

§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 19, 2022 at 1:00 p.m. Independence Room: 1355 Capital Blvd. Reno, NV 89520 and Teleconference

MEMBERS OF THE PUBLIC MAY ATTEND TELPHONICALLY BY CALLING THE NUMBER LISTED BELOW.
(be sure to keep your phones on mute, and do not place the call on hold)

Phone: (775) 325-5404

Meeting ID: 898 033 638#

1. Roll call*
2. Public comment — limited to no more than three minutes per speaker*
3. Approval of the agenda **(For Possible Action)**
4. Discussion and request to appoint TMWA §501-c-9 Post-Retirement Medical Plan and Trust Trustee Chairperson based on resignation of previous Chief Financial Officer— Rosalinda Rodriguez **(For Possible Action)**
5. Approval of the January 18, 2022 minutes **(For Possible Action)**
6. Review and approval of Post-Retirement Medical Plan & Trust calculation for TMWA Retiree Pat Nielson- Rosalinda Rodriguez **(For Possible Action)**
7. Review and approval of Post-Retirement Medical Plan & Trust calculation for TMWA Retiree Lisa Simcoe- Rosalinda Rodriguez **(For Possible Action)**
8. Review and approval of Post-Retirement Medical Plan & Trust calculation for TMWA Retiree Brent Eisert- Rosalinda Rodriguez **(For Possible Action)**
9. Review and consideration for approval of request(s) for reimbursement of premiums. — Rosalinda Rodriguez **(For Possible Action)**
10. Review of Retirement Benefits Investment Fund (RBIF) performance review—Matt Bowman*
11. Update regarding status of trust document subcommittee and revision*--Rosalinda Rodriguez
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), Sparks City Hall (431 Prater Way, Sparks), at <http://www.tmwa.com>, and State of Nevada Public Notice Website, <https://notice.nv.gov/>.
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 (775) 834-8294 at least 24 hours before the meeting date.

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

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

3. Staff reports and supporting material for the meeting are available at TMWA and on the TMWA website at <http://www.tmwa.com/meeting/>. 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. 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.
7. In the event the Chairman and Vice-Chairman are absent, the remaining Board members may elect a temporary presiding officer to preside over the meeting until the Chairman or Vice-Chairman are present (**Standing Item of Possible Action**).
8. Notice of possible quorum of Western Regional Water Commission: Because several members of the Truckee Meadows Water Authority Board of Directors are also Trustees of the Western Regional Water Commission, it is possible that a quorum of the Western Regional Water Commission may be present, however, such members will not deliberate or take action at this meeting in their capacity as Trustees of the Western Regional Water Commission.



STAFF REPORT

TO: Board of Trustees of the Post-Retirement Medical Plan & Trust
THRU: Jessica Atkinson, TMWA Human Resources Manager
DATE: April 19, 2022
SUBJECT: **Discussion of Trustee appointment to the TMWA §501-c-9 Post-Retirement Medical Trust**

Summary

- One of the two trustees appointed by TMWA has resigned.
- The General Manager has appointed Matthew Bowman as a trustee to the §501-c-9 TMWA Post-Retirement Medical Plan and Trust through December 31, 2022.
- Trust provisions required a final confirmation of trustee appointments by the TMWA Board, which occurred on March 16, 2022.

Background

The §501-c-9 Trust document approved by the Board of Directors requires the Employer to appoint four individuals to serve as Trustees (two from the MPAT classification and two from IBEW). The two Trustees who are appointed from TMWA management are to be appointed by the Employer at the direction of the General Manager and the two Trustees who are appointed from IBEW are to be appointed by the Employer at the direction of IBEW Local 1245.

A vacancy exists due to the resignation of trustee Michele, Sullivan. Matthew Bowman was appointed as her replacement through the remainder of Ms. Sullivan's two-year term ending on December 31, 2022. Mr. Bowman's appointment has been made by the General Manager consistent with the Trust provisions and confirmed by the TMWA Board effective March 16, 2022.

Post-Retirement Medical Plan & Trust

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



DRAFT January 18, 2022 MINUTES

The meeting of the TMWA Post-Retirement Medical Plan and Trust (Trust) Trustees was held on Tuesday, January 18, 2022.

Michele Sullivan, Chairman, called the meeting to order at 01:01 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 OCTOBER 21, 2021 MINUTES

Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the October 21, 2021 minutes.

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

Ms. Rodriguez advised that this is just to officially document the Trustees signing the annual disclosure forms, this is informational only. Trustees need to review and sign the pledge of personal commitment/disclosure form and return them to Ms. Rodriguez

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

Ms. Rodriguez presented the benefits calculation for Alan Draper. Mr. Draper will retire on April 04, 2022, with a benefit effective date of May 1, 2022. Ms. Rodriguez met with the retiree and confirmed the information on the benefit calculation form. Mr. Draper has elected to continue on TMWA coverages as a Retiree + Spouse for medical dental and vision coverages. Mr. Draper 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 Alan Draper.

