

§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 18, 2023 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: 222 103 441 098#

1. Roll call*
2. Public comment — limited to no more than three minutes per speaker*
3. Approval of the agenda **(For Possible Action)**
4. Approval of the January 17, 2023 minutes **(For Possible Action)**
5. Review and consideration for approval of request(s) for reimbursement of premiums. — Rosalinda Rodriguez **(For Possible Action)**
6. Discussion and possible direction for changing July 2023 meeting date— Rosalinda Rodriguez **(For Possible Action)**
7. Update regarding status of trust document revision—Legal/Jessica Atkinson*
8. Review of Retirement Benefits Investment Fund (RBIF) performance review—Matt Bowman*
9. Trustee comments and requests for future agenda items*
10. Public comment — limited to no more than three minutes per speaker*
11. Adjournment **(For Possible Action)**

NOTES:

1. The announcement of this meeting has been posted at the following locations: Truckee Meadows Water Authority (1355 Capital Blvd., Reno), 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.

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

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



DRAFT January 17, 2023 MINUTES

The meeting of the TMWA Post-Retirement Medical Plan and Trust (Trust) Trustees was held on Tuesday, January 17, 2023 in person and through teleconference.

Matthew Bowman, 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:

Matt Bowman
Juan Esparza
Richard Merrigan
Steve Enos

Voting Members Absent

Members Present

Jessica Atkinson
Gus Rossi
Rosalinda Rodriguez

Members Absent:

Mike Venturino

2. PUBLIC COMMENT

There was no public comment

3. APPROVAL OF THE AGENDA

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

4. APPROVAL OF THE OCTOBER 18, 2022 MINUTES

Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the October 18, 2022 minutes.

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

Ms. Rosalinda Rodriguez, HR Technician II, presented the benefits calculation for Thomas Clifton. Mr. Clifton retired on January 2, 2023, and with Trustee approval have a benefit effective date of February 1, 2023. Ms. Rosalinda Rodriguez confirmed she met with the retiree and confirmed the information on the benefit calculation form. Mr. Clifton has elected to continue on TMWA coverages as a Retiree Only for medical, dental and vision coverages. Mr. Clifton has elected for any remaining premium balance to be paid from his PERS check.

Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the benefits calculation for Thomas Clifton.

6. DISCUSSION AND ACTION TO APPOINT TMWA §501-C-9 POST RETIREMENT MEDICAL PLAN AND TRUST TRUSTEE CHAIRPERSON AND VICE CHAIRPERSON FOR TWO-YEAR TERM BEGINNING JANUARY 1, 2023 THROUGH DECEMBER 31, 2024

Ms. Rosalinda Rodriguez advised the during the TMWA Board meeting held on December 08, 2022, the TMWA Board of Trustees confirmed Trustee appointments of Matt Bowman, Steve Enos, Juan Esparza, and Richard “Drew” Merrigan for a two-year term beginning on January 1, 2023 through December 31, 2024. Ms. Rosalinda Rodriguez advised that Mr. Bowman has been serving as Chairperson since 2022 and Mr. Enos has been serving for several years as the Vice Chairperson. Trustees should confer if they wished to continue with the same Chair and Vice Chair appointments discuss changing who is serving those roles.

Discussion was had and Trustees agreed to continue with Trustee Bowman as Chairperson and Trustee Enos as Vice Chairperson

For informational purposes only, no action required.

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

Ms. Rosalinda Rodriguez presented a reimbursement request received for premiums for Medicare paid through social security that were previously 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 for Medicare paid through social security and paid directly by the retiree was approved.

Ms. Rosalinda Rodriguez presented a reimbursement request for premiums for Blue Cross Blue Shield, Metlife and VSP 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 for Blue Cross Blue Shield, Metlife, and VSP paid directly by the retiree was approved.

Ms. Rosalinda Rodriguez presented a reimbursement request received for premiums through US Dept of Health & Human Services CMS, Humana, and AARP United Healthcare 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 through US Dept of Health & Human Services CMS, Humana, and AARP United Healthcare paid directly by the retiree was approved.

Ms. Rosalinda Rodriguez presented a reimbursement request received for Medicare and United Health care supplemental 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 and United Health care supplemental coverages paid for directly by the retiree was approved.

8. DISCUSSION AND ACTION ON SIGNING §501-C-9 POST-RETIRMENT MEDICAL PLAN AND TRUST BOARD OF TRUSTEE ANNUAL PLEDGE OF PERSONAL COMMITMENT/DISCLOSURE FORM

Ms. Rosalinda Rodriguez reviewed the annual pledge of personal commitment/disclosure form that Trustees are required to review and sign.

For informational purposes only, no action required.

9. DISCUSSION AND CONSIDERITION OF ADOPTING AMENDMENTS TO TRUST DOCUMENT

During the October 18, 2022 meeting Ms. Stefanie Morris, Director of Legal & Regulatory Affairs reviewed the Trust Plan document in regards to interpretation of plan language as it relates to Nevada Revised Statute (NRS) 287.023 and questions regarding MPAT plan eligibility based on current plan document language. Trustees requested that staff review the Trust document and ensure it complies with the NRS and bring it back to the Trustee' addressed concerns and interpretation reviewed.

