

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

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

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### **AGENDA**

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

**Tuesday, January 18, 2022 at 1:00 p.m.**

**Meeting by Teleconference**

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

NO PHYSICAL LOCATION IS BEING PROVIDED FOR THIS MEETING

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

**Phone: (775) 325-5404**

**Meeting ID: 479488503#**

1. Roll call\*
2. Public comment — limited to no more than three minutes per speaker\*
3. Approval of the agenda **(For Possible Action)**
4. Approval of the October 21, 2021 minutes **(For Possible Action)**
5. Discussion and direction on signing §501-c-9 Post-Retirement Medical Plan and Trust Board of Trustees Annual Pledge of Personal Commitment/Disclosure Form—Rosalinda Rodriguez \*
6. Review and approval of Post-Retirement Medical Plan & Trust calculation for TMWA Retiree Alan Draper- Rosalinda Rodriguez **(For Possible Action)**
7. Review and consideration for approval of request(s) for reimbursement of premiums — Rosalinda Rodriguez **(For Possible Action)**
8. Discussion and possible direction to staff regarding ACH transfers as a payment method for reimbursement requests—Sophia Cardinal **(For Possible Action)**
9. Presentation of the Budget for calendar year 2022 – Sophia Cardinal **(For Possible Action)**
10. Review of Retirement Benefits Investment Fund (RBIF) performance review—Michele Sullivan\*
11. Update regarding status of trust document subcommittee and revision\*
12. Trustee comments and requests for future agenda items\*
13. Public comment — limited to no more than three minutes per speaker\*
14. 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.tmwa.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.

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

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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.



## ***Post-Retirement Medical Plan & Trust***

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### **DRAFT October 19, 2021 MINUTES**

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The meeting of the TMWA Post-Retirement Medical Plan and Trust (Trust) Trustees was held on Tuesday, October 19, 2021.

Michele Sullivan, Chairman, called the meeting to order at 12:58 P.M.

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

A quorum was present.

Voting Members Present:

Michele Sullivan  
Juan Esparza  
James Weingart  
Steve Enos

Voting Members Absent

Members Present

Rosalinda Rodriguez  
Gus Rossi

Members Absent:

Jessica Atkinson  
Mike Venturino

2. PUBLIC COMMENT

There was no public comment

3. APPROVAL OF THE AGENDA

**Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the agenda.**

4. APPROVAL OF THE JULY 20, 2021 MINUTES

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

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

Ms. Rodriguez presented the benefits calculation for John Woods. Mr. Woods will retire on January 12, 2022, with a benefit effective date of February 1, 2022. Ms. Rodriguez met with the retiree and confirmed the information on the benefit calculation form. Mr. Woods has elected to continue on TMWA coverages as a Retiree + Spouse for medical dental and vision coverages. Mr. Woods has elected for any remaining premium balance paid from his RHS or PERS check.

**Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the benefits calculation for John Woods.**

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

Ms. Rodriguez presented the benefits calculation for Bradley Chase. Mr. Chase will retire on December 03, 2021 and is requesting trust benefits beginning on January 1, 2022. Ms. Rodriguez met with the retiree and confirmed the information on the benefit calculation form. Mr. Chase has elected to continue on TMWA coverage as Retiree and Spouse for medical, dental, and vision coverages. Mr. Chase has elected to have any remaining premium balance paid from his RHS or PERS check.

**Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the benefits calculation for Bradley Chase.**

7. REVIEW AND APPROVAL OF POST-RETIREMENT MEDICAL PLAN & TRUST CALCULATIONS FOR TMWA RETIREE TODD MILICH

Ms. Rodriguez presented the benefits calculation for Todd Milich. Mr. Milich will retire on January 18, 2022 and is requesting trust benefits beginning on February 1, 2022. Ms. Rodriguez met with the retiree and confirmed the information on the benefit calculation form. Mr. Milich has elected not to continue on TMWA coverage 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.

**Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the benefits calculation for Todd Milich.**

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

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

**Upon motion made and seconded, and carried by unanimous consent by the trustee's present, the reimbursement request for Medicare, RX coverage, paid through Social Security, were approved**

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

**Upon motion made and seconded, and carried by unanimous consent by the trustee's present, the reimbursement request for Medicare, RX coverage, paid through Social Security, were approved**

Ms. Rodriguez presented a reimbursement request received for United Healthcare supplemental coverage paid for directly by the retiree through AARP.

**Upon motion made and seconded, and carried by unanimous consent by the trustee's present, the reimbursement request for United Healthcare paid for directly by the retiree through AARP, were approved**

Ms. Rodriguez presented a reimbursement request received for supplemental United Health Care premiums paid for directly by the retiree.