7. 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 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 Health Care premiums paid for directly by the retiree were approved

Ms. Rodriguez presented a reimbursement request received for Medicare Premiums, Humana RX coverage, and AARP United Healthcare supplement coverages 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, Humana RX coverage, and AARP United Healthcare supplemental coverages paid for directly by the retiree, were approved

Ms. Rodriguez presented a reimbursement request received for supplemental Medicare premiums paid for through Social Security, and for United Health Care supplemental coverage 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 United Health Care supplemental coverage paid for directly by the retiree were approved.

8. DISCUSSION AND POSSIBLE DIRECTION TO STAFF REGARDING ACH TRANSFERS AS A PAYMENT METHOD FOR REIMBURSEMENT REQUESTS

Matthew Bowman, Financial Controller presented for Ms. Sophia Cardinal in her absence. Mr. Bowman advised that staff had received recent complaints in regard to 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 payments would still be required.

The proposed change would result in an increase in transaction costs associated with ACH transfers and decrease in transaction costs associated with check issuance. Staff believes the net difference would be negligible.

This would not be something that would be implemented immediately, and staff is just looking for trustee approval to begin researching and changing the method of payment to retirees. Staff does not want to begin to research and change the process without approval. If approved a new system would need to be used, also want to move the accounting from Quickbooks and into Microsoft Dynamics 365, perhaps in the next six months, and the new HRIS system would need to be selected and implemented before ACH payment could be used as a method.

A motion was made and seconded and carried by unanimous consent by the trustee's present the request to implement ACH as a payment method for retirees was approved.

9. PRESENTATION OF THE BUDGET FOR CALENDAR YEAR 2022

Mr. Bowman presented the budget for calendar year 2022 in Ms. Cardinal's absence. Mr. Bowman advised that there are increases related to more upcoming retirements and more benefits being paid out. There are no employer contributions to be made in 2022, based on the actuarial analyses The trust is adequately funded and investment returns have done well that is why there is a \$0 for Employer contributions.

A motion was made and seconded, and carried by unanimous consent by the trustee's present the request to approve the 2022 budget was approved.

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

Ms. Sullivan advised that there is no new updated RBIF this will be deferred to the next meeting for review.

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

During that meeting, Ms. Atkinson 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 October 21, 2021, meeting, there is no update to this item. This is still pending and once an update is available it will be brought to the trustees.

This was for informational purposes only, no action required.

12. TRUSTEE COMMENTS AND REQUEST FOR FUTURE AGENDA ITEMS*

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 1:17 PM.

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

DATE RANGE From 1-1-21
To 12-31-21

RETRIEE INFORMATION:

Name: _____

Employee #: 50077

Address: _____

Phone #: _____

Expenses

Date Paid	Description (example: Monthly Premium)	Name of Provider (example: Anthem Blue Cross)	Cost	Total
2021	Monthly Medical	Blue Cross Blue Shield	Jan-\$222.44; Feb-Dec \$239.56	\$ 2,857 -60
2021	Monthly Dental	MetLife	Jan-\$46.36; Feb-Dec \$42.88	\$ 518 -04
2021	Monthly Vision	VSP	Jan-\$14.45; Feb-Dec \$14.45	\$ 173 -40
				\$ -
				\$ -
				\$ -
			\$0.00	
Medicare Eligible? <u>YES</u> <u>X</u> NO				Total \$ 3,549 -04

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 14, 2022

PRMPT Approval*: _____

Date: _____

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

Accounting Approval**: _____

Date: _____

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

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

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

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

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

TRUCKEE MEADOWS WATER AUTHORITY
POST-RETIREMENT MEDICAL PLAN & TRUST - MEDICAL PREMIUM EXPENSE REIMBURSEMENT
2021 MEDICAL, DENTAL AND VISION PAID PREMIUMS FOR [REDACTED]
EMPLOYEE # 50077

Below is an itemized list of my 2021 paid premiums. Attached is documentation.

