/01/2018**

Paid to Date **08/01/2021**

Payment Details

Date Processed 06/15/2021

Amount Paid **\$128.26**

Generated: 07/24/2021 01:57 PM



STAFF REPORT

TO: Trustees of the §115 Other Post Employment Benefits Trust
THRU:
DATE: October 19, 2021
SUBJECT: Interpretation of Trust plan for eligibility for a rehire

Recommendation

Staff is requesting Trustees consider the situation and questions identified below and assist in providing a response and direction to staff.

Summary

We recently received an email inquiry from a former employee who was hired at the time of the Washoe County merger in January of 2015 and was classified as a Tier II beneficiary. The individual separated service in February of 2015 to pursue another employment opportunity. This individual was not eligible for trust benefits at the time of separation as he was not enrolling into the Nevada Public Employees Retirement System (PERS).

This individual is asking about their benefit eligibility if they were to be rehired by TMWA in the future.

Staff requests Trustee interpretation on the following questions:

1. Is a former Tier II employee who separated TMWA service (not for retirement purposes) eligible to rejoin the OPEB trust if rehired? If so, will their new period of service be credited if eligible in the future to determine trust benefits?
2. If not rehired, are they eligible to apply for Trust benefits at a later point once they enroll in PERS and meet the other eligibility requirements?

Exhibit B on page 18 (attached and highlighted) of the Trust document states in part, that an eligible beneficiary who separated service from TMWA prior to his or her retirement, as in the case described above, may receive Trust benefits if TMWA was the last public employer. Staff is looking for direction as to if this pertains to public employment in the state of Nevada, or any public employment including public employment in other states or for the federal government. Additionally, staff seeks guidance whether a policy should be formalized describing this in more detail and describing the methods that will be used to determine and verify whether or not there was subsequent public employment. Any feedback from trustees would be taken in consideration when drafting the policy and the policy would be brought back to Trustee for formal review and adoption.

EXHIBIT B

ELIGIBILITY REQUIREMENTS FOR RETIREE TO RECEIVE BENEFITS

To be eligible to become a Participant and receive Benefits from the Trust, a Retiree must meet all the following requirements:

1. The Retiree must be a Tier I Retiree or Tier II Retiree (as defined in Section 2.13 of Article II of the Trust),
2. The Retiree must receive monthly retirement payments under the Public Employees Retirement System ("PERS") of Nevada, and
3. The Retiree must complete such forms to enroll for Benefits from the Trust as the Trustees may require from time to time.

In addition, a Retiree who separates from service from TMWA prior to his or her retirement may receive Benefits from the Trust if TMWA was the Retiree's last public employer, the Retiree satisfies the requirements described in paragraphs 1. through 3. above, and the Retiree meets any requirements of NRS Section 287.045, but only to the extent that NRS Section 287.045 is applicable to Benefits provided by the Trust.

Retirement Benefits Investment Fund

June 30, 2021

Performance Gross of Fees

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	\$ 413,539,906	50.5%	53.4%	40.7%	40.7%	18.6%	17.6%	14.8%	11.2%
Market Return				40.8%	40.8%	18.7%	17.7%	14.8%	11.1%
Int'l Stocks- MSCI World x US Index	\$ 171,619,448	21.5%	22.2%	33.7%	33.7%	8.9%	10.7%	6.3%	4.1%
Market Return				33.6%	33.6%	8.6%	10.5%	6.0%	3.9%
U.S. Bonds- U.S. Bond Index	\$ 184,332,344	28.0%	23.8%	0.1%	0.1%	5.8%	2.8%	3.3%	3.6%
Market Return				0.1%	0.1%	5.7%	2.8%	3.2%	3.5%
	\$ 4,345,257	0.0%	0.6%						
Total RBIF Fund	\$ 773,836,955	100.0%	100.0%	27.5%	27.5%	13.7%	12.3%	9.9%	8.0%
Market Return				26.9%	26.9%	13.2%	12.0%	9.7%	7.9%



STAFF REPORT

TO: Trustees of the §115 Other Post Employment Benefits (OPEB) Trust
FROM: Rosalinda Rodriguez, HR Coordinator
DATE: October 19, 2021
SUBJECT: Discussion and direction regarding meeting times and dates for 2022

Recommendation

TMWA staff recommends that the Board of Trustees provide input on the schedule proposed for the TMWA Other Post-Employment Benefits §115 Trust meetings as well as confirmation of meeting times.

Discussion

The regular schedule for the TMWA Other Post-Employment Benefits §115 Trust meetings has traditionally been quarterly on the third Tuesday of the month.

Should these meetings also be posted as in person, or as a Hybrid (virtual and in person)?

Staff recommends continuing with the current reoccurring schedule as follows:

2021 Trustee Meeting Dates Proposed

Tuesday, January 18	12:30 p.m.
Tuesday, April 19	12:30 p.m.
Tuesday, July 19	12:30 p.m.
Tuesday, October 18	12:30 p.m.