Update January 17, 2023: A draft of proposed changes was brought for Trustee review, Attachment PRMT 09.

Ms. Morris reviewed overall proposed changes made to the document as it relates to the NRS 287.023, noting the biggest change is the addition of the following definition:

2.4(a) "TMWA Health Plan Eligible Retiree" means an Eligible Retiree that receives monthly retirement payments under the Public Employees Retirement System ("PERS") of Nevada, meets the eligibility requirements of the "Health Plan(s)", and is eligible under applicable law.

In order to be eligible to enroll in the health plans offered by TMWA, a retiree must be receiving a retirement benefit from PERS. The trust document was also revised to ensure language throughout the document is consistent with the added definition and reflects gender neutral terms. Ms. Morris asked that Trustee's consider approving the proposed changes but to be

aware that before the plan document is finalized and implemented, Staff is waiting for a response from the City of Reno plan administrators on an interpretation of the Nevada Revised Statute related to retiree life insurance eligibility. Additionally, Staff wants to ensure the draft changes to the trust document will not be in conflict with any health, dental, vision or life plan provisions.

Ms. Atkinson is working to coordinate a meeting with the City of Reno and the outcome of the meeting will be brought to trustees in a future meeting.

Upon motion made and seconded, and carried by unanimous consent by the Trustee's present, the proposed plan document changes as attached to the agenda were approved.

10. PRESENTATION OF THE BUDGET FOR CALENDAR YEAR 2023

Ms. Ana Rodriguez, Sr. Accountant, presented the calendar year 2023 budget. The most recent actuarial valuation determined that TMWA does not need to contribute anything to the Trust. The actuarial analysis is conducted every two years to ensure funding levels are adequate. Ms. Ana Rodriguez reviewed the Net Appreciation (Depreciation) in fair value of investments, which she advised is not budgets as unrealized gains and losses are difficult to accurately predict. The next item reviewed was the budget for Benefits Paid which is \$554,600 which covers health and life insurance premiums, as well as reimbursements to retirees for outside coverages. The Trust is projected to result in a net decrease of \$150, 070, which is primarily due to the reduced employer contributions.

Mr. Bowman advised that while this current report shows a net decrease in TMWA contributions, this is based on information and funds made from return on investments which is a year behind in information. Mr. Bowman expects the upcoming actuarial valuation to project an increase to the budget for TMWA contributions based on the recent market performance.

Upon motion made and seconded, and carried by unanimous consent by the Trustee's present, the Budget for calendar year 2023 was approved.

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

Mr. Bowman reviewed the RBIF dated September 30, 2022. over the last year the market return is -15.0% which is pretty close to the market but slightly better. The fiscal year to date return is -5.6%. The RBIF has historically done well on investments.

For informational purposes only, no action required.

12. TRUSTEE COMMENTS AND REQUEST FOR FUTURE AGENDA ITEMS*

Presentation of RBIF performance

Reimbursement Requests

13. PUBLIC COMMENT

Sophie Cardinal, Financial Controller, asked if action needed to be taken as James Weingart was a check signer for the Trust. Trustee Enos advised that this was a temporary situation as he is the authorized signer, James Weingart filled in while Trustee Enos was out on medical leave. Further discussion ensued and it was determined that no official change needed to be made as Trustee Enos is listed as the authorized signer and will continue to do so.

14. ADJOURNMENT

With no further business to discuss, Chairman Bowman adjourned the meeting at 1:25 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 1-1-23
To 3-30-23

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
1-1-23	Medicare	Medicare	164.90	\$ 164.90
2-1-23	"	"	164.90	\$ 164.90
3-1-23	"	"	164.90	\$ 164.90
				\$ -
				\$ -
				\$ -
Medicare Eligible? _____ YES _____ NO				Total \$ 0.00 <u>449.70</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: [REDACTED]

Date: 2-17-23

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

04/18/2023 PRMT §501-c-9 Agenda Item 05_A

BENEFICIARY'S NAME: [REDACTED]

Your Social Security benefit will increase by **8.7%** in 2023 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 17, 2022 or if someone else pays your premium, we show \$0.00)	-\$164.90
Medicare Prescription Drug Plan (We will notify you if the amount changes in 2023. If you did not elect withholding as of November 1, 2022, 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 17, 2022, we show \$0.00)	-\$311.40
After we take any other deductions, you will receive the payment you are due for December 2022 on or about January 11, 2023.	[REDACTED]

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.

If you still get a paper check, you must visit the Department of the Treasury's website at www.godirect.gov to request electronic payments.

If you disagree with any of these amounts, you must file an appeal with us in writing within 60 days from the date you get 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. You must have good reason for waiting more than 60 days to file an appeal. You can go to www.ssa.gov/non-medical/appeal to complete and submit the "Request for Reconsideration" form, SSA-

LIFT TO OPEN



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

DATE RANGE From 01/01/2023
To 03/31/2023

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
01/02/2023	Monthly Cobra Premium	Wells Fargo Benefits Anthem Blue Cross Blue Sheild	801.41	\$801.41 -
01/16/2023	Monthly Medicare Premium A,B,D	Medicare	243.00	\$243.00 -
02/02/2023	Monthly Cobra Premium	Wells Fargo Benefits Anthem Blue Cross Blue Sheild	801.41	\$801.41 -
02/16/2023	Monthly Medicare Premium A,B,D	Medicare	243.00	\$243.00 -
03/02/2023	Monthly Cobra Premium	Wells Fargo Benefits Anthem Blue Cross Blue Sheild	801.41	\$801.41 -
03/16/2023	Monthly Medicare Premium A,B,D	Medicare	243.00	\$243.00 -
Medicare Eligible? <u>xxx</u> YES <u> </u> NO				Total \$3,133.23 -

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: 4/07/2023

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.