**Upon motion made and seconded, and carried by unanimous consent by the trustee's present, the reimbursement request for United Healthcare paid for directly by the retiree.**

Ms. Rodriguez presented a reimbursement request received for Medicare paid for through Social Security and United Health Care premiums paid for directly by the Retiree.

**Upon motion made and seconded, and carried by unanimous consent by the trustee's present, the reimbursement request for Medicare premiums paid for through Social Security and for United Health care premiums paid for directly by the Retiree were approved**

Ms. Rodriguez presented a reimbursement request received for Medicare, RX part D, and Medicare supplement paid premiums paid for directly by the retiree.

**Upon motion made and seconded, and carried by unanimous consent by the trustee's present, the reimbursement request for Medicare, RX part D, and Medicare Supplemental premiums paid for directly by the retiree are approved**

Ms. Rodriguez presented a reimbursement request received for Medicare Part B paid for through Social Security.

**Upon motion made and seconded, and carried by unanimous consent by the trustee's present, the reimbursement request for Medicare Part B paid for through Social Security were approved**

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

Ms. Sullivan advised that the last RBIF to review is dated June 30, 2021. The Fiscal Year to Date return is 27.5% and the Market return year to date is 26.9%. The total RBIF fund return since inception is currently 8%, which is doing very well as we use an assumption of a 6% return as that is what has been historically earned.

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

10. 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

Ms. Rodriguez reviewed the proposed dates for calendar year 2022:

Tuesday January 18, 2022

Tuesday April 19, 2022

Tuesday July 19, 2022

Tuesday October 18, 2022

Held at the same time they have been scheduled for at 1:00 PM

Ms. Rodriguez requested Trustee direction for Staff on whether meetings should be held in person only or if they should be scheduled as a Hybrid (virtual or in person attendance options).

The Trustees present discussed and determined that the future meetings should be held as a hybrid model so those who can attend in person can but also have a virtual option available.

**Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved that future meetings be scheduled as Hybrid options beginning in the 2022 calendar year with the proposed date and times**

11. UPDATE REGARDING STATUS OF TRUST DOCUMENT REVISIONS

During the April 20, 2021 trust meeting, Ms. Atkinson advised that staff had received an inquiry from an employee considering retirement options asking about premium payment options. Based on this retiree's age, his preference was 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 as well as in the health plan documents 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 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...”

Ms. Atkinson had during that meeting recommended further review and revision of the VEBA document to ensure that there is no conflicting language. Ms. Atkinson also recommended 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.

Trustee's discussed Ms. Atkinson's recommendation and agreed that this should be reviewed and that the VEBA document should be revised to ensure there is no conflicting language with regards to the entire document, so no further revisions are needed. It was determined that a subcommittee would meet, this committee would consist of Human resources staff and Trustee's Juan Esparza and Steve Enos as they may have insight to the document's original intent. Once a draft is ready for review it will be brought before trustees for review and approval to then be presented for approval before the TMWA Board of Trustees.

As of the April meeting, trustee members Steve Enos, and Juan Esparza, along with HR Manager, Jessica Atkinson and HR Coordinator Rosalinda Rodriguez, met to review the current VEBA plan and discuss the original intent of the plan. An agenda item will be added for the next Trustee Meeting and the outcome of the subcommittee meeting will be presented.

**As of the July 20, 2021 meeting, there is no update to this item.**

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

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

Budget

RBIF

Reimbursement Requests

Trust document revision update if available

13. PUBLIC COMMENT

There was no public comment.

14. ADJOURNMENT

With no further business to discuss, Chairman Sullivan adjourned the meeting at 1:15 PM.

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

Respectfully Submitted,

\_\_\_\_\_  
Rosalinda Rodriguez, Recording Secretary

<b>Subject: Conflict of Interest and Disclosure Policy</b>			<b>COM001</b>
<b>Source:</b>			<b>Supersedes: N/A</b>
<b>Origination Date:</b> 01/11/2011	<b>Revision Date:</b>	<b>Reviewed Date:</b>	<b>Page</b> 1 of 9

## Post-Retirement Medical Plan & Trust Administrative Policy & Procedure

### **Purpose:**

The Board of Trustees of The Truckee Meadows Water Authority Post-Retirement Medical Plan and Trust (the "Trust") recognize that honesty, integrity, accountability, responsibility, openness and disclosure of financial relationships and interests are absolutely essential to the administration of the Trust.

The Board of Trustees of the Trust (sometimes referred to as the "Board") deems it necessary and appropriate that the highest standards of ethical behavior, accountability and responsibility be maintained. To achieve this end, the Board has adopted the following Conflict of Interest and Disclosure policy (the "Policy"). The purpose of this Policy is to protect the interests of the Trust and its participants when the Trust is contemplating entering into a transaction or arrangement that might benefit the private interest of a Trustee of the Trust. Even though the Trustees receive no compensation from the Trust for their service, the Board unanimously agrees that, in order to prevent any potential conflict of interest, there should be proper disclosure of those matters concerning potential conflicts that could arise. Full disclosure of any situation in doubt should be made so as to provide for an impartial and objective determination.