	PREMIUM												TOTAL
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
[REDACTED]	\$ 222.44	\$ 239.56	\$ 239.56	\$ 239.56	\$ 239.56	\$ 239.56	\$ 239.56	\$ 239.56	\$ 239.56	\$ 239.56	\$ 239.56	\$ 239.56	\$2,857.60
[REDACTED]	\$ 164.55	\$ 170.31	\$ 170.31	\$ 170.31	\$ 170.31	\$ 170.31	\$ 170.31	\$ 170.31	\$ 170.31	\$ 170.31	\$ 170.31	\$ 170.31	
Total monthly	\$ 386.99	\$ 409.87	\$ 409.87	\$ 409.87	\$ 409.87	\$ 409.87	\$ 409.87	\$ 409.87	\$ 409.87	\$ 409.87	\$ 409.87	\$ 409.87	

	PREMIUM												
DENTAL - METLIFE													
[REDACTED]	\$ 46.36	\$ 42.88	\$ 42.88	\$ 42.88	\$ 42.88	\$ 42.88	\$ 42.88	\$ 42.88	\$ 42.88	\$ 42.88	\$ 42.88	\$ 42.88	\$ 518.04
[REDACTED]	\$ 46.35	\$ 42.88	\$ 42.88	\$ 42.88	\$ 42.88	\$ 42.88	\$ 42.88	\$ 42.88	\$ 42.88	\$ 42.88	\$ 42.88	\$ 42.88	
Total monthly	\$ 92.71	\$ 85.76	\$ 85.76	\$ 85.76	\$ 85.76	\$ 85.76	\$ 85.76	\$ 85.76	\$ 85.76	\$ 85.76	\$ 85.76	\$ 85.76	

	PREMIUM												
VISION - VSP													
[REDACTED]	\$ 14.45	\$ 14.45	\$ 14.45	\$ 14.45	\$ 14.45	\$ 14.45	\$ 14.45	\$ 14.45	\$ 14.45	\$ 14.45	\$ 14.45	\$ 14.45	\$ 173.40
[REDACTED]	\$ 14.41	\$ 14.41	\$ 14.41	\$ 14.41	\$ 14.41	\$ 14.41	\$ 14.41	\$ 14.41	\$ 14.41	\$ 14.41	\$ 14.41	\$ 14.41	
Total monthly	\$ 28.86	\$ 28.86	\$ 28.86	\$ 28.86	\$ 28.86	\$ 28.86	\$ 28.86	\$ 28.86	\$ 28.86	\$ 28.86	\$ 28.86	\$ 28.86	

2021 TOTAL PREMIUMS FOR [REDACTED] \$3,549.04



Retirement Services

UNITED STATES
OFFICE OF PERSONNEL MANAGEMENT
RETIREMENT PROGRAMS
BOYERS, PA 18017

2021 Summary of Payment

Description	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Gross Amount of Annuity													
Basic LI Premium Until 65 (If ret after 1/1/90)													
Blue Cross/Blue Shield Service Benefit Plan-Basic	-\$386.99	-\$409.87	-\$409.87	-\$409.87	-\$409.87	-\$409.87	-\$409.87	-\$409.87	-\$409.87	-\$409.87	-\$409.87	-\$409.87	-\$4,895.56
Federal Dental Insurance	-\$92.71	-\$85.76	-\$85.76	-\$85.76	-\$85.76	-\$85.76	-\$85.76	-\$85.76	-\$85.76	-\$85.76	-\$85.76	-\$85.76	-\$1,036.07
Federal Income Tax (Citizen)													
Federal Vision Insurance	-\$28.86	-\$28.86	-\$28.86	-\$28.86	-\$28.86	-\$28.86	-\$28.86	-\$28.86	-\$28.86	-\$28.86	-\$28.86	-\$28.86	-\$346.32
FERS Annuity Supplement													
Net Amount of Annuity													

* 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, 2021, 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.

2021 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 agreement: NALC.
- **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 bargaining unit employees who are represented by the following agreements: APWU, IT/AS, NPMHU, NPPN and NRLCA. 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

Nationwide

Standard Option Self Only	104	\$241.58	\$123.45	\$523.42	\$267.48	\$120.09	\$110.03
Standard Option Self Plus One	106	\$517.46	\$280.81	\$1,121.16	\$608.43	\$273.62	\$252.06
Standard Option Self and Family	105	\$562.25	\$300.12	\$1,218.21	\$650.26	\$292.31	\$268.89

Nationwide

Basic Option Self Only	111	\$235.82	\$78.60	\$510.93	\$170.31	\$75.46	\$65.24
Basic Option Self Plus One	113	\$517.46	\$189.17	\$1,121.16	\$409.87	\$181.98	\$160.42
Basic Option Self and Family	112	\$562.25	\$201.27	\$1,218.21	\$436.08	\$193.46	\$170.04



2021 FEDVIP dental payment history

The information displayed below reflects transactions from 1/1/2021 through 12/28/2021.