Para ayuda en español, por favor llame al Centro de Servicio de COBRA al 1-877-292-6272.

COBRA Benefits Confirmation Statement Wells Fargo & Company-sponsored group health plan(s)

Your COBRA benefits may have changed as a result of Open Enrollment. This statement confirms your current benefit elections, costs, and dependent information as of January 1, 2023. Please keep this statement for your records.

Your COBRA continuation period is from April 1, 2022 to September 30, 2023. Your benefit elections are set forth below. You may view your current elections online at any time at <https://cobra.ehr.com>. Your User Id for this web site is 767774816044.

Please review all information to ensure that it is correct. If any of your benefit elections, costs and/or dependent information are incorrect, you must call BenefitConnect | COBRA at 1-877-29-COBRA (1-877-292-6272) (858-314-5108 International only).

If you were already enrolled in COBRA and your rate has changed, a new set of COBRA payment coupons will follow this letter if a balance is due.

The monthly cost of your COBRA coverage, as a result of any changes made, is as follows

Benefit	Option	Coverage Level	Monthly Premium	Monthly Cost
Medical	Copay Plan with HRA – Anthem	You Only	\$748.90	\$748.90
Dental	Delta Dental Enhanced	You Only	\$44.82	\$44.82
Vision	Vision Service Plan	You Only	\$7.69	\$7.69
Total Monthly Cost:				\$801.41

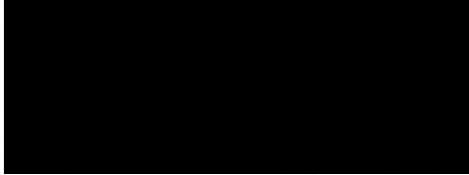
02030002400000194228



Covered			
Name	Medical	Dental	Vision
[REDACTED]	X	X	X



P.O. Box 15284
Wilmington, DE 19850



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Preferred Rewards

Customer service information

☎ 1.888.888.RWDS (1.888.888.7937)

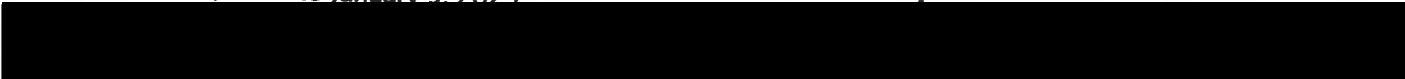
En Español: 1.800.688.6086

🌐 bankofamerica.com

✉ Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

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for December 9, 2022 to January 9, 2023



Account summary

Beginning balance on December 9, 2022	
Deposits and other additions	
Withdrawals and other subtractions	
Checks	
Service fees	
Ending balance on January 9, 2023	



Annual Percentage Yield Earned this statement period: 0.01%.
Interest Paid Year To Date: \$0.12.

December 9, 2022 to January 9, 2023

Withdrawals and other subtractions - continued

Date	Description	Amount
01/04/23	WFB HR CORP DES:BENEFITS ID:COB07677748 INDN [REDACTED] CO ID:TOWERCOBRA PPD	-801.41
01/09/23	WINCO FOODS #1 01/09 #000302839 PURCHASE WINCO FOODS #12 9 Reno NV	[REDACTED]

Total withdrawals and other subtractions

Checks

Date	Check #	Amount
12/19/22	7427	[REDACTED]
12/19/22	7435*	[REDACTED]
12/19/22	7437*	[REDACTED]
12/14/22	7438	[REDACTED]

Date	Check #	Amount
01/03/23	7439	[REDACTED]
01/04/23	7440	[REDACTED]
01/04/23	7441	[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.

Thanks for your payment!

Sent: January 16th, 2023



You made a Medicare premium payment for \$243.00 on January 16, 2023 using your credit or debit card. Your confirmation number is 

It may take at least 5 business days to process your payment. Once we process your payment, you'll see it in your payment

history (<https://www.medicare.gov/mbp/premiumpaymenthistory.aspx?lang=en-us>). You can also see how your bill breaks down in your premium

bills (<https://www.medicare.gov/mbp/premiumbillsummary.aspx?lang=en-us>).

If you believe you got this message in error, please call 1-800-MEDICARE.



P.O. Box 15284
Wilmington, DE 19850

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Customer service information

☎ 1.888.888.RWDS (1.888.888.7937)

En Español: 1.800.688.6086

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✉ Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118



Please see the **Important Messages - Please Read** section of your statement for important details that could impact you.

Your Adv Relationship Banking Preferred Rewards Gold

for January 10, 2023 to February 6, 2023

Account number:

Account summary

Beginning balance on January 10, 2023

Deposits and other additions

Withdrawals and other subtractions

Checks

Service fees

Ending balance on February 6, 2023



Annual Percentage Yield Earned this statement period: 0.01%.
Interest Paid Year To Date: \$0.21.