### **Definitions:**

For the purposes of this Policy:

- An "interested person" shall mean a Trustee, officer, or member of a Trust committee with governing board delegated powers, who has a direct or indirect financial interest, as defined below.
- An interested person has a "financial interest" if the person has, directly or indirectly, through business, investment or family:
  - (1) An ownership interest or investment interest in any entity with which the Trust has a transaction or arrangement;
  - (2) A compensation arrangement with the Trust or with any entity or individual with which the Trust has a transaction or arrangement; or
  - (3) A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which the Trust is negotiating a transaction or arrangement.
- The term "family" means a parent, spouse, sibling, child, grandparent, grandchild, great-grandchild, in-law, or domestic partner of an interested party, or any step relation to an interested person.



<b>Subject: Conflict of Interest Policy for Trustees</b>			<b>COM001</b>
<b>Source:</b>			<b>Supersedes: N/A</b>
<b>Origination Date:</b> 01/11/2011	<b>Revision Date:</b>	<b>Reviewed Date:</b>	<b>Page</b> 2 of 9

## Post Retirement Medical Plan & Trust Policy & Procedure

### **Covered Persons:**

This policy applies to the Trust and its Board. Trustees serve the participants of the Trust. All decisions of the Trustees are to be made solely on the basis of a desire to promote the best interests of the Trust and its participants.

Men and women of substance inevitably are involved in the affairs of other organizations. Trustees cannot consist of individuals entirely free from at least perceived conflicts of interest. Although most such potential conflicts are and will be deemed to be inconsequential, it is the Trustees' responsibility to ensure that they are made aware of situations that involve personal, familial, or business relationships that could be troublesome for the Trust. Thus, each Trustee and member of a Trust committee with governing board delegated powers is required to annually sign a statement which affirms that such person:

- Has received a copy of the Policy;
- Has read and understands the Policy;
- Has agreed to comply with the Policy;
- Has agreed to disclose any possible personal, familial, or business relationships that reasonably could give rise to a conflict of interest; and
- Understands that the Trust is exempt from Federal Income taxes and in order to maintain its federal tax exempt status it must engage in activities which accomplish one or more of its tax-exempt purposes.

### **Conflicts:**

#### **1. General Policy Statement Defining Conflicts of Interest.**

In addition to the specific circumstances that may be prohibited by federal or state law, the following situations may constitute an actual or potential conflict of interest:

- An interested person (as defined in Definition Section above) has a direct or indirect financial interest (as defined in Definition Section above) in a transaction involving the Trust;
- An interested person has a material financial interest in a transaction involving the Trust. This includes entities in which the interested person and all individuals or entities having significant relationships with the interested person own, in the aggregate, more than five (5) percent;
- An action by an interested person involving the Trust where the interested person may receive a personal gain or advantage;



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## Post Retirement Medical Plan & Trust Policy & Procedure

- An action or transaction involving the Trust which has or may have an adverse effect or impact on the Trust and results or may result in the personal gain of an interested person or family member of an interested person;
- An action or transaction involving the Trust, where an interested person obtains or assists in obtaining for a third party an improper gain from, or an unfair advantage, of the Trust; and
- An interested person or family member serves on the governing board of another private or governmental entity or organization which directly or indirectly has oversight over Trust investments.

### **Disclosure and Procedures Relating Thereto:**

#### **1. Duty to Disclose.**

In connection with any actual or possible conflict of interest, an interested person must disclose the existence of the actual or possible conflict of interest and be given the opportunity to disclose all material facts to the Trustees of the proposed transaction or arrangement, even if such interest, relationship or responsibility has otherwise generally been disclosed to the Trust. In addition, an interested person is required to disclose any adjudication of bankruptcy within the most previous five (5) years.

#### **2. Determining Whether a Conflict of Interest Exists.**

After disclosure of the actual or potential conflict of interest and all other material facts, and after any discussion with the interested person who makes the disclosure, he/she shall leave the Board while the determination of a conflict of interest is discussed and voted upon. The remaining members of the Board shall decide if a conflict of interest exists.

#### **3. Procedures for Addressing the Conflict of Interest.**

- a) An interested person may make a presentation at the Board meeting, but after the presentation, he/she shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement involving the possible conflict of interest.
- b) The Chairperson of the Board may, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement.

