

§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, October 18, 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: 224 499 921 339#

1. Roll call*
2. Public comment — limited to no more than three minutes per speaker*
3. Approval of the agenda (**For Possible Action**)
4. Approval of the July 19, 2022 minutes (**For Possible Action**)
5. Review and approval of Post-Retirement Medical Plan & Trust calculation for TMWA Retiree Mary “Eden” Catudan- Rosalinda Rodriguez (**For Possible Action**)
6. Review and approval of Post-Retirement Medical Plan & Trust calculation for TMWA Retiree Elizabeth Crook- 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 Trustee direction regarding meeting times and dates for calendar year 2023 – Rosalinda Rodriguez
9. Discuss Trustee Appointments for Term January 1, 2023 Through December 31, 2024- Jessica Atkinson*
10. Discuss updating authorized signers for the Retirement Benefits Investment Fund (RBIF) – Sophie Cardinal (**For Possible Action**)
11. Review of Retirement Benefits Investment Fund (RBIF) performance review—Matt Bowman*
12. Update regarding status of trust document subcommittee and revision--Rosalinda Rodriguez*
13. Trustee comments and requests for future agenda items*
14. Public comment — limited to no more than three minutes per speaker*
15. 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. 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.

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4. Asterisks (*) denote non-action items.

5. Public comment is limited to three minutes and is allowed during the public comment periods. The public may sign-up to speak during the public comment period or on a specific agenda item by completing a "Request to Speak" card and submitting it to the clerk. In addition to the public comment periods, the Chairman has the discretion to allow public comment on any agenda item, including any item on which action is to be taken.

Post-Retirement Medical Plan & Trust

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DRAFT July 19, 2022 MINUTES

The meeting of the TMWA Post-Retirement Medical Plan and Trust (Trust) Trustees was held on Tuesday, July 19, 2022 in person and through teleconference.

Matthew Bowman, Chairman, called the meeting to order at 01:05 P.M.

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

A quorum was present.

Voting Members Present:

Matt Bowman
Juan Esparza (came in at 1:10 p.m.)
James Weingart-Virtual
Steve Enos

Voting Members Absent

Members Present

Jessica Atkinson
Gus Rossi

Members Absent:

Rosalinda Rodriguez
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 APRIL 19, 2022 MINUTES

Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the April 19, 2022 minutes.

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

Ms. Atkinson presented the benefits calculation for Tim Flanagan. Mr. Flanagan will retire on October 08, 2022, with a benefit effective date of November 01, 2022. Ms. Atkinson confirmed that Ms. Rodriguez met with the retiree and confirmed the information on the benefit calculation form. Mr. Flanagan has elected to continue on TMWA coverages as a Retiree only Medical, dental and vision coverages. Mr. Flanagan has elected for any remaining premium balance be 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 Tim Flanagan.

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

Ms. Atkinson presented the benefits calculation for Scott Estes. Mr. Estes will retire on September 09, 2022, with a benefit effective date of October 01, 2022. Ms. Atkinson confirmed that Ms. Rodriguez met with the retiree and confirmed the information on the benefit calculation form. Mr. Estes has elected to continue on dental and vision coverages for Retiree and Spouse. Mr. Estes has elected for any remaining premium balance be 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 Scott Estes.

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

Ms. Atkinson presented the benefits calculation for Mark Foree. Mr. Foree will retire on October 14, 2022, with a benefit effective date of November 1, 2022. Ms. Atkinson confirmed that Ms. Rodriguez met with the retiree and confirmed the information on the benefit calculation form. Mr. Foree has elected to continue on TMWA coverages as a Retiree and Spouse for Medical, dental and vision coverages. Mr. Foree 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 Mark Foree.

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

Ms. Atkinson presented a reimbursement request received for premiums for Medicare paid through social security and COBRA coverages paid directly by the retiree.

Upon motion made and seconded, and carried by unanimous consent by the trustee's present, the reimbursement request for premiums paid Medicare paid through social security and COBRA coverages paid directly by the retiree was approved.

Ms. Atkinson presented a reimbursement request for Medicare premiums 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 premiums paid for through social security was approved.

Ms. Atkinson presented a reimbursement request received for United Health Care 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 was approved.

Ms. Atkinson presented a reimbursement request received for Unite 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 United Health Care supplemental coverage paid for directly by the retiree was approved.

Ms. Atkinson presented a reimbursement request for Medicare Part B paid 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 was approved.

Ms. Atkinson presented a reimbursement request for Medicare 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 and United Health Care premiums paid for directly by the retiree was approved.