January 10, 2023 to February 6, 2023

Deposits and other additions

Date	Description	Amount
01/18/23	BENEFIT PAYMENT DES:EDI PYMNTS ID:03892813 INDI [REDACTED] CO ID:5943351864 PPD	[REDACTED]
01/26/23	PUB EMPLOYEES-NV DES:PERS CHECK ID:000114556 [REDACTED] CO ID:1886001993 PPD	[REDACTED]
02/06/23	Interest Earned	[REDACTED]

Total deposits and other additions

Withdrawals and other subtractions

Date	Description	Amount
01/13/23	WINCO FOODS #1 01/13 #000054401 PURCHASE WINCO FOODS #12 9 Reno NV	-2.48
01/17/23	CHECKCARD 0114 VZWRLSS*APOCC VISW 800-922-0204 FL 24692163014102281299245 RECURRING	-150.12
01/17/23	WINCO FOODS #1 01/17 #000556555 PURCHASE WINCO FOODS #12 9 Reno NV	-224.62
01/17/23	EDWARD JONES DES:INVESTMENT ID:36849FXXXXXXXXX INDN:[REDACTED] CO ID:9430345812 PPD	-100.00
01/18/23	COLONIAL LIFE DES:INS. PREM. ID:A00600363626 [REDACTED] CO ID:1570144607 PPD	-104.54
01/23/23	WINCO FOODS #1 01/22 #000757223 PURCHASE WINCO FOODS #12 9 Reno NV	-29.20
01/24/23	WINCO FOODS #1 01/24 #000035303 PURCHASE WINCO FOODS #12 9 Reno NV	-382.78
01/27/23	BANK OF AMERICA - CREDIT CARD Bill Payment	-4,000.00
01/30/23	WINCO FOODS #1 01/29 #000140297 PURCHASE WINCO FOODS #12 9 Reno NV	-122.60
02/02/23	WFB HR CORP DES:BENEFITS ID:COB07677748 INDN:[REDACTED] CO ID:TOWERCOBRA PPD	-801.41

Total withdrawals and other subtractions

-\$5,917.75



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Find out with the Merrill® Personal Retirement Calculator at merrilledge.com/findout.

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Investment products: **Are Not FDIC Insured** **Are Not Bank Guaranteed** **May Lose Value**

SSM-10-22-0405 B | 5054640

Thanks for your payment!

Sent: February 16th, 2023



You made a Medicare premium payment for \$243.00 on February 16, 2023 using your credit or debit card. Your confirmation number is 

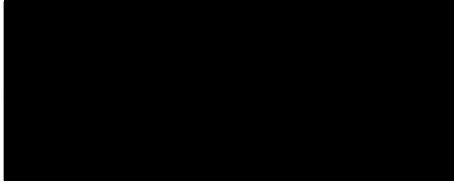
It may take at least 5 business days to process your payment. Once we process your payment, you'll see it in your payment

history (<https://www.medicare.gov/mbp/premiumpaymenthistory.aspx?lang=en-us>). You can also see how your bill breaks down in your premium bills (<https://www.medicare.gov/mbp/premiumbillssummary.aspx?lang=en-us>).

If you believe you got this message in error, please call 1-800-MEDICARE.

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Wilmington, DE 19850



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En Español: 1.800.688.6086

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P.O. Box 25118
Tampa, FL 33622-5118

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for February 7, 2023 to March 10, 2023

Account summary

Beginning balance on February 7, 2023

Deposits and other additions

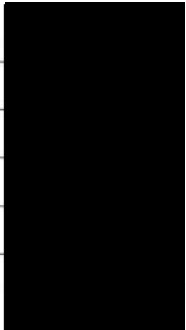
Withdrawals and other subtractions

Checks

Service fees

Ending balance on March 10, 2023

Annual Percentage Yield Earned this statement period: 0.01%.
Interest Paid Year To Date: \$0.29.



New! Scan & pay an easier way

Securely pay people in a snap when you scan their unique **Zelle® QR code** without manually entering contact information.

Download the app and start sending money today.



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² Mobile Banking requires that you download the Mobile Banking app and is only available for select mobile devices. Message and data rates may apply.

SSM-01-22-2811B | 4336404

February 7, 2023 to March 10, 2023

Withdrawals and other subtractions - continued

Date	Description	Amount
03/02/23	WFB HR CORP DES:BENEFITS ID:COB07677748 INDN [REDACTED] CO ID:TOWERCOBRA PPD	-801.41
03/06/23	WINCO FOODS #1 03/06 #000342652 PURCHASE WINCO FOODS #12 9 Reno NV	[REDACTED]
03/08/23	WINCO FOODS #1 03/08 #000924928 PURCHASE WINCO FOODS #12 9 Reno NV	[REDACTED]
03/10/23	WINCO FOODS #1 03/10 #000927752 PURCHASE WINCO FOODS #12 9 Reno NV	[REDACTED]

Total withdrawals and other subtractions

Checks

Date	Check #	Amount
03/06/23	7445	[REDACTED]
02/13/23	7447*	[REDACTED]

Date	Check #	Amount
02/21/23	7448	[REDACTED]
02/21/23	7449	[REDACTED]
Total checks		[REDACTED]
Total # of checks		4

* There is a gap in sequential check numbers

Service fees

Date	Transaction description	Amount
02/21/23	Safebox Rental	[REDACTED]
Total service fees		[REDACTED]

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

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.