<b>Subject: Conflict of Interest Policy for Trustees</b>			<b>COM001</b>
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- c) After exercising due diligence, the Board shall determine whether the Trust can obtain with reasonable efforts a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest.
- d) If a more advantageous transaction or arrangement is not reasonably possible under circumstances not producing a conflict of interest, the Board shall determine by a majority vote of the disinterested Trustees whether the transaction or arrangement is in the Trust's best interest, for its own benefit, and whether to enter into the transaction or arrangement. In conformity with the above determination, it shall make its decision as to whether to enter into the transaction or arrangement.

#### 4. Violations of the Policy.

If the Board or committee has reasonable cause to believe an interested person has failed to disclose actual or possible conflicts of interest, it shall inform the interested person of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose.

If, after hearing the member's response and after making further investigation as warranted by the circumstances, the Board or committee determines the interested person has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

#### 5. Resignation.

In circumstances where an interested person has a significant, ongoing and irreconcilable conflict, and where such personal or outside interest, relationship or responsibility significantly impedes the interested person's ability to carry out his or her fiduciary responsibility to the Trust, resignation from the Trust or termination of the conflicting interest may be appropriate and/or required. Should an ongoing and irreconcilable conflict arise, the Trustees have the authority to remove an interested person from office as a Trustee before the 60 days indicated in the Trust plan document entitled "Removal and Resignation of Trustee."



<b>Subject: Conflict of Interest Policy for Trustees</b>			<b>COM001</b>
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## Post Retirement Medical Plan & Trust Policy & Procedure

- 6. Records of Proceedings.** The minutes of the governing board and all committees with board delegated powers shall contain:
- a) Names of persons who disclosed or had a financial interest.  
The names of the persons who disclosed or otherwise were found to have a financial interest in connection with an actual or possible conflict of interest, the nature of the financial interest, any action taken to determine whether a conflict of interest was present, and the governing board's decision as to whether a conflict of interest in fact existed.
  - b) Names of Persons Present for Discussions.  
The names of the persons who were present for discussions and votes relating to the transaction or arrangement, the content of discussion, including any alternatives to the proposed transaction or arrangement, and a record of any votes taken in connection with the proceedings.
- 7. Compensation.**
- a) Trustee Precluded on Voting on own Compensation.  
A Trustee who receives compensation, directly or indirectly, from the Trust for services is precluded from voting on matters pertaining to that member's compensation.
  - b) Committee Member Precluded on Voting on own Compensation.  
A voting member of any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the Trust for services is precluded from voting on matters pertaining to that member's compensation.
  - c) Prohibition from Providing Compensation Information.  
A Trustee or voting member of a committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the Trust, either individually or collectively, is prohibited from providing information to any committee regarding compensation.

<b>Subject: Conflict of Interest Policy for Trustees</b>			<b>COM001</b>
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## Post Retirement Medical Plan & Trust Policy & Procedure

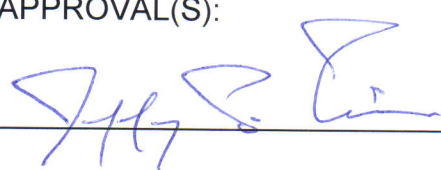
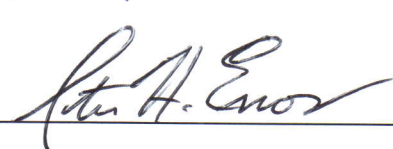
### 8. Periodic Reviews.

To ensure the Trust operates in a manner consistent with charitable purposes and does not engage in activities that could jeopardize its tax-exempt status, periodic reviews shall be conducted. The periodic reviews shall, at a minimum, include the following subjects:

- a) Compensation Arrangements and Benefits.  
Whether compensation arrangements and benefits, if any, are reasonable, based on competent survey information, and the result of arm's length bargaining.
- b) Arrangements conform to Trust's Policies, etc.  
Whether partnerships, joint ventures, and arrangements with other organizations conform to the Trust's written policies, are properly recorded, reflect reasonable investment or payments for goods and services, further charitable purposes and do not result in inurement, impermissible private benefit or in an excess benefit transaction.
- c) Use of Outside Experts.  
When conducting the periodic reviews as provided for in Section 8, the Trust may, but need not, use outside advisors. If outside experts are used, their use shall not relieve the Board of its responsibility for ensuring periodic reviews are conducted.