9. REVIEW OF ACTUARIAL ANALYSIS*

Ms. Cardinal reviewed the actuarial valuation of the Other Post-Employment Benefit Programs as of December 31, 2021. Ms. Cardinal reviewed that the primary focuses for this report are to:

- Remeasure the Plan's liabilities as of December 31, 2021,
- Develop actuarially determined contribution levels for prefunding plan benefits for 2022, 2023 and 2024, and
- Provide information required by governmental accounting standards for this plan to be reported in TMWA's financial statements for the fiscal year ending June 30, 2022

Ms. Cardinal advised that the plan covers 164 active employees and 62 retirees. The plans total OPEB liability is \$10 million, Plan's fiduciary net position is \$16 million, and the plan has a net OPEB asset of \$6 million. Given the substantial surplus of the Plan, the actuarial determined contributions are \$0 through June 30, 2024.

For informational purposes only, no action required.

10. REVIEW OF THE FINANCIAL STATEMENT AUDIT*

Ms. Cardinal reviewed the Financial Statement Audit dated December 31, 2021 were audited externally and a report was provided on July 1, 2022. The plan received an unqualified audit opinion which means that the auditor believes the financial statements are fairly and accurately presented and that they conform with generally accepted accounting principles.

The report consists of three components:

- Statement of Fiduciary Net Position: This has balance sheets reviewing the assets and liabilities
- Statement of Changes in Fiduciary Net Position: This to review the income statements, what happens through out the year.
- Notes to the Financial Statements: This covers additional information.

For informational purposes only, no action required.

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

Mr. Bowman reviewed the RBIF dated March 31, 2022. The current fiscal year to date return is 2.2% in contrast from December 31, 2021 which was at 6.4%. The return since inception is 7.6%.

For informational purposes only, no action required.

11. UPDATE REGARDING STATUS OF TRUST SUBCOMMITTEE AND REVISIONS

This was a carryover from an item originally presented in the April 20, 2021, trust meeting.

During the July meeting, Ms. Atkinson informed trustees that there was no update on this item. Ms. Atkinson advised that a subcommittee meeting will be scheduled and a follow-up will be presented to Trustees during the October 2022 meeting.

This was for informational purposes only, no action required.

12. TRUSTEE COMMENTS AND REQUEST FOR FUTURE AGENDA ITEMS*

Presentation of RBIF performance

Reimbursement Requests

Update authorized signers for the RBIF to be Matt Bowman and Sophia Cardinal

Trust document revision update if available

13. PUBLIC COMMENT

There was no public comment.

14. ADJOURNMENT

With no further business to discuss, Chairman Bowman adjourned the meeting at 1:40 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 7-1-22
To 9-1-22

RETRIEE INFORMATION:

Name: [REDACTED] Employee #: _____
 Address: [REDACTED] Phone #: [REDACTED]

Expenses

Date Paid	Description (example: Monthly Premium)	Name of Provider (example: Anthem Blue Cross)	Cost	Total
7-22	Monthly Premium	Medicare	170. ¹⁰	\$ 170 -10
8-22	"	"	170. ¹⁰	\$ 170 -10
9-22	"	"	170. ¹⁰	\$ 170 -10
				\$ -
				\$ -
				\$ -
Total				\$ 0.00 516 -10

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: [REDACTED] Date: 2-19-22
 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.

Your New Benefit Amount

10/18/2022 PRMT §501-c-9 Agenda Item 07_A

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)	-\$283.80
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/NMD/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 1/1/2022
To 12/31/2022

Name: [REDACTED]

Employee #: 50057

Address: [REDACTED]

Phone #: [REDACTED]

Expenses

Date Paid	Description (example: Monthly Premium)	Name of Provider (example: Anthem Blue Cross)	Cost	Total Eligible for Reimbursement
2/9/2022	Medicare withholding	Social Security Administration	\$92.90	\$92.90
3/9/2022	Medicare withholding	Social Security Administration	\$494.00	\$494.00
4/13/2022	Medicare withholding	Social Security Administration	\$494.00	\$374.67
5/11/2022	Medicare withholding	Social Security Administration	\$494.00	\$0.00
6/8/2022	Medicare withholding	Social Security Administration	\$494.00	\$0.00
7/13/2022	Medicare withholding	Social Security Administration	\$494.00	\$0.00
8/10/2022	Medicare withholding	Social Security Administration	\$494.00	\$0.00
			\$3,056.90	
Medicare Eligible? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				Total \$961.57

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: 18 Aug 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