Transaction date	Description	Pre-tax	Post tax
12/03/2021	Annuity Payment		\$85.76
11/04/2021	Annuity Payment		\$85.76
10/06/2021	Annuity Payment		\$85.76
09/08/2021	Annuity Payment		\$85.76
08/05/2021	Annuity Payment		\$85.76
07/07/2021	Annuity Payment		\$85.76
06/04/2021	Annuity Payment		\$85.76
05/06/2021	Annuity Payment		\$85.76
04/06/2021	Annuity Payment		\$85.76
03/04/2021	Annuity Payment		\$85.76
02/04/2021	Annuity Payment		\$85.76
01/07/2021	Annuity Payment		\$92.71
Sub-totals		\$0.00	\$1,036.07
Year-to-Date Total:			\$1,036.07

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	\$18.76	\$37.51	\$56.27	\$40.65	\$81.27	\$121.92
2	\$19.79	\$39.58	\$59.37	\$42.88	\$85.76	\$128.64
3	\$22.89	\$45.77	\$68.66	\$49.60	\$99.17	\$148.76
4	\$24.90	\$49.80	\$74.70	\$53.95	\$107.90	\$161.85
5	\$27.74	\$55.48	\$83.22	\$60.10	\$120.21	\$180.31

Rating Area	Standard - Bi-Weekly			Standard - Monthly		
	Self Only	Self Plus One	Self and Family	Self Only	Self Plus One	Self and Family
1	\$9.72	\$19.45	\$29.17	\$21.06	\$42.14	\$63.20
2	\$10.34	\$20.67	\$31.01	\$22.40	\$44.79	\$67.19
3	\$11.53	\$23.06	\$34.58	\$24.98	\$49.96	\$74.92
4	\$12.72	\$25.44	\$38.16	\$27.56	\$55.12	\$82.68
5	\$14.12	\$28.25	\$42.37	\$30.59	\$61.21	\$91.80



2021 FEDVIP vision payment history

The information displayed below reflects transactions from 1/1/2021 through 12/28/2021.

Transaction date	Description	Pre-tax	Post tax
12/03/2021	Annuity Payment		\$28.86
11/04/2021	Annuity Payment		\$28.86
10/06/2021	Annuity Payment		\$28.86
09/08/2021	Annuity Payment		\$28.86
08/05/2021	Annuity Payment		\$28.86
07/07/2021	Annuity Payment		\$28.86
06/04/2021	Annuity Payment		\$28.86
05/06/2021	Annuity Payment		\$28.86
04/06/2021	Annuity Payment		\$28.86
03/04/2021	Annuity Payment		\$28.86
02/04/2021	Annuity Payment		\$28.86
01/07/2021	Annuity Payment		\$28.86
Sub-totals		\$0.00	\$346.32
Year-to-Date Total:			\$346.32

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

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

DATE RANGE From Jan. 2022
To Mar. 2022

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	Monthly Premium	United Healthcare	\$187.43 x 3 mos.	\$ 562.29
March		(Supplemental)		\$ -
				\$ -
				\$ -
				\$ -
				\$ -
			\$0.00	
Medicare Eligible? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Dollars Owed <u>\$479.76</u>			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: _____

Date: 3/15/22

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
12/30/21	STATE FARM BANK Bill Payment	
01/03/22	AT&T LOCAL AND LONG DISTANCE Bill Payment	
01/04/22	Online Banking transfer to CHK 8925 Confirmation# 3532288045	
01/04/22	TRUCKEE MEADOWS WATER AUTHORITY Bill Payment	
01/05/22	NV ENERGY Bill Payment	
01/05/22	UnitedHealthcare DES:PREMIUM ID:3430418891 [REDACTED] D CO ID:1836282001 PPD	-187.43 ✓
01/05/22	SYNCHRONY BANK DES:PAYMENT ID:650172443226603 INDN: [REDACTED] CO ID:1061537262 TEL	
01/05/22	UnitedHCMedicare DES:MedInsPymt ID:000001055872285 INDN: [REDACTED] D CO ID:9000447048 PPD	-36.00 ✓
01/06/22	WASHOE COUNTY TREASURER NV Bill Payment	
01/06/22	WASHOE COUNTY TREASURER NV Bill Payment	
Total other subtractions		

Checks

Date	Check #	Amount	Date	Check #	Amount
12/29/21	6521		12/20/21	6524	28.00
12/13/21	6522		12/28/21	6525	
01/04/22	6523				
Total checks					
Total # of checks					

Withdrawals and other subtractions

ATM and debit card subtractions

Date	Description	Amount
02/22/22	BKOFAMERICA ATM 02/20 #000008087 WITHDRWL MIDTOWN RENO RENO NV	