<b>Subject: Conflict of Interest Policy for Trustees</b>			<b>COM001</b>
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## Post Retirement Medical Plan & Trust Policy & Procedure

Supersedes:	N/A
Source:	N/A
<b>REFERENCES:</b> <ul style="list-style-type: none"> <li>▪ Truckee Meadows Water Authority Post-Retirement Medical Plan &amp; Trust (As Restated) plan document</li> <li>▪ Pledge of Personal Commitment Document</li> </ul>	
<b>APPROVAL(S):</b>  <div style="text-align: center;">   <hr style="width: 80%; margin: 0 auto;"/> </div> <div style="text-align: center;">   <hr style="width: 80%; margin: 0 auto;"/> </div>	<b>Title</b>  <div style="text-align: center;">Chairman, PRMT Board of Trustees</div> <div style="text-align: center;">Vice Chairman, PRMT Board of Trustees</div>



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

**RETRIEE INFORMATION:**

 DATE RANGE From 10-1  
 To 12-1

Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

**Expenses**

Date Paid	Description (example: Monthly Premium)	Name of Provider (example: Anthem Blue Cross)	Cost	Total
10-1	Medicare Premium	Medicare	297. <sup>00</sup>	\$ 297 -
11-1	"	"	"	\$ 297 -
12-1	"	"	"	\$ 297 -
				\$ -
				\$ -
				\$ -
				\$ -
Medicare Eligible? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				Total \$ 0.00 891. <sup>00</sup>

**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: 4-11-21

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.



## Social Security Administration

### Important Information

Date: November 25, 2020

TRUCKEE MEADOWS  
APR 14 2021  
WATER AUTHORITY



We review Social Security benefits each year to make sure they keep up with the cost of living. Your Social Security benefits will increase by 1.3% in 2021 because of a rise in the cost of living.

The law requires some people to pay higher premiums for their Medicare Part B (Medical Insurance) and Part D (Prescription Drug Plan) because of their income. These increases in the premiums are called the Income-Related Monthly Adjustment Amounts (IRMAA). Based on your income, you are required to pay IRMAA. We use information from the Internal Revenue Service (IRS) to decide if you will need to pay IRMAA. The information in this letter is for one year only.

### How Much You Will Get

This letter explains your benefit amount, your Medicare premiums, your IRMAA, and what you can do if you disagree or your situation has changed. The information below shows your monthly benefit amount before and after deductions:

- Your new 2021 monthly benefit amount before deductions is: - [REDACTED]
- Your 2021 monthly deduction for the Medicare Part B premium is: - \$297.00
  - \$148.50 for the standard Medicare premium, plus
  - \$148.50 for the Medicare Part B IRMAA based on your 2019 income tax return
- Your 2021 deduction for Medicare Part D IRMAA based on your 2019 income tax return is: - [REDACTED]
- Your deduction for voluntary tax withholding is: - [REDACTED]
- Your benefit amount after deductions that will be deposited into your bank account or sent in your check on January 13, 2021 is: - [REDACTED]

The Treasury Department requires Federal benefit payments to be made electronically. If you still receive a paper check, please visit the Department of the Treasury's Go

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

DATE RANGE From Oct. 2021  
To Dec. 2021

## RETRIEE INFORMATION:

Name: [REDACTED]

Employee #: 50078

Address: [REDACTED]

Phone #: [REDACTED]

## Expenses

Date Paid	Description (example: Monthly Premium)	Name of Provider (example: Anthem Blue Cross)	Cost	Total
Oct, Nov. Dec.	Monthly Premium	United Healthcare (Supplemental)	\$187.43 x 3 mos.	\$ 562.29
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
			\$0.00	
Medicare Eligible? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>Dollars owed</u> <span style="background-color: black; color: black;">[REDACTED]</span> = \$479.76				Total \$ 562.29

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

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

Retiree Signature: [REDACTED]

Date: 12/20/21

PRMPT Approval\*:

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

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

Accounting Approval\*\*:

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

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



## Withdrawals and other subtractions - continued

### Other subtractions

Date	Description	Amount
09/14/21	CARDMEMBER SERVICE Bill Payment	[REDACTED]
09/15/21	EDWARD JONES DES:INVESTMENT ID:26843 XXXXXXXX [REDACTED] CO	[REDACTED]
09/16/21	Catholic Services Appeal Bill Payment	[REDACTED]
09/16/21	Little Flower Ca DES:DONATION ID: [REDACTED] CO ID:6470751402 WEB	[REDACTED]
09/24/21	US TREASURY DES:PAYMENT CHECK #:6512 INDN:PUSB85212660031775 CO ID:2009290085 ARC	[REDACTED]
09/30/21	FX Order	[REDACTED]
09/30/21	STATE FARM BANK Bill Payment	[REDACTED]
10/01/21	NV ENERGY Bill Payment	[REDACTED]
10/04/21	Online scheduled payment to LOC 8600 Confirmation# 3134568734	[REDACTED]
10/05/21	UnitedHealthcare DES:PREMIUM ID:3430418891 [REDACTED] D CO ID:1836282001 PPD	-187.43 ✓
10/05/21	SYNCHRONY BANK DES:PAYMENT ID:650172443226603 [REDACTED] CO ID:1061537262 TEL	[REDACTED]
10/05/21	AT&T LOCAL AND LONG DISTANCE Bill Payment	[REDACTED]
10/05/21	UnitedHCMedicare DES:MedInsPymt ID:000001037766305 [REDACTED] D CO ID:9000447048 PPD	-23.90 ✓
10/06/21	TRUCKEE MEADOWS WATER AUTHORITY Bill Payment	[REDACTED]
<b>Total other subtractions</b>		[REDACTED]