Social Security Administration

Important Information

10/18/2022 PRMT §501-c-9 Agenda Item 07_B

Date: November 24, 2021



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 5.9% in 2022 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 2022 monthly benefit amount before deductions is: - [REDACTED]
- Your 2022 monthly deduction for the Medicare Part B premium is: - \$442.30
 - \$170.10 for the standard Medicare premium, plus
 - \$272.20 for the Medicare Part B IRMAA based on your 2020 income tax return
- Your 2022 deduction for Medicare Part D IRMAA based on your 2020 income tax return is: - \$51.70
- Your benefit amount after deductions that will be deposited into your bank account or sent in your check on January 12, 2022 is: - [REDACTED]

494⁰⁰

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.


[Sign Out](#)

Payment History and Overpayments

Overpayments [? What are overpayments?](#)

You do not currently have any overpayments.

Payment History

Your monthly payment amount can change depending on the types of benefits you receive, as well as any adjustments in your premiums or deductions.

<u>Date</u>	<u>Payment Type</u>	<u>Amount</u>
08/10/2022	<input type="checkbox"/> Social Security (Retirement)	\$691.30
07/13/2022	Social Security (Retirement)	\$691.30
06/08/2022	Social Security (Retirement)	\$691.30
05/11/2022	Social Security (Retirement)	\$691.30
04/13/2022	Social Security (Retirement)	\$691.30
03/09/2022	Social Security (Retirement)	\$691.30
02/09/2022	Social Security (Retirement)	\$92.90
12/23/2021	Social Security (one time payment)	\$0.00
12/08/2021	Social Security (Retirement)	\$899.70
11/10/2021	Social Security (Retirement)	\$899.70
10/13/2021	Social Security (Retirement)	\$899.70
09/08/2021	Social Security (Retirement)	\$899.70
08/11/2021	Social Security (Retirement)	\$899.70
07/14/2021	Social Security (Retirement)	\$899.70
06/09/2021	Social Security (Retirement)	\$899.70
05/12/2021	Social Security (Retirement)	\$899.70
04/14/2021	Social Security (Retirement)	\$899.70

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

DATE RANGE From July 1, 2022
To Sept. 30, 2022

RETRIEE INFORMATION:

Name: [REDACTED]

Employee #: cn50068

Address: [REDACTED]

Phone #: [REDACTED]

Expenses

Date Paid	Description (example: Monthly Premium)	Name of Provider (example: Anthem Blue Cross)	Cost	Total
July - Sept.	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
				Total \$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: [REDACTED]

Date: 10/4/2022

PRMPT Approval*: _____

Date: _____

Accounting Approval**: _____

Date: _____

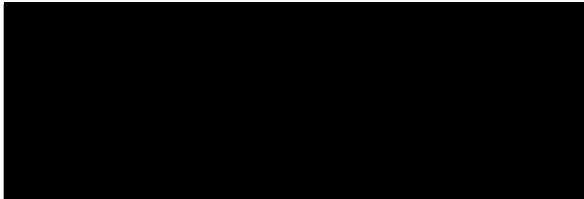
* Indicates the reimbursement request & back up are sufficient and expenses qualify as eligible for reimbursement under the trust.

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



Social Security Administration Benefit Verification Letter

Date: October 4, 2022



0101BEV7P27XDBZ CCM.M72.BEV7P.R221004

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 [REDACTED]

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

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

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

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

Information About Past Social Security Benefits

From December 2020 to November 2021, the full monthly Social Security benefit before any deductions was \$1,787.60.

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

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

Type of Social Security Benefit Information

You are entitled to monthly retirement benefits.

Medicare Information

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

See Next Page

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

DATE RANGE From July 2022
To Sept. 2022

RETRIEE INFORMATION:

Name:



Employee #:

50078

Address:



Phone #:



Expenses

Date Paid	Description (example: Monthly Premium)	Name of Provider (example: Anthem Blue Cross)	Cost	Total
July + Sept.	Monthly Premium	United Healthcare (Supplemental)	\$206.81 x 2 months	\$ 413.62
				\$ -
				\$ -
July + Sept.	" "	United Healthcare (Prescription)	\$36.00 x 2 months	\$ 72.00
				\$ -
			\$0.00	
Medicare Eligible? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				Total \$ <u>485.62</u>

Dollars owed [Redacted] = **\$479.76**

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:

9/14/22

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 - continued

Date	Description	Amount
06/30/22	STATE FARM BANK Bill Payment	[REDACTED]
07/05/22	NV ENERGY Bill Payment	[REDACTED]
07/05/22	UnitedHealthcare DES:PREMIUM PPD [REDACTED] D CO ID:1836282001	-206.81 ✓
07/05/22	SYNCHRONY BANK DES:PAYMENT ID:1061537262 TEL [REDACTED] CO	[REDACTED]
07/05/22	AT&T LOCAL AND LONG DISTANCE Bill Payment	[REDACTED]
07/05/22	B's Lawn & Pest Control Svcs Bill Payment	[REDACTED]
07/06/22	TRUCKEE MEADOWS WATER AUTHORITY Bill Payment	[REDACTED]
07/06/22	UnitedHCMedicare DES:MedInsPymt ID:000001096055343 ID:9000447048 PPD [REDACTED] D CO	-36.00 ✓

Total other subtractions

[REDACTED]

Checks

Date	Check #	Amount	Date	Check #	Amount
06/08/22	6557	[REDACTED]	06/27/22	6561	[REDACTED]
06/27/22	6560*	[REDACTED]	06/27/22	6562	[REDACTED]
Total checks			Total # of checks		

* There is a gap in sequential check numbers

Braille and Large Print Request - You can request a copy of this statement in Braille or Large Print by calling 800.432.1000 or going to bankofamerica.com and enter Visually Impaired Access from the home page.

Withdrawals and other subtractions - continued

Other subtractions - continued

Date	Description	Amount
08/17/22	Washoe County Treasurer NV Bill Payment	[REDACTED]
08/18/22	CITI CARDS Bill Payment	[REDACTED]
08/18/22	AAA N. CA, NV & UT Bill Payment	[REDACTED]
08/31/22	STATE FARM BANK Bill Payment	[REDACTED]
09/02/22	NV ENERGY Bill Payment	[REDACTED]
09/02/22	AT&T LOCAL AND LONG DISTANCE Bill Payment	[REDACTED]
09/06/22	TRUCKEE MEADOWS WATER AUTHORITY Bill Payment	[REDACTED]
09/06/22	UnitedHealthcare DES:PREMIUM ID:3430418891 [REDACTED] D CO ID:1836282001 PPD	-206.81 ✓
09/06/22	SYNCHRONY BANK DES:PAYMENT ID:650172443226603 [REDACTED] CO ID:1061537262 TEL	[REDACTED]
09/06/22	UnitedHCMedicare DES:MedInsPymt ID:000001110806644 [REDACTED] D CO ID:9000447048 PPD	-36.00 ✓
Total other subtractions		[REDACTED]

Checks

Date	Check #	Amount
08/15/22	6567	[REDACTED]
Total checks		[REDACTED]
Total # of checks		[REDACTED]

Service fees

Date	Transaction description	Amount
08/25/22	[REDACTED]	[REDACTED]
Total service fees		[REDACTED]

Note your Ending Balance already reflects the subtraction of Service Fees.

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

DATE RANGE From 1-1-22
To 7-31-22

RETRIEE INFORMATION:

Name: [REDACTED]
Address: [REDACTED]

Employee #: 50077
Phone #: [REDACTED]

Expenses

Date Paid	Description (example: Monthly Premium)	Name of Provider (example: Anthem Blue Cross)	Cost	Total
2022	Monthly Medical	Blue Cross Blue Shield	Jan-\$239.56; Feb-July \$251.22	\$ 1,746 -88
2022	Monthly Dental	Metlife	Jan-\$42.88; Feb-July \$43.01	\$ 300 -94
2022	Monthly Vision	VSP	Jan-\$14.45; Feb-July \$14.58	\$ 101 -93
				\$ -
				\$ -
				\$ -
Total				\$ 2,149 -75

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: [REDACTED]

Date: August 22, 2022

PRMT 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.

**TRUCKEE MEADOWS WATER AUTHORITY
 POST-RETIREMENT MEDICAL PLAN & TRUST - MEDICAL PREMIUM EXPENSE REIMBURSEMENT
 2022 MEDICAL, DENTAL AND VISION PAID PREMIUMS FOR [REDACTED] (RETIRED)
 EMPLOYEE # 50077**

Below is an itemized list of my 2022 paid premiums. Attached is documentation.