Thanks for your payment!

Sent: March 16th, 2023

[REDACTED]

You made a Medicare premium payment for \$243.00 on March 16, 2023 using your credit or debit card. Your confirmation number is [REDACTED]

It may take at least 5 business days to process your payment. Once we process your payment, you'll see it in your payment

history (<https://www.medicare.gov/mbp/premiumpaymenthistory.aspx?lang=en-us>). You can also see how your bill breaks down in your premium

bills (<https://www.medicare.gov/mbp/premiumbillssummary.aspx?lang=en-us>).

If you believe you got this message in error, please call 1-800-MEDICARE.

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

DATE RANGE From Oct. 2022
To MAR, 2023

RETRIEE INFORMATION:

Name: [REDACTED]
Address: [REDACTED]

Employee #: 50078
Phone #: [REDACTED]

Expenses

Date Paid	Description (example: Monthly Premium)	Name of Provider (example: Anthem Blue Cross)	Cost	Total
10/6/22	Monthly Premium	United Healthcare	\$206.81 plus \$36.00	\$ 242.81
				\$ -
11/7/22	" "	" "	\$206.81 plus \$36.00	\$ 242.81
				\$ -
12/5/22	" "	" "	\$206.81 plus \$36.00	\$ 242.81
				\$ -
01/5/23	" "	" "	\$206.81 plus \$45.80	252.61
Medicare Eligible? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Dollars owed [REDACTED] = \$961.72 *				Total \$ 981.04

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: [REDACTED]

Date: 3/11/23

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.

**See attached sheet for breakdown.*



Employee #50078

• \$243.94/mo. x 6 mos (Oct, Nov, Dec, 2022) \$1,463.64
Jan, Feb, MAR, 2023

• TMWA Dental (\$77.46 x 6 mos) (464.76)

• TMWA Vision: Oct, Nov, Dec, + Jan. (26.24)
\$6.56 x 4 mos.

Feb + Mar. (10.92)
\$5.46 x 2 mos.

\$501.92

• \$1,463.64

(501.92)

961.72



3/11/23

Withdrawals and other subtractions - continued

Other subtractions - continued

Date	Description	Amount
09/20/22	US TREASURY IRS DES:PAYMENT CHECK #:6570 INDN:PU [REDACTED] CO ID:2009290085 ARC	[REDACTED]
09/30/22	STATE FARM BANK Bill Payment	[REDACTED]
10/03/22	NV ENERGY Bill Payment	[REDACTED]
10/05/22	UnitedHealthcare DES:PREMIUM ID:343041889 [REDACTED] D CO ID:1836282001 PPD	-206.81 ✓
10/05/22	SYNCHRONY BANK DES:PAYMENT ID:650172443226603 [REDACTED] CO ID:1061537262 TEL	[REDACTED]
10/05/22	UnitedHCMedicare DES:MedInsPymt ID:000001118439613 IND [REDACTED] D CO ID:9000447048 PPD	-36.00 ✓
10/06/22	AT&T LOCAL AND LONG DISTANCE Bill Payment	[REDACTED]

Total other subtractions

[REDACTED]

Checks

Date	Check #	Amount	Date	Check #	Amount
09/16/22	6568	[REDACTED]	09/09/22	6569	[REDACTED]
Total checks			Total # of checks		

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November 5, 2022 to December 7, 2022

Deposits and other additions

Date	Description	Amount
11/07/22	BKOFAMERICA ATM 11/07 #000007426 DEPOSIT MEADOWOOD RENO NV	[REDACTED]
11/09/22	SSA TREAS 310 DES:XXSOC SEC ID:XXXXXXXXA SSA [REDACTED] CO ID:9031036030 PPD	[REDACTED]
11/14/22	BKOFAMERICA ATM 11/11 #000008577 DEPOSIT 7TH/MCCARRAN RENO NV	[REDACTED]
11/16/22	FERRARI LUND DES:ACH [REDACTED] ID:1880239426 CCD	[REDACTED]
11/17/22	EVERGREEN ESCROW DES:ACH XFER [REDACTED] ID:4910938894 PPD	[REDACTED]
11/23/22	PUB EMPLOYEES-NV DES:PERS CHECK ID:000990519 [REDACTED] CO ID:1886001993 PPD	[REDACTED]

Total deposits and other additions

Withdrawals and other subtractions

ATM and debit card subtractions

Date	Description	Amount
11/28/22	BKOFAMERICA ATM 11/28 #000001701 WITHDRWL MEADOWOOD RENO NV	[REDACTED]

Total ATM and debit card subtractions

Other subtractions

Date	Description	Amount
11/07/22	UnitedHealthcare DES:PREMIUM ID:3430418891 [REDACTED] D CO ID:1836282001	-206.81 ✓
11/07/22	SYNCHRONY BANK DES:PAYMENT ID:650172443226603 [REDACTED] CO ID:1061537262 TEL	[REDACTED]
11/07/22	UnitedHCMedicare DES:MedInsPymt ID:000001123226573 [REDACTED] D CO ID:9000447048 PPD	-36.00 ✓

continued on the next page



Do you follow us on social media?