### Checks

Date	Check #	Amount
09/20/21	6511	-95.00

Date	Check #	Amount
10/06/21	6514*	-1,696.62
<b>Total checks</b>		<b>-\$1,791.62</b>
<b>Total # of checks</b>		<b>2</b>

\* There is a gap in sequential check numbers

## Withdrawals and other subtractions - continued

### Other subtractions

Date	Description	Amount
11/05/21	TRUCKEE MEADOWS WATER AUTHORITY Bill Payment	
11/05/21	UnitedHealthcare DES:PREMIUM ID:3430418891 [REDACTED] D CO ID:1836282001 PPD	-187.43 ✓
11/05/21	SYNCHRONY BANK DES:PAYMENT ID:650172443226603 [REDACTED] CO ID:1061537262 TEL	
11/05/21	B's Lawn & Pest Control Svcs Bill Payment	
11/05/21	UnitedHCMedicare DES:MedInsPymt ID:000001043063983 [REDACTED] D CO ID:9000447048 PPD	-23.90 ✓
11/10/21	Costco Membership Bill Payment	
11/10/21	Waste Management of Nevada Bill Payment	
11/12/21	CARDMEMBER SERVICE Bill Payment	
11/15/21	EDWARD JONES DES:INVESTMENT ID:26843FXXXXXXX [REDACTED] CO [REDACTED]	
11/16/21	Catholic Services Appeal Bill Payment	
11/16/21	Little Flower Ca DES:DONATION ID: [REDACTED] CO ID:6470751402 WEB	
11/16/21	City of Sparks Bill Payment	
11/18/21	CITI CARDS Bill Payment	
11/19/21	NV TLR cash withdrawal from CHK 3201	
11/30/21	STATE FARM BANK Bill Payment	
12/03/21	NV ENERGY Bill Payment	
12/03/21	AT&T LOCAL AND LONG DISTANCE Bill Payment	
12/03/21	TRUCKEE MEADOWS WATER AUTHORITY Bill Payment	
12/06/21	UnitedHealthcare DES:PREMIUM ID:3430418891 [REDACTED] D CO ID:1836282001 PPD	-187.43 ✓
12/06/21	SYNCHRONY BANK DES:PAYMENT ID:650172443226603 [REDACTED] CO ID:1061537262 TEL	
12/06/21	UnitedHCMedicare DES:MedInsPymt ID:000001048869707 [REDACTED] D CO ID:9000447048 PPD	-23.90 ✓
<b>Total other subtractions</b>		<b>-\$8,270.63</b>





PO BOX 30607  
Salt Lake City, UT 84130-0607

Toll-Free # 1-800-523-5800

December 20, 2021

AARP Membership # [REDACTED]

Insured Member: [REDACTED]

Dear [REDACTED]

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

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

**Why did you receive this letter?**

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

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

Plan Name	Coverage Period	Monthly Amount Due	Number of Months	Total Amount Received
AARP Medicare Supplement Plan G	09-01-2021 - 12-31-2021	\$102.99	4	\$411.96

**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
  - 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
  - Los sábados de 9 a.m. a 5 p.m., hora del este

Thank you for being a valued customer.

Sincerely,

Member Services Department

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.



4938  
64-8023/3212

8/23/2021 Date

Pay to the Order of Humana Insurance Co \$ 68<sup>80</sup>

Sixty-Eight and 80/100 Dollars

Sierra Pacific Federal Credit Union

Sept - Dec 2021 Rx Premium

for 666508324-001

Security Features Consult on Back

ORD-Humana 08/30/21 4600 ABS.OF

# Humana Billing



[Billing Accounts](#) / Recent payment activity

## Recent payment activity

Billing ID: [REDACTED]

Prescription Drug

Your past 18 months of payment history including scheduled and processed payments are documented here.

01/02/2022 Scheduled Auto-pay	[REDACTED]	
08/30/2021 Processed One-time	[REDACTED]	\$68.80
05/24/2021 Processed One-time	[REDACTED]	[REDACTED]
04/05/2021 Processed One-time	[REDACTED]	[REDACTED]

Sept, Oct, Nov & Dec  
Premiums 2021



Thank you for being a valued Humana member.

Your first draft will occur on 01/02/2022 and then on the 2nd of every month thereafter using DC-VISA-\*6317.

Please keep the following for your records.