Total ATM and debit card subtractions

Other subtractions

Date	Description	Amount
02/04/22	NV ENERGY Bill Payment	
02/04/22	TRUCKEE MEADOWS WATER AUTHORITY Bill Payment	
02/07/22	UnitedHealthcare DES:PREMIUM ID:3430418891 [REDACTED] D CO ID:1836282001 PPD	-187.43 ✓
02/07/22	SYNCHRONY BANK DES:PAYMENT ID:6501724432 [REDACTED] CO ID:1061537262 TEL	
02/07/22	UnitedHCMedicare DES:MedInsPymt ID:000001061849656 [REDACTED] D CO ID:9000447048 PPD	-36.00 ✓
02/08/22	Citi Cards Bill Payment	
02/08/22	Cardmember Service Bill Payment	
02/11/22	City of Sparks Bill Payment	
02/11/22	Waste Management of Nevada Bill Payment	
02/15/22	EDWARD JONES DES:INVESTMENT ID:26843FXXXXXXXX [REDACTED] CO ID:9430345812 PPD	
02/16/22	Little Flower Ca DES:DONATION ID: INDN:Deborah Sotero CO ID:6470751402 WEB	
02/28/22	STATE FARM BANK Bill Payment	
03/04/22	NV ENERGY Bill Payment	
03/04/22	AT&T LOCAL AND LONG DISTANCE Bill Payment	
03/07/22	UnitedHealthcare DES:PREMIUM ID:3430418891 [REDACTED] D CO ID:1836282001 PPD	-187.43 ✓
03/07/22	SYNCHRONY BANK DES:PAYMENT ID:650172443226603 [REDACTED] CO ID:1061537262 TEL	
03/07/22	B's Lawn & Pest Control Svcs Bill Payment	
03/07/22	TRUCKEE MEADOWS WATER AUTHORITY Bill Payment	
03/07/22	UnitedHCMedicare DES:MedInsPymt ID:000001068578668 [REDACTED] D CO ID:9000447048 PPD	-36.00 ✓
03/08/22	Washoe County Treasurer NV Bill Payment	
03/08/22	Washoe County Treasurer NV Bill Payment	

Total other subtractions

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

RETRIEE INFORMATION:
DATE RANGE From 1-22
To 3-22

Name: _____

Employee #: _____

Address: _____

Phone #: _____

Expenses

Date Paid	Description (example: Monthly Premium)	Name of Provider (example: Anthem Blue Cross)	Cost	Total
1-2022	Medicare	Medicare	\$170.10	\$ 170.10
2-2022	"	"	"	\$ 170.10
3-2022	"	"	"	\$ 170.10
				\$ -
				\$ -
				\$ -
				Total \$ 0.00 510.30

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: 2-14-22

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.

Your New Benefit Amount

04/19/2022 PRMT §501c-9 Agenda Item 09 C

BENEFICIARY'S NAME: [REDACTED]

Your Social Security benefit will increase by **5.9%** in 2022 because of a rise in the cost of living. You can use this letter as proof of your benefit amount if you need to apply for food, rent, or energy assistance. You can also use it to apply for bank loans or for other business. Keep this letter with your important financial records.

How Much You Will Get

Your monthly benefit before deductions [REDACTED]

Deductions:

Medicare Medical Insurance (If you did not have Medicare as of November 18, 2021 or if someone else pays your premium, we show \$0.00)	-\$170.10
--	-----------

Medicare Prescription Drug Plan (We will notify you if the amount changes in 2022. If you did not elect withholding as of November 1, 2021, we show \$0.00)	-\$0.00
---	---------

U.S. Federal tax withholding	-\$0.00
------------------------------	---------

Voluntary Federal tax withholding (If you did not elect voluntary tax withholding as of November 18, 2021, we show \$0.00)	[REDACTED]
--	------------

After we take any other deductions, you will receive [REDACTED]
the payment you are due for December 2021 on or about January 12, 2022.

The information above shows your monthly benefit amount before and after deductions. Please remember, we will pay you in the month following the month for which it is due.

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 Direct website at www.godirect.gov to request electronic payments.

If you disagree with any of these amounts, you must file an appeal with us within 60 days from the date you receive this letter. We will assume you got this letter 5 days after the date of the letter, unless you show us that you did not get it within the 5-day period. The fastest and easiest way to file an appeal is to visit <https://secure.ssa.gov/iApp/INMD/start> online.

If You Have Questions

- Visit us at www.ssa.gov online.
- Call us toll-free at 1-800-772-1213 (TTY 1-800-325-0778).
- Contact your nearest Social Security office.

1170 HARVARD WAY
RENO NV 89502

Other Help For Older Adults and People with Disabilities

The Administration for Community Living offers older adults and people with disabilities a way to connect to a variety of community services and resources.