Connect with us on **Facebook** and **Twitter**
for timely information and to learn more
about how to reach your financial goals.






When you use the QRC feature certain information is collected from your mobile device for business purposes. SSM-05-22-0100A | 4718133

Withdrawals and other subtractions - continued

Other subtractions - continued

Date	Description	Amount
11/08/22	Costco Membership Bill Payment	[REDACTED]
11/09/22	Waste Management of Nevada Bill Payment	[REDACTED]
11/09/22	B's Lawn & Pest Control Svcs Bill Payment	[REDACTED]
11/10/22	City of Sparks Bill Payment	[REDACTED]
11/14/22	CARDMEMBER SERVICE Bill Payment	[REDACTED]
11/15/22	EDWARD JONES DES:INVESTMENT ID:26843FXXXXXXXXX IN[REDACTED] CO ID:9430345812 PPD	[REDACTED]
11/15/22	Catholic Services Appeal Bill Payment	[REDACTED]
11/16/22	Little Flower Ca DES:DONATION ID:[REDACTED] CO ID:6470751402 WEB	[REDACTED]
11/17/22	CITI CARDS Bill Payment	[REDACTED]
11/30/22	STATE FARM BANK Bill Payment	[REDACTED]
12/02/22	NV ENERGY Bill Payment	[REDACTED]
12/05/22	UnitedHealthcare DES:PREMIUM [REDACTED] D CO ID:1836282001 PPD	-206.81 ✓
12/05/22	SYNCHRONY BANK DES:PAYMENT [REDACTED] CO ID:1061537262 TEL	[REDACTED]
12/05/22	AT&T LOCAL AND LONG DISTANCE Bill Payment	[REDACTED]
12/05/22	UnitedHCMedicare DES:MedInsPymt [REDACTED] D CO ID:9000447048 PPD	-36.00 ✓
12/06/22	TRUCKEE MEADOWS WATER AUTHORITY Bill Payment	[REDACTED]
Total other subtractions		[REDACTED]

Checks

Date	Check #	Amount	Date	Check #	Amount
12/01/22	6573	[REDACTED]	11/30/22	6575	[REDACTED]
11/14/22	6574	[REDACTED]			
Total checks			Total # of checks		3

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

Date	Description	Amount
12/14/22	CARDMEMBER SERVICE Bill Payment	[REDACTED]
12/15/22	EDWARD JONES DES:INVESTMENT ID:26843FXXXXXXXXX [REDACTED] CO ID:9430345812 PPD	[REDACTED]
12/16/22	CITI CARDS Bill Payment	[REDACTED]
12/16/22	Little Flower Ca DES:DONATION ID: [REDACTED] CO ID:6470751402 WEB	[REDACTED]
12/20/22	Catholic Services Appeal Bill Payment	[REDACTED]
12/28/22	STATE FARM BANK Bill Payment	[REDACTED]
01/03/23	B's Lawn & Pest Control Svcs Bill Payment	[REDACTED]
01/04/23	TRUCKEE MEADOWS WATER AUTHORITY Bill Payment	[REDACTED]
01/05/23	UnitedHealthcare DES:PREMIUM ID:3430418891 [REDACTED] D CO ID:1836282001 PPD	-206.81 ✓
01/05/23	SYNCHRONY BANK DES:PAYMENT ID:650172443226603 [REDACTED] CO ID:1061537262 TEL	[REDACTED]
01/05/23	AT&T LOCAL AND LONG DISTANCE Bill Payment	[REDACTED]
01/05/23	UnitedHC Medicare DES:MedInsPymt ID:000001136704 [REDACTED] D CO ID:9000447048 PPD	-45.80 ✓
01/06/23	NV ENERGY Bill Payment	[REDACTED]
Total other subtractions		[REDACTED]

Checks

Date	Check #	Amount	Date	Check #	Amount
01/03/23	6576	[REDACTED]	12/23/22	6578	[REDACTED]
12/19/22	6577	[REDACTED]	12/28/22	6580*	[REDACTED]
Total checks		[REDACTED]	Total # of checks		4

* 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.

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

DATE RANGE From 01/01/2023
To 03/31/2023

RETRIEE INFORMATION:

Name: [REDACTED]
Address: [REDACTED]

Employee #: 50200
Phone #: [REDACTED]

Expenses

Date Paid	Description (example: Monthly Premium)	Name of Provider (example: Anthem Blue Cross)	Cost	Total
01/01-03/31 2023	Medical, Dental, Vision	TuWA	\$ 848.19	\$ 2,544.57
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				Total \$ 0.00 -

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: 10-13-2022

PRMPT Approval*: [REDACTED]

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.

COBRA Continuation Coverage Election Form

Instructions: To elect COBRA continuation coverage, complete this Election Form and return it to us. Under federal law, you have 60 days after the date of this notice to decide whether you want to elect COBRA continuation coverage under the Plan.