Member name	[REDACTED]
Billing ID	[REDACTED]
Debit day	2
First scheduled payment date	01/02/2022

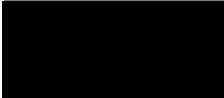
Medicare Premiums:

I am requesting reimbursement for my September – December 2021 Medicare premiums in the amount of \$594. I was submitting quarterly payments to Social Security in the amount of \$445.50 until receipt of my first SS check received in November 2021. Medicare premiums were and will continue to be deducted from my Social Security check.


I have attached pages 1 and 5 of my Social Security Retirement Benefit letter (pg 5 shows benefit amount after Medicare premium deduction). I have also attached 3 copies of my bank transaction specific to the quarterly Medicare premium payment paid on or about August 30, 2021, and November and December's Social Security deposits (minus the Medicare premiums).

I would anticipate that the backup documentation sufficiently supports my reimbursement claim.

Thank you.






Description                      Draft# 4937  
Detail Description      CMS MEDICARE PAYMENT, 08-30-2021 @ : 0 Trace #:041036016595849  
Date                              Aug 30, 2021  
Transaction Amount    -\$445.50  
New Balance                
Reference Number      4937

Medicare Premium for:

Sept, Oct & Nov = \$445.50  
November Refund (\$148.50) from SS  
November Premium  
deducted from      148.50  
SS check      \$148.50  
December deducted  
from SS check

<u>Description</u>	<u>XXSOC SEC</u>
Detail Description	SSA TREAS 310 XXSOC SEC, 11-10-2021 @ : 0 Trace #:031036034888462
Date	Nov 10, 2021
Transaction Amount	\$1,605.00
New Balance	
Reference Number	20528

October  
Medicare Premium deducted from  
SS check

<u>Description</u>	<u>XXSOC SEC</u>
Detail Description	SSA TREAS 310 XXSOC SEC, 12-08-2021 @ : 0 Trace #:031036034876441
Date	Dec 8, 2021
Transaction Amount	\$1,605.00
New Balance	<del>22671</del>
Reference Number	22671

November  
Medicare Premium deducted from  
SS Check

**Social Security Administration**  
**Retirement, Survivors and Disability Insurance**  
Notice of Award

Western Program Service Center  
P.O. Box 2000  
Richmond, California 94802-1791  
Date: October 9, 2021  
BNC#: 21MS628G51528-A



0000333 00033788 3 MB 0.485 1005M3MCS5PB T280 P12



MARIA I DUFUR  
4230 BILLY DR  
RENO, NV 89502-5397

You are entitled to monthly retirement benefits beginning October 2021.

**What We Will Pay And When**

- You will receive \$1,605.00 for October 2021 around November 10, 2021.
- After that you will receive \$1,605.00 on or about the second Wednesday of each month.
- These and any future payments will go to the financial institution you selected. Please let us know if you change your mailing address, so we can send you letters directly.
- Later in this letter, we will show you how we figured these amounts.

**Your Benefits**

We reduced your Social Security benefits starting October 2021. This is the first month you received a pension based on work not covered by Social Security taxes.

When you receive this type of pension, we may apply the Windfall Elimination Provision to your Social Security benefits. This changes the way we figure your benefit amount. Your benefit amount is less than it would be if you were not receiving the pension.

To learn more about how non-covered pensions affect Social Security benefits, please see our factsheet titled "Windfall Elimination Provision". You can get this factsheet at [www.socialsecurity.gov/pubs/EN-05-10045.pdf](http://www.socialsecurity.gov/pubs/EN-05-10045.pdf) online. You can also call, write, or visit us to get the factsheet.

Enclosure(s):  
Pub 05-10077

## PAYMENT SUMMARY

### Your Regular Monthly Payment

Here is how we figured your  
regular monthly payment effective October 2021:

You are entitled to a monthly benefit of .....\$ 1,753.60

Amounts we subtracted because of:

- premiums for medical insurance ..... 148.50

This equals ..... 1,605.10

- rounding (we must round down to  
a whole dollar) ..... .10

This equals the amount of  
your regular monthly payment .....\$ 1,605.00





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

## RETRIEE INFORMATION:

DATE RANGE From Oct 1, 2021  
To Dec 30, 2021

Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

## Expenses

Date Paid	Description (example: Monthly Premium )	Name of Provider (example: Anthem Blue Cross )	Cost	Total
Oct	Monthly	Medicare from Social Security		\$ 207.90
Nov	" "	" "		\$ 207.90
Dec	" "	" "		\$ 207.90
Oct	Monthly	United Health Care Supplement		\$ 103.00
Nov	" "	" "		\$ 103.00
Dec	" "	" "		\$ 103.00
			Total	932.70
Medicare Eligible?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Reimbursable Total	\$ 805.09

### 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: 1/2/2022

PRMPT Approval\*: \_\_\_\_\_

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

\* Indicates \_\_\_\_\_ the reimbursement

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



# Social Security Administration Benefit Verification Letter

Date: September 9, 2021

\*0101BEV710SWN94\* CCM.M72.BEV71.R210910

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 April 2021, the full monthly Social Security benefit before any deductions is [REDACTED].