For Older Adults: Eldercare Locator at 1-800-677-1116 or www.eldercare.acl.gov

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

RETRIEE INFORMATION:
DATE RANGE From 1/1/2021

To 12/31/2021

Name:

Employee #: 50070

Address:

Phone #:

Expenses

Date Paid	Description (example: Monthly Premium)	Name of Provider (example: Anthem Blue Cross)	Cost	Total
1/1 to 11/30/2021	Medicare payments for self and spouse	Medicare	297.00	\$3,267.00 -
December, 2021	Medicare payments for self and spouse	Medicare	340.20	\$340.20 -
January 2021	Prescription Health Insurance for self and spouse	AARPUnitedHealthCare	410.59	\$410.59 -
2/1 to 12/31/2021	Prescription Health Insurance	AARPHHealthCare	426.16	\$4,687.76 -
1/1 to 12/31/2021	MedicareRX for self and spouse	Anthem	42.80	\$513.60 -
				\$ -
Medicare Eligible? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				Total \$9,219.15 -

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: 12/23/2021

PRMPT Approval*:

Date:

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

Accounting Approval**:

Date:

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

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

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

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

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

Payment history

Print

Payments submitted and posted in the last 5 days will show in both posted payments and recent payments.

Recent payments

We have no records of any payment made here through your account (online by credit or debit card) in the past 5 days.

Posted payments

These payments posted to your account. Payments get applied first to any past owed amounts, then Part B, Part A, and lastly Part D IRMAA.

Post date

12/20/2021

Payment method

Medicare Easy Pay

Payment applied to

Applied to Part B	\$170.10
Applied to Part A	\$0.00
Applied to Part D IRMAA	\$0.00
Total amount posted	\$170.10

Payment Table

Post date

11/22/2021

Payment method

Medicare Easy Pay

Payment applied to

Applied to Part B	\$148.50
Applied to Part A	\$0.00
Applied to Part D IRMAA	\$0.00
Total amount posted	\$148.50

Payment Table

Post date

10/20/2021

Payment method

Medicare Easy Pay

Payment applied to

Applied to Part B	\$148.50
-------------------	----------

Applied to Part A	\$0.00
-------------------	--------

Applied to Part D IRMAA	\$0.00
-------------------------	--------

Total amount posted	\$148.50
----------------------------	-----------------

Payment Table

Post date

09/20/2021

Payment method

Medicare Easy Pay

Payment applied to

Applied to Part B	\$148.50
-------------------	----------

Applied to Part A	\$0.00
-------------------	--------

Applied to Part D IRMAA	\$0.00
-------------------------	--------

Total amount posted	\$148.50
----------------------------	-----------------

Payment Table

Post date

08/20/2021

Payment method

Medicare Easy Pay

Payment applied to

Applied to Part B	\$148.50
-------------------	----------

Applied to Part A	\$0.00
-------------------	--------

Applied to Part D IRMAA	\$0.00
-------------------------	--------

Total amount posted	\$148.50
----------------------------	-----------------

Payment Table

Post date

07/20/2021

Payment method

Medicare Easy Pay

Payment applied to

Applied to Part B	\$148.50
-------------------	----------

Applied to Part A	\$0.00
-------------------	--------

Applied to Part D IRMAA	\$0.00
-------------------------	--------

Total amount posted	\$148.50
----------------------------	-----------------

Payment Table

Post date

06/21/2021

Payment method

Medicare Easy Pay

Payment applied to

Applied to Part B \$148.50

Applied to Part A \$0.00

Applied to Part D IRMAA \$0.00

Total amount posted \$148.50**Payment Table**

Post date

05/20/2021

Payment method

Medicare Easy Pay

Payment applied to

Applied to Part B \$148.50

Applied to Part A \$0.00

Applied to Part D IRMAA \$0.00

Total amount posted \$148.50**Payment Table**

Post date

04/20/2021

Payment method

Medicare Easy Pay

Payment applied to

Applied to Part B \$148.50

Applied to Part A \$0.00

Applied to Part D IRMAA \$0.00

Total amount posted \$148.50**Payment Table**

Post date

03/22/2021

Payment method

Medicare Easy Pay

Payment applied to

Applied to Part B \$148.50

Applied to Part A \$0.00

Applied to Part D IRMAA \$0.00

Total amount posted \$148.50

Payment applied to

Payment Table

Post date

02/22/2021

Payment method

Medicare Easy Pay

Payment applied to

Applied to Part B \$148.50

Applied to Part A \$0.00

Applied to Part D IRMAA \$0.00

Total amount posted \$148.50

Payment Table

Post date

01/20/2021

Payment method

Medicare Easy Pay

Payment applied to

Applied to Part B \$148.50

Applied to Part A \$0.00

Applied to Part D IRMAA \$0.00

Total amount posted \$148.50

Payment Table

Premium Payment History

Payment history for [REDACTED]

Plan name(s): AARP MEDICARE SUPPLEMENT PLAN

Member ID: [REDACTED]