Send completed Election Form to:

Truckee Meadows Water Authority
Attn: Rosalinda Rodriguez, Human Resources Technician
PO Box 30013
Reno, NV 89520-3013

This Election Form must be completed and returned by mail February 28, 2023. If mailed, it must be post-marked no later than February 28, 2023.

If you don't submit a completed Election Form by the due date shown above, you'll lose your right to elect COBRA continuation coverage. If you reject COBRA continuation coverage before the due date, you may change your mind as long as you submit a completed Election Form before the due date. However, if you change your mind after first rejecting COBRA continuation coverage, your COBRA continuation coverage will begin on the date you submit the completed Election Form.

Read the important information about your rights included in the pages after the Election Form.

I (We) elect COBRA continuation coverage in the [enter name of plan] (the Plan) listed below:

Name	Date of Birth	Relationship to Employee	SSN (or other identifier)
a. [Redacted]	[Redacted]	self	[Redacted]
b. [Redacted]	[Redacted]		
c. [Redacted]	[Redacted]		

[Add if appropriate: Coverage option elected: Medical]

[Add if appropriate: Coverage option elected: Dental]

[Add if appropriate: Coverage option elected: Vision]

Signature

10-11-2022
Date

Print

self
Relationship to individual(s) listed above

Print Address

Telephone number



LOOK FOR:
3D hologram foil across top.
Heat-reactive circle in upper-right corner.

1677
94-169/1212

01-01-2023 Date

Pay to the Order of TMWA

\$ 2,544.57

Two thousand five hundred forty four and 57/100 Dollars

US Bank

COBRA
Jan March 2023



Security Features Details on Back.

MP

Security Check

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

DATE RANGE From Jan, 2023
To March, 2023

RETRIEE INFORMATION:

Name: [REDACTED]

Employee #: _____

Address: [REDACTED]

Phone #: [REDACTED]

Expenses

2023

Date Paid	Description (example: Monthly Premium)	Name of Provider (example: Anthem Blue Cross)	Cost	Total
Jan-March	Monthly Premium	Medicare	230.80 x 3	\$ 692.40
Jan-March	Monthly Premium	United HealthCare - Part D	45.80 x 3	\$ 137.40
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
Medicare Eligible? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				Total \$ <u>829.80</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: [REDACTED]

Date: 3/10/23

PRMPT Approval*: _____

Date: _____

* Indicates _____ the reimbursement

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

Accounting Approval**: _____

Date: _____

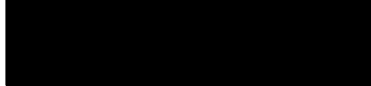
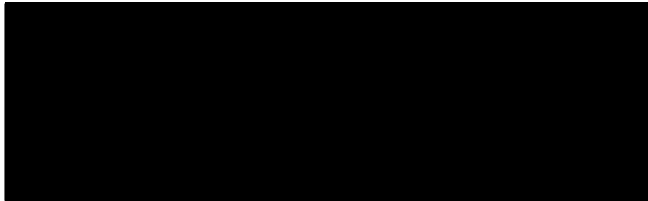
** Indicates the trust accountant has ensured any amounts reimbursed are within the participants available trust balance.



Social Security Administration Benefit Verification Letter

Date: March 10, 2023

0101BEV1X368HY CCM M72 BEV1X R230310



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 2022, the full monthly Social Security benefit before any deductions is ~~2,230.20~~

We deduct \$230.80 for medical insurance premiums each month.

*Jan,
Feb, 2023
March*

The regular monthly Social Security payment is ~~1,999.40~~
(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 December 2021 to November 2022, the full monthly Social Security benefit before any deductions was ~~2,230.20~~

We deducted ~~230.80~~ for medical insurance premiums each month.

The regular monthly Social Security payment was ~~1,999.40~~
(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

Sierra Pacific Credit Union
Checking account

04/18/2023 PRMT §501-c-9 Agenda Item 05_E

Description

Debit **Credit Balance**

March 6, 2023

MedInsPymt UnitedHCMedicare MedInsPymt, 03-06-2023 @ : 0 Trace
#:021001039108718

-\$45.80

February 6, 2023

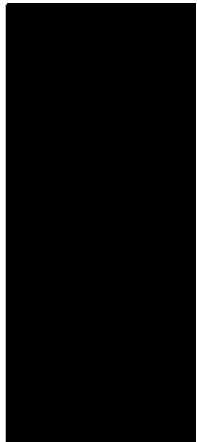
MedInsPymt UnitedHCMedicare MedInsPymt, 02-06-2023 @ : 0 Trace
#:021001030674437

-\$45.80

January 5, 2023

MedInsPymt UnitedHCMedicare MedInsPymt, 01-05-2023 @ : 0 Trace
#:021001030537763

-\$45.80



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

DATE RANGE From 1/1/2023
To 3/31/2023

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
1/1 - 3/31/2023	Medicare Premium	US Dept of Health & Human Services CMS	\$230.80	\$692.40 -
1/1 - 3/31/2023	Prescription Pt D	Humana	\$30.60	\$91.80 -
1/1 - 3/31/2023	Medicare Supplement	AARP United Healthcare	\$108.48	\$325.44 -
				\$ -
				\$ -
				\$ -
Medicare Eligible? <input type="checkbox"/> YES <input type="checkbox"/> NO				Total \$1,109.64 -