MEDICAL - BCBS BASIC	PREMIUM												TOTAL
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
[REDACTED]	\$ 239.56	\$ 251.22	\$ 251.22	\$ 251.22	\$ 251.22	\$ 251.22	\$ 251.22						\$1,746.88
	\$ 170.31	\$ 173.73	\$ 173.73	\$ 173.73	\$ 173.73	\$ 173.73	\$ 173.73						
Total monthly	\$ 409.87	\$ 424.95	\$ 424.95	\$ 424.95	\$ 424.95	\$ 424.95	\$ 424.95	\$ -	\$ -	\$ -	\$ -	\$ -	
DENTAL - METLIFE	PREMIUM												TOTAL
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
[REDACTED]	\$ 42.88	\$ 43.01	\$ 43.01	\$ 43.01	\$ 43.01	\$ 43.01	\$ 43.01						\$ 300.94
	\$ 42.88	\$ 43.01	\$ 43.01	\$ 43.01	\$ 43.01	\$ 43.01	\$ 43.01						
Total monthly	\$ 85.76	\$ 86.02	\$ 86.02	\$ 86.02	\$ 86.02	\$ 86.02	\$ 86.02	\$ -	\$ -	\$ -	\$ -	\$ -	
VISION - VSP	PREMIUM												TOTAL
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
[REDACTED]	\$ 14.45	\$ 14.58	\$ 14.58	\$ 14.58	\$ 14.58	\$ 14.58	\$ 14.58						\$ 101.93
	\$ 14.41	\$ 14.54	\$ 14.54	\$ 14.54	\$ 14.54	\$ 14.54	\$ 14.54						
Total monthly	\$ 28.86	\$ 29.12	\$ 29.12	\$ 29.12	\$ 29.12	\$ 29.12	\$ 29.12	\$ -	\$ -	\$ -	\$ -	\$ -	
2022 TOTAL PREMIUMS FROM JANUARY THROUGH JULY FOR [REDACTED]												\$2,149.75	



Retirement Services

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

Annuity Statement

Name of Annuitant	[REDACTED]
[REDACTED]	[REDACTED]

Date Printed	Jul 14, 2022
Annuitant Claim Number	[REDACTED]

Payment Dated: Jan 3, 2022

The following information is provided in response to your request for verification of your retirement benefits under the Civil Service Retirement System or the Federal Employees Retirement System.

Deductions/Additions

Code	Description	Amount
	Gross Amount of Annuity	[REDACTED]
113	Blue Cross/Blue Shield Service Benefit Plan-Basic	-\$409.87
46	Basic LI Premium Until 65 (if ret after 1/1/90)	[REDACTED]
67	FERS Annuity Supplement	[REDACTED]
42	Federal Dental Insurance	-\$85.76
43	Federal Vision Insurance	-\$28.86
31	Federal Income Tax (Citizen)	[REDACTED]
	Net Amount of Annuity	[REDACTED]

Comments

THE MONTHLY SURVIVOR ANNUITY CURRENTLY PAYABLE IN THE
EVENT OF YOUR DEATH IS [REDACTED] PAYABLE TO [REDACTED]

THE AMOUNT OF FEDERAL INCOME TAX WITHHELD FROM YOUR
ANNUITY HAS CHANGED.

EFFECTIVE JANUARY 1, 2022, YOUR MONTHLY HEALTH
BENEFITS PREMIUM FOR PLAN 113 WILL BE \$424.95.
IF THE HEALTH BENEFITS PREMIUM SHOWN IN THIS MESSAGE
IS THE ONLY CHANGE AFFECTING YOUR FEBRUARY 1 PAYMENT,

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

For January 2022

Summary of Payments - Blue Cross/Blue Shield Service Benefit Plan-Basic

	As Of 07/01/2022
January	-\$409.87
February	-\$424.95
March	-\$424.95
April	-\$424.95
May	-\$424.95
June	-\$424.95
July	-\$424.95

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

Dental for January 2022

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

2022
 Vision for January

2022 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.

Premiums for Tribal employees are shown under the Monthly Premium Rate 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	Premium Rate			
		Biweekly		Monthly	
		Gov't Share	Your Share	Gov't Share	Your Share
Nationwide					
Standard Option Self Only	104	\$244.86	\$127.47	\$530.53	\$276.19
Standard Option Self Plus One	106	\$524.63	\$289.61	\$1,136.70	\$627.49
Standard Option Self and Family	105	\$574.13	\$314.11	\$1,243.95	\$680.57
Nationwide					
Basic Option Self Only	111	\$240.56	\$80.18	\$521.21	\$173.73
Basic Option Self Plus One	113	\$524.63	\$196.13	\$1,136.70	\$424.95
Basic Option Self and Family	112	\$574.13	\$212.29	\$1,243.95	\$459.96

February through December



2022 FEDVIP dental payment history

The information displayed below reflects transactions from 1/1/2022 through 7/13/2022.