From: December 24, 2020

To: December 22, 2021

Payment date	Amount	Status	Payment method
12/01/2021	\$426.16	Processed	EFT
11/01/2021	\$426.16	Processed	EFT
10/01/2021	\$426.16	Processed	EFT
09/01/2021	\$426.16	Processed	EFT
08/01/2021	\$426.16	Processed	EFT
07/01/2021	\$426.16	Processed	EFT
06/01/2021	\$426.16	Processed	EFT
05/01/2021	\$426.16	Processed	EFT
04/01/2021	\$426.16	Processed	EFT
03/01/2021	\$426.16	Processed	EFT
02/01/2021	\$426.16	Processed	EFT
01/01/2021	\$410.59	Processed	EFT
Total amounts	\$5,098.35		

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

DATE RANGE From 1/1/2022

To 4/30/2022

RETRIEE INFORMATION:

Name:

Employee #: 50055

Address:

Phone #:

Expenses

Date Paid	Description (example: Monthly Premium)	Name of Provider (example: Anthem Blue Cross)	Cost	Total
1/1-4/1/2022	Medicare Premium	US Dept of Health & Human Services CMS	\$170.10	\$680.40 -
1/1-4/1/2022	Prescription Pt D	Humana	\$22.70	\$90.80 -
1/1-4/1/2022	Medicare Supplement	AARP United Healthcare	\$102.99	\$411.96 -
				\$ -
				\$ -
				\$ -
Medicare Eligible? _____ YES _____ NO				Total \$1,183.16 -

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: 4/1/2022

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.

Attached is a copy of my social security benefit breakdown, which reflects the monthly Medicare premium of \$170.10/month.

[SSA](#) Benefit & Payment Details, my Social Security

n Letter

ive Social Security benefits? Here's your official letter

erpayments

Amount can change depending on the types of benefit you receive, including our premiums or deductions.

Payment Type

^ Social Security (Retirement)

How we calculated this payment...

Monthly Benefit Amount:	\$1,856.10
Credits & Adjustments:	\$0.00
Medicare Premium(s):	-\$170.10
Overpayment Withholding:	-\$0.00
Other Deductions:	-\$0.00
Total Payment:	\$1,686.00

Humana Billing



Billing ID: [REDACTED]

[Billing Accounts](#) / Recent payment activity

Recent payment activity

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

Balance as of today: \$0.00

[Billing account history](#)

		
05/02/2022	DC-VISA-*6317	
Scheduled Auto-pay	DCD-666508336	
▼		
		
04/02/2022	DC-VISA-*6317	\$22.70
Processed Auto-pay	DCD-666508335	
▼		
		
03/02/2022	DC-VISA-*6317	\$22.70
Processed Auto-pay	DCD-666508334	
▼		
		
02/02/2022	DC-VISA-*6317	\$22.70
Processed Auto-pay	DCD-666508333	
▼		



01/02/2022
Processed Auto-pay

DC-VISA-*6317
DCD-666508323

\$22.70



08/30/2021
Processed One-time

Check -#4938
CHK-666508616

\$68.80



05/24/2021
Processed One-time

Check -#4912
CHK-666508603

\$51.60



04/05/2021
Processed One-time

Check -#4899
CHK-666508597

\$34.40



02/09/2021
Processed One-time

Check -#4880
CHK-666508576

\$17.20



© Humana 2022

[Legal](#)

[Privacy practices](#)

[Internet privacy statement](#)

Premium Payment History

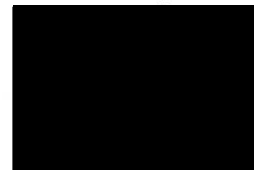
04/19/2022 PRMT §501c-9 Agenda Item 09 E

Payment history for [REDACTED]
Plan name(s): AARP MEDICARE SUPPLEMENT PLAN
Member ID: 335514569-12
From: October 13, 2021
To: April 10, 2022

Payment date	Amount	Status	Payment method
* 04/01/2022	\$342.32	Processed	EFT
* 03/01/2022	\$342.32	Processed	EFT
* 02/01/2022	\$342.32	Processed	EFT
* 01/01/2022	\$342.32	Processed	EFT
12/01/2021	\$342.32	Processed	EFT
11/01/2021	\$342.32	Processed	EFT
Total amounts	\$2,053.92		

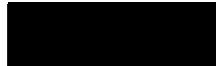
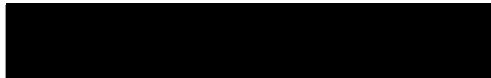
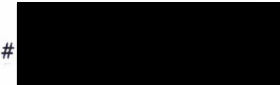
This amount represents [REDACTED] my monthly AARP premiums. My portion is \$102.99/month.

Thanks!