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: March 31, 2023

PRMPT Approval*: [Signature] Date: _____

Accounting Approval***: _____ Date: _____

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

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

Social Security Administration

Important Information

Date: November 23, 2022
BNC#: [REDACTED]



0301R411, V015569 CX:M M15, 31, N, F, R22111R 000000000 00036106356150667660, R9502530730 0042691

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 8.7% in 2023 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 2023 monthly benefit amount before deductions is: - ~~REDACTED~~
- ✗ ● Your 2023 monthly deduction for the Medicare Part B premium is: - \$230.80
 - \$164.90 for the standard Medicare premium, plus
 - \$65.90 for the Medicare Part B IRMAA based on your 2021 income tax return
- Your 2023 deduction for Medicare Part D IRMAA based on your 2021 income tax return is: - \$12.20
- Your deduction for voluntary tax withholding is: - ~~REDACTED~~
- Your benefit amount after deductions that will be deposited into your bank account or sent in your check on January 11, 2023 is: - ~~REDACTED~~

C

See Next Page





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: \$30.60

Billing account history

04/02/2023 Scheduled Auto-pay	 DC-VISA-*6317 DCD-666508347	
03/02/2023 Processed Auto-pay	 DC-VISA-*6317 DCD-666508346	\$30.60
02/02/2023 Processed Auto-pay	 DC-VISA-*6317 DCD-666508345	\$30.60
01/02/2023 Processed Auto-pay	 DC-VISA-*6317 DCD-666508344	\$30.60

Home > Premium Payments

Premium Payments premium breakdown ×

This is the amount of your household premium payment. It does not include any past due billed amounts or pending payments.

Household

How can we help you with your premium payments today?
Electronic Funds Transfer (EFT) discount -\$2.00

Household Total* **\$362.59**

 **Make a payment** >

* Includes all individual plan premiums, riders, household and individual discounts.

 s breakdown

 **View payment and billing history** ↓
AARP MEDICARE SUPPLEMENT PLAN

\$202.00

 Multi insured discount
Recurring payments: **ON**

-\$14.14

Your premium payment will be paid each month.
Enrollment discount

-\$78.78

Your portion of the Household Total* **\$108.48**

*Your portion of the household total reflects your monthly plan premium(s) individual discount(s) and your portion of any household discount(s) if applicable, and is specific to the individual signed in.

Other individuals within the household must sign in to see their portion of the household total. [Learn about ways to pay](#) >

\$362.59 /mo ?

Close

[Premium breakdown](#) >

Medicare Supplement Insurance Plan

AARP MEDICARE SUPPLEMENT PLAN

Premium Payment History

Payment history for: [REDACTED]
 Member ID: [REDACTED]
 From: **October 04, 2022**
 To: **April 01, 2023**
 Plan: **AARP MEDICARE SUPPLEMENT PLAN**
 Effective date: **March 1, 2021**

Payment date	Amount	Status	Payment method	Reference number
04/01/2023	\$362.59	Processed	EFT	Not available for this payment
03/01/2023	\$362.59	Processed	EFT	Not available for this payment
02/01/2023	\$362.59	Processed	EFT	Not available for this payment
01/01/2023	\$362.59	Processed	EFT	Not available for this payment
12/01/2022	\$362.59	Processed	EFT	Not available for this payment
11/01/2022	\$362.59	Processed	EFT	Not available for this payment
Total amounts	\$2,175.54			



STAFF REPORT

TO: Board of Trustees
FROM: Rosalinda Rodriguez, HR Technician II
DATE: April 18, 2023
SUBJECT: **Propose rescheduling July 18th meeting**

Recommendation

TMWA staff recommends that the Board of Trustees approve rescheduling of July 18th meeting date previously approved during the October 2022 meeting.

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. The July 18th date presents a conflict and there would not be a quorum present.

Staff recommends continuing with the current reoccurring schedule as follows:

Staff recommends rescheduling the July meeting to:

Tuesday, July 25 1:00 p.m.

Retirement Benefits Investment Fund

December 31, 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	\$ 356,489,805	50.5%	50.4%	2.4%	-18.0%	7.7%	9.4%	12.5%	9.3%
Market Return				2.3%	-18.1%	7.7%	9.4%	12.6%	9.3%
Int'l Stocks- MSCI World x US Index	\$ 162,417,991	21.5%	22.9%	5.6%	-14.0%	1.6%	2.1%	5.0%	2.8%
Market Return				5.5%	-14.3%	1.3%	1.8%	4.8%	2.6%
U.S. Bonds- U.S. Bond Index	\$ 186,060,201	28.0%	26.3%	-3.9%	-5.9%	0.6%	1.9%	1.7%	2.8%
Market Return				-3.7%	-6.6%	0.3%	1.7%	1.5%	2.6%
	\$ 3,047,095	0.0%	0.4%						
Total RBIF Fund	\$ 708,015,092	100.0%	100.0%	1.2%	-13.8%	5.1%	6.2%	8.1%	6.5%
Market Return				1.5%	-13.8%	4.7%	5.9%	7.9%	6.5%