Transaction date	Description	Pre-tax	Post tax
07/07/2022	Annuity Payment		\$86.02
06/06/2022	Annuity Payment		\$86.02
05/05/2022	Annuity Payment		\$86.02
04/06/2022	Annuity Payment		\$86.02
03/04/2022	Annuity Payment		\$86.02
02/04/2022	Annuity Payment		\$86.02
01/05/2022	Annuity Payment		\$85.76
Sub-totals		\$0.00	\$601.88
Year-to-Date Total:			\$601.88



2022 FEDVIP vision payment history

The information displayed below reflects transactions from 1/1/2022 through 7/13/2022.

Transaction date	Description	Pre-tax	Post tax
07/07/2022	Annuity Payment		\$29.12
06/06/2022	Annuity Payment		\$29.12
05/05/2022	Annuity Payment		\$29.12
04/06/2022	Annuity Payment		\$29.12
03/04/2022	Annuity Payment		\$29.12
02/04/2022	Annuity Payment		\$29.12
01/05/2022	Annuity Payment		\$28.86
Sub-totals		\$0.00	\$203.58
Year-to-Date Total:			\$203.58

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	\$18.82	\$37.63	\$56.45	\$40.78	\$81.53	\$122.31
2	\$19.85	\$39.70	\$59.55	\$43.01	\$86.02	\$129.03
3	\$22.04	\$44.09	\$66.13	\$47.75	\$95.53	\$143.28
4	\$23.98	\$47.96	\$71.94	\$51.96	\$103.91	\$155.87
5	\$26.70	\$53.39	\$80.09	\$57.85	\$115.68	\$173.53

Rating Area	Standard - Bi-Weekly			Standard - Monthly		
	Self Only	Self Plus One	Self and Family	Self Only	Self Plus One	Self and Family
1	\$10.25	\$20.51	\$30.76	\$22.21	\$44.44	\$66.65
2	\$10.90	\$21.79	\$32.69	\$23.62	\$47.21	\$70.83
3	\$12.15	\$24.30	\$36.45	\$26.33	\$52.65	\$78.98
4	\$13.40	\$26.81	\$40.21	\$29.03	\$58.09	\$87.12
5	\$14.18	\$28.37	\$42.55	\$30.72	\$61.47	\$92.19

2022 Dental February through December

FEDVIP Dental

MetLife Federal Dental Plan, PPO High

Self Plus One

\$86.02 Monthly

Effective: 01/01/2022

Covered family members



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
\$3.57	\$7.13	\$10.71	\$7.74	\$15.45	\$23.21

High - Bi-Weekly			High - Monthly		
Self Only	Self Plus One	Self and Family	Self Only	Self Plus One	Self and Family
\$6.71	\$13.44	\$20.17	\$14.54	\$29.12	\$43.70

2022 Vision February through December

FEDVIP Vision

VSP Vision Care, PPO High

Self Plus One

\$29.12 Monthly

Effective: 01/01/2022

Covered family members



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.

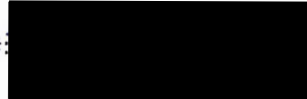
However, if you go back to work and you are in a position that conveys FEDVIP eligibility, you must contact BENEFEDS (1-877-888-3337), if you want your premiums to be deducted from your paychecks. Most reemployed annuitants want to make that change because retirees pay FEDVIP premiums with post-tax dollars 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 6/1/2022
To 10/1/2022

RETRIEE INFORMATION:

Name: 
Address: 


Employee #: _____
Phone #: 

Expenses

Date Paid	Description (example: Monthly Premium)	Name of Provider (example: Anthem Blue Cross)	Cost	Total
10/1-9/1	MED MONTHLY PREM	UNITED HEALTH CARE	268.03/MO	\$ 1304.15 -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
			\$0.00	
Medicare Eligible? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				Total \$ <u>1304.15</u>

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

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

Retiree Signature: 

Date: 10/10/2022

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.