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

RETRIEE INFORMATION:
DATE RANGE From January 1, 2022

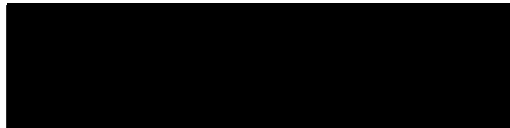
 To March 31, 2022
Name:

Employee #: cn50068
Address:

Phone #


Expenses

Date Paid	Description (example: Monthly Premium)	Name of Provider (example: Anthem Blue Cross)	Cost	Total
Jan. - March	Monthly Premium	Medicare "Part B"	\$170.10 per month X three months	\$510.30 -
				\$0.00 -
				\$0.00 -
				\$0.00 -
				\$0.00 -
				\$0.00 -
				0.00
Medicare Eligible? <u> X </u> YES <u> </u> NO				Total \$510.30 -

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: 04/01/2022
PRMPT Approval*:

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

Date:
Accounting Approval:**

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

Date:



Social Security Administration Benefit Verification Letter

Date: April 1, 2022

0101BEV2M1HW KHJ C

BEV2N

Information About Current Social Security Benefits

We deduct \$170.10 for medical insurance premiums each month. *Medicare "Part B"*

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

Information About Past Social Security Benefits

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

Type of Social Security Benefit Information

You are entitled to hospital insurance under Medicare beginning November 2014.

See Next Page

DATE RANGE From January, 2022
To April, 2022

Employee #: _____

Phone #: [REDACTED]

Date Paid	Description (example: Monthly Premium)	Name of Provider (example: Anthem Blue Cross)	Cost	Total
Jan-april 2022	Monthly Premium	Medicare	238.10 x 4 months	\$ 952 -40
Jan-april	Part D Drug Coverage	United Health Care	36.00 x 4 months	\$ 144 -00
				\$ -
				\$ -
				\$ -
				\$ -
Medicare Eligible? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				Total \$ 1,096 -40

Medicare Eligible? ✓ YES NO

$$\text{Reimbursable} = 268.35 \times 4 = \$1,073.40$$

Total	\$ 1,096	-40
--------------	----------	-----

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.

Date: 4/5/02

Date: _____

* Indicates _____ the reimbursement

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

APR 06 2022

WATER AUTHORITY



Social Security Administration Benefit Verification Letter

Date: March 8, 2022

0101BEV1V1F9ISO CCM.M72.BEV1V.R220308

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 2021, the full monthly Social Security benefit before any deductions is ~~238.10~~

We deduct \$238.10 for medical insurance premiums each month.

The regular monthly Social Security payment is \$~~238.10~~
(We must round down to the whole dollar.)

*238.10 Medicare
per month*

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.

Information About Past Social Security Benefits

From April 2021 to November 2021, the full monthly Social Security benefit before any deductions was ~~238.10~~.

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

The regular monthly Social Security payment was ~~238.10~~
(We must round down to the whole dollar.)

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.

See Next Page

Description**Debit Credit Balance**April 5, 2022MedInsPymt UnitedHCMedicare MedInsPymt, 04-05-2022 @ : 0 Trace
#:021001030030616

-\$36.00

\$1,964.04

March 7, 2022MedInsPymt UnitedHCMedicare MedInsPymt, 03-07-2022 @ : 0 Trace
#:021001039669197

-\$36.00

\$1,946.85

February 7, 2022MedInsPymt UnitedHCMedicare MedInsPymt, 02-07-2022 @ : 0 Trace
#:021001030988003

-\$36.00

\$1,819.81

January 5, 2022MedInsPymt UnitedHCMedicare MedInsPymt, 01-05-2022 @ : 0 Trace
#:021001031746176

-\$36.00

\$2,078.21

*Sierra Pacific Credit Union**Checking withdrawal**\$36.00 per month - Part D drug coverage
with United Healthcare*

Retirement Benefits Investment Fund

December 31, 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	\$ 428,985,079	50.5%	52.1%	11.7%	28.7%	26.0%	18.4%	16.5%	11.6%
Market Return				11.7%	28.7%	26.1%	18.5%	16.6%	11.6%
Int'l Stocks- MSCI World x US Index	\$ 171,400,570	21.5%	20.8%	2.5%	12.7%	14.3%	10.1%	8.4%	4.1%
Market Return				2.5%	12.6%	14.1%	9.8%	8.1%	3.9%
U.S. Bonds- U.S. Bond Index	\$ 219,214,127	28.0%	26.6%	-0.5%	-0.6%	4.9%	3.6%	2.7%	3.5%
Market Return				-0.5%	-0.6%	4.9%	3.6%	2.4%	3.3%
	\$ 4,064,390	0.0%	0.5%						
Total RBIF Fund	\$ 823,664,166	100.0%	100.0%	6.4%	17.1%	18.1%	12.9%	10.9%	8.1%
Market Return				6.3%	16.6%	17.7%	12.5%	10.7%	8.1%