We deduct \$207.90 for medical insurance premiums each month.

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

OCT, 2021  
Nov, 2021  
Dec, 2021 = \$ 623.70

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 Wednesday of each month.

## Type of Social Security Benefit Information

You are entitled to monthly retirement benefits.

## Medicare Information

You are entitled to hospital insurance under Medicare beginning April 2021.

You are entitled to medical insurance under Medicare beginning April 2021.

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

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

See Next Page

**Description****Debit****Credit Balance**December 1, 2021

United Health Ca SPFCU MBR IB ELECTRONIC, 12-01-2021 @ : 0 Trace #:321280230000018	-\$103.00	\$1,977.18
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November 1, 2021

United Health Ca SPFCU MBR IB ELECTRONIC, 11-01-2021 @ : 0 Trace #:321280230000009	-\$103.00	\$2,180.07
--	-----------	------------

October 7, 2021

Oct United Healt SPFCU MBR IB ELECTRONIC, 10-07-2021 @ : 0 Trace #:321280230000012	-\$103.00	\$1,511.34
--	-----------	------------

*from Sierra Pacific Credit Union  
 Checking electronic transfer  
 to United Health care for  
 Medicare Supplement Insurance*



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

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



---

**TO:** Board of Trustees of the Post-Retirement Medical Plan & Trust  
**FROM:** Sophia Cardinal, TMWA Principal Accountant  
**DATE:** January 18, 2022  
**SUBJECT:** Discussion and direction regarding ACH transfers as a payment method

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**Recommendation**

TMWA staff recommends the Trustees approve using ACH transfers as a payment method to retirees.

**Discussion**

TMWA staff recently received a few complaints from retirees regarding the turnaround time for reimbursement requests. To expedite the payment process, staff would like to disburse funds through ACH transfers rather than paper checks. Dual trustee authorization for payment would still be required.

The switch would result in an increase in transaction costs associated with ACH transfers and a decrease in transaction costs associated with check issuances. Staff believes the net difference would be negligible.

Overall, staff believes using ACH transfers as a payment method to retirees could reduce the overall wait time for reimbursement requests by one to two weeks. Further, TMWA is implementing a new Human Resources Information System which will likely also provide process improvements in the future.

**Background**

Section 4.1.6 of the Post-Retirement Medical Plan & Trust as restated on September 20, 2017 states that “post-retirement benefits shall be made in a time and manner specified by the Trustees upon receipt of proof of coverage and payment of premiums”. The Plan does not explicitly outline which payment methods are acceptable and which are not.

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

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



---

**TO:** Board of Trustees of the Post-Retirement Medical Plan & Trust  
**FROM:** Sophia Cardinal, TMWA Principal Accountant  
**DATE:** January 18, 2022

**SUBJECT: Presentation of the Budget for Calendar Year 2022**

---

**Recommendation**

TMWA staff recommends the Trustees approve the calendar year 2022 budget.

**Discussion**

The following report is attached:

- Truckee Meadows Water Authority Post-Retirement Medical Plan & Trust (PRMPT) Budget for Calendar Year 2022

The budget reflects expected additions to and deductions from PRMPT during the year. The following items are noteworthy for 2022:

- The most recent actuarial valuation determined that TMWA does not need to contribute anything to the trust, so the budget for Employer Contributions is zero. TMWA conducts an actuarial analysis every two years to make sure funding levels are adequate.
- Net Appreciation (Depreciation) in Fair Value of Investment is not budgeted as unrealized gains and losses are difficult to accurately predict.
- The budget for Benefits Paid is \$523,500 and covers health premiums, life insurance premiums, and reimbursements to retirees for outside coverage.
- Trust activity is projected to result in a net decrease of \$168,600, primarily due to the reduced employer contributions noted above.
- As of December 2021, PRMPT provides benefits to 58 retirees.

**Truckee Meadows Water Authority  
Post-Retirement Medical Plan & Trust  
Budget for Calendar Year 2022**

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**Additions**

Contributions	
Employer	\$ -
Plan Members	127,400
<b>Total Contributions</b>	<b>127,400</b>
Investment Income	
Net appreciation (depreciation) in fair value of investment	-
Investment income	253,200
Less investment expenses	(5,500)
<b>Net investment income</b>	<b>247,700</b>
<b>Total Additions</b>	<b>375,100</b>

**Deductions**

Benefits paid	523,500
Administrative expenses	20,200
<b>Total Deductions</b>	<b>543,700</b>
<b>Net Increase (Decrease)</b>	<b>\$ (168,600)</b>