Premium Payment History

Payment history for [REDACTED]
Plan name(s): AARP MEDICARE SUPPLEMENT PLAN
Member ID: [REDACTED]
From: October 11, 2021
To: October 10, 2022

Payment date	Amount	Status	Payment method
10/01/2022	\$268.03	Processed	EFT
09/01/2022	\$268.03	Processed	EFT
08/01/2022	\$268.03	Processed	EFT
07/01/2022	\$268.03	Processed	EFT
06/01/2022	\$268.03	Processed	EFT
05/01/2022	\$247.99	Processed	EFT
04/01/2022	\$247.99	Processed	EFT
03/01/2022	\$247.99	Processed	EFT
02/01/2022	\$247.99	Processed	EFT
01/01/2022	\$247.99	Processed	EFT
12/01/2021	\$247.99	Processed	EFT
11/01/2021	\$247.99	Processed	EFT
Total amounts	\$3,076.08		

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

10/18/2022 PRMT \$501-c-9 Agenda Item 07_G

DATE RANGE From August, 2022
To October, 2022

RETRIEE INFORMATION:

Name: [REDACTED]
Address: [REDACTED]

Employee #: _____
Phone #: [REDACTED]

Expenses

Date Paid	Description (example: Monthly Premium)	Name of Provider (example: Anthem Blue Cross)	Cost	Total
8,9,+10	Monthly Premium	Medicare	238.10 x 3 - aug, Sept, Oct	\$ 714.30
8,9,+10	Monthly Premium	AARP- United Healthcare drug list D	36.00 x 3 - aug, Sept, Oct	\$ 108.00
				\$ -
				\$ -
				\$ -
				\$ -
Medicare Eligible? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				\$ 805.05 reimbursable Total \$ 822.30

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.

I [REDACTED] _____
Retiree Signature:

Date: 10/5/22

PRMPT Approval*: _____
request & back up are sufficient and expenses qualify as eligible for reimbursement under the trust.

Date: _____ * Indicates _____ the reimbursement

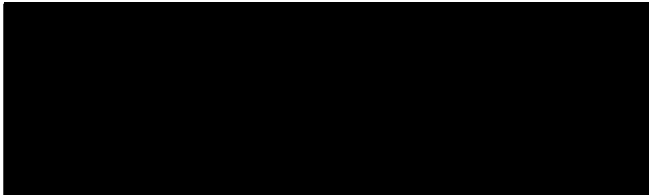
Accounting Approval**: _____
** Indicates the trust accountant has ensured any amounts reimbursed are within the participants available trust balance.

Date: _____



Social Security Administration Benefit Verification Letter

Date: September 27, 2022



0101BEV71272315 COM.M72.BEV71.R220927

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 ~~\$1734.00~~.

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

*August, 2022
September, 2022
October, 2022*

The regular monthly Social Security payment is ~~\$1495.90~~.
(We must round down to the whole dollar.)

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

Your Social Security benefits are paid on or about the 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 ~~\$1924.30~~.

We deducted ~~\$207.00~~ for medical insurance premiums each month.

The regular monthly Social Security payment was ~~\$1717.30~~.
(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

October 5, 2022

MedInsPymt UnitedHCMedicare MedInsPymt, 10-05-2022 @ : 0 Trace #:021001034182834 -\$36.00

~~\$2,983.72~~

September 6, 2022

MedInsPymt UnitedHCMedicare MedInsPymt, 09-06-2022 @ : 0 Trace #:021001035386804 -\$36.00

~~\$2,900.52~~

August 5, 2022

MedInsPymt UnitedHCMedicare MedInsPymt, 08-05-2022 @ : 0 Trace #:021001036613680 -\$36.00

~~\$2,000.00~~

*Sierra Pacific
Credit Union
United Health
Part D monthly
auto pay.*

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

DATE RANGE From 5/1/2022
To 10/30/2022

RETRIEE INFORMATION:

Name: [REDACTED]
Address: [REDACTED]

Employee #: 50055
Phone #: [REDACTED]

Expenses

Date Paid	Description (example: Monthly Premium)	Name of Provider (example: Anthem Blue Cross)	Cost	Total
5/1-10/1/2022	Medicare Premium	US Dept of Health & Human Services CMS	\$170.10	\$1,020.60 -
5/1-10/1/2022	Prescription Pt D	Humana	\$22.70	\$136.20 -
5/1-10/1/2022	Medicare Supplement	AARP United Healthcare	\$102.99	\$617.94 -
				\$ -
				\$ -
				\$ -
Total				\$1,774.74 -

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: [REDACTED]

Date: 10/5/2022

PRMPT Approval*: [REDACTED]

Date: _____

Accounting Approval**: [REDACTED]

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.

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

n Letter
ive Social Security benefits? Here's your official lette

arpayments

mount can change depending on the types of benefit
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]

[Prescription Drug / 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

11/02/2022 Scheduled Auto-pay	DC-VISA-*6317 DCD-666508342	
10/02/2022 Processed Auto-pay	DC-VISA-*6317 DCD-666508341	\$22.70
09/02/2022 Processed Auto-pay	DC-VISA-*6317 DCD-666508340	\$22.70
08/02/2022 Processed Auto-pay	DC-VISA-*6317 DCD-666508339	\$22.70
07/02/2022 Processed Auto-pay	DC-VISA-*6317 DCD-666508338	\$22.70
06/02/2022 Processed Auto-pay	DC-VISA-*6317 DCD-666508337	\$22.70
05/02/2022 Processed Auto-pay	DC-VISA-*6317 DCD-666508336	\$22.70
04/02/2022 Processed Auto-pay	DC-VISA-*6317 DCD-666508335	\$22.70
03/02/2022 Processed Auto-pay	DC-VISA-*6317 DCD-666508334	\$22.70
02/02/2022	DC-VISA-*6317	\$22.70

Premium Payment History

Payment history for [REDACTED]
 Plan name(s): AARP MEDICARE SUPPLEMENT PLAN
 Member ID: [REDACTED]
 From: April 17, 2022
 To: October 13, 2022

Payment date	Amount	Status	Payment method
10/01/2022	\$362.59	Processed	EFT
09/01/2022	\$362.59	Processed	EFT
08/01/2022	\$362.59	Processed	EFT
07/01/2022	\$362.59	Processed	EFT
06/01/2022	\$362.59	Processed	EFT
05/01/2022	\$342.32	Processed	EFT
Total amounts	\$2,155.27		

This premium represents [REDACTED] and [REDACTED] combined coverage. My portion of the premium is \$102.99/mo. I have requested a printout of just my premium from United Health Care on 5 different occasions, and have not received anything to date.

Thank you for processing my reimbursement request.

[REDACTED]



STAFF REPORT

TO: Board of Trustees
FROM: Rosalinda Rodriguez, HR Technician
DATE: October 18, 2022
SUBJECT: Discussion and direction regarding meeting times and dates for 2023

Recommendation

TMWA staff recommends that the Board of Trustees provide input on the schedule proposed for the TMWA §501-c-9 Post-Retirement Medical Plan & Trust meetings as well as confirmation of meeting times.

Discussion

The regular schedule for the TMWA §501-c-9 Post-Retirement Medical Plan & Trust meetings has traditionally been quarterly on the third Tuesday of the month.

Staff recommends continuing with the current reoccurring schedule as follows:

2023 Trustee Meeting Dates Proposed

Tuesday, January 17	1:00 p.m.
Tuesday, April 18	1:00 p.m.
Tuesday, July 18	1:00 p.m.
Tuesday, October 17	1:00 p.m.

§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 Financial Controller
DATE: October 18, 2022
SUBJECT: **Discussion and direction regarding updating the list of representatives authorized to make RBIF transfers**

Recommendation

TMWA staff recommends the Trustees approve an updated list of representatives authorized to make contributions to and withdrawals from the Retirement Benefits Investment Fund (RBIF) on behalf of the TMWA Post-Retirement Medical Plan & Trust (PRMPT).

Discussion

The current list of representatives authorized to make contributions to and withdrawals from the RBIF on behalf of PRMPT includes Matt Bowman and Michelle Sullivan. Considering recent employment changes, TMWA staff suggests the Board of Trustees update the list to remove Michelle Sullivan and add Sophia Cardinal.

Background

TMWA staff transfers cash between PRMPT's checking account and RBIF's investment account as needed to manage cash flow and investment earnings.

Retirement Benefits Investment Fund

June 30, 2022

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	\$ 343,561,348	50.5%	49.0%	-10.6%	-10.6%	10.6%	11.3%	12.9%	9.5%
Market Return				-10.6%	-10.6%	10.6%	11.3%	13.0%	9.5%
Int'l Stocks- MSCI World x US Index	\$ 139,603,545	21.5%	19.9%	-16.5%	-16.5%	2.0%	2.9%	5.9%	2.5%
Market Return				-16.8%	-16.8%	1.7%	2.6%	5.6%	2.3%
U.S. Bonds- U.S. Bond Index	\$ 214,687,672	28.0%	30.6%	-2.5%	-2.5%	2.4%	2.8%	2.3%	3.2%
Market Return				-3.5%	-3.5%	2.1%	2.5%	1.9%	3.0%
	\$ 3,654,068	0.0%	0.5%						
Total RBIF Fund	\$ 701,506,633	100.0%	100.0%	-9.4%	-9.4%	7.2%	7.6%	8.6%	6.7%
Market Return				-9.8%	-9.8%	6.7%	7.2%	8.3%	6.6%