

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

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

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### **AGENDA**

## **§501-c-9 Post-Retirement Medical Plan & Trust Tuesday, October 17, 2023 at 1:00 p.m. Independence Room: 1355 Capital Blvd. Reno, NV 89520 and Teleconference**

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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: 535 864 516#**

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 25, 2023 minutes (**For Possible Action**)
5. Approval of the August 21, 2023 minutes (**For Possible Action**)
6. Approval of the September 28, 2023 minutes (**For Possible Action**)
7. Review and consideration for approval of request(s) for reimbursement of premiums. — Rosalinda Rodriguez (**For Possible Action**)
8. Update regarding status of trust document revision—Jessica Atkinson\*
9. Discussion and possible Trustee direction regarding meeting times and dates for calendar year 2024.—Rosalinda Rodriguez (**For Possible Action**)
10. Review of Retirement Benefits Investment Fund (RBIF) performance review—Matt Bowman\*
11. Trustee comments and requests for future agenda items\*
12. Public comment — limited to no more than three minutes per speaker\*
13. 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**

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**DRAFT July 25, 2023 MINUTES**

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The meeting of the TMWA Post-Retirement Medical Plan and Trust (Trust) Trustees was held on Tuesday, July 25, 2023 in person and through teleconference.

Matt 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  
Pete Pribyl  
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 APRIL 18, 2023 MINUTES

**Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the April 18, 2023 minutes.**

5. TRUSTEE APPOINTMENT OF PETE PRIBYL

Ms. Rodriguez advised that during the TMWA Board of Directors meeting on June 21, 2023, the General Manager appointed Inspector Peter Pribyl as a trustee to the 501-c-9 TMWA Post-Retirement Medical Plan and Trust through December 31, 2024. This vacancy existed due to the transfer of former Trustee Richard Merrigan, and Mr. Pribyl was appointed as his replacement to serve the remainder of Mr. Merrigan's two-year term.

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

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

Ms. Rodriguez presented a reimbursement request received for premiums for COBRA health 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 premiums for COBRA health coverages paid for directly by the retiree was approved.**

Ms. Rodriguez presented a reimbursement request for premiums for Medicare paid directly by the retiree through Social Security.

**Upon motion made and seconded, and carried by unanimous consent by the Trustee's present, the reimbursement request for premiums for Medicare paid directly by the retiree through Social Security was approved.**

Ms. Rodriguez presented a reimbursement request received for premiums for United Health Care 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 Healthcare paid directly by the retiree was approved.**

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

Ms. Rodriguez presented a reimbursement request Medicare supplemental coverage through 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 for Medicare supplemental coverage through United Health Care paid for directly by the retiree was approved.**

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

7. UPDATE REGARDING STATUS OF TRUST DOCUMENT REVISION

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.

During the January 17, 2023 meeting A draft of proposed changes was brought for Trustee review, which were approved pending discussion with the City of Reno Plan administrators on interpretation of the Nevada Revised Statute that relates to retiree life insurance eligibility.

**Update July 25, 2023:** Ms. Rodriguez advised that we are still waiting to meet with the City of Reno regarding an outstanding question on whether or not an individual needs to be enrolled in our health plans to continue on the life insurance plans.

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

8. REVIEW OF FINANCIAL AUDIT

Ms. Sophia Cardinal, Financial Controller, presented the audited financial statements dated December 31, 2022 for the PRMPT trust.

Ms. Cardinal advised the plan received an unqualified audit opinion, which means that the independent auditor believes the financial statements are fairly and appropriately presented and that they are in compliance with generally accepted accounting principles.

The Plan's basic financial statements include the following components: Statement of Fiduciary Net Position, Statement of Changes in Fiduciary Net Position, and Notes to the Financial Statements.

Ms. Cardinal reviewed highlights of the plan's report that ended December 31, 2022 which included that Operating cash balances were \$75,000, the Net investment loss, including realized and unrealized gains and losses was \$2.2 million. There were no employer contributions to the plan during the year. The Net position totaled \$13.4 million, which was a \$2.6 million decrease from the prior year.

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

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

Mr. Bowman reviewed the RBIF dated March 31, 2023. Overall the fiscal year to date return is at 7.7% and 8% for the Market return. For the 2023 calendar year so far it is - averaged at 4.4%. The rate of return since inception is at 6.8% which in line with how the plan has performed historically.

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

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

Reimbursement Requests

11. PUBLIC COMMENT

12. ADJOURNMENT

With no further business to discuss, Chairman Bowman adjourned the meeting at 1:19 PM.

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

Respectfully Submitted,

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Rosalinda Rodriguez, Recording Secretary

**Post-Retirement Medical Plan & Trust**

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**DRAFT August 21, 2023 MINUTES**

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The meeting of the TMWA Post-Retirement Medical Plan and Trust (Trust) Trustees was held on Monday, August 21, 2023 in person and through teleconference.

Matt Bowman, Chairman, called the meeting to order at 12:05 P.M.

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

A quorum was present.

Voting Members Present:

Matt Bowman  
Juan Esparza  
Steve Enos

Voting Members Absent

Pete Pribyl

Members Present

Rosalinda Rodriguez

Members Absent:

Mike Venturino  
Jessica Atkinson  
Gus Rossi

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

Ms. Rodriguez presented a reimbursement request received for health care premiums for Anthem Blue Cross 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 health care premiums for Anthem Blue Cross paid for directly by the retiree.**

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

Reimbursement Requests

6. PUBLIC COMMENT

7. ADJOURNMENT

With no further business to discuss, Chairman Bowman adjourned the meeting at 12:07 PM.

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

Respectfully Submitted,

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Rosalinda Rodriguez, Recording Secretary

**Post-Retirement Medical Plan & Trust**

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**DRAFT September 28, 2023 MINUTES**

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The meeting of the TMWA Post-Retirement Medical Plan and Trust (Trust) Trustees was held on Monday, August 21, 2023 in person and through teleconference.

Matt Bowman, Chairman, called the meeting to order at 1:36 P.M.

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

A quorum was present.

Voting Members Present:

Matt Bowman  
Juan Esparza  
Pete Pribyl (via phone)

Voting Members Absent

Steve Enos

Members Present

Rosalinda Rodriguez  
Jessica Atkinson (Via Teams)

Members Absent:

Mike Venturino  
Gus Rossi

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. REVIEW AND APPROVAL OF POST-RETIREMENT MEDICAL PLAN & TRUST CALCULATION FOR PATRICK QUIGLEY

Mr. Rosalinda Rodriguez, HR Technician, presented a benefit calculation for Patrick Quigley. Mr. Quigley passed away on 09/20/2023 and was still an active employee. He would have met eligibility requirements for the Post Retirement Medical Plan & Trust § 501-c-9 under the Post-98 benefit. Mr. Quigley had 21.24 years of service with TMWA , and an adjustment was made



for unpaid leave time, which made the adjusted years of service 21.2345, this is a minimal change to his total years of service.

While Mr. Quigley passed away before claiming the benefit, the VEBA document, section 4.1.5 is applicable in this situation that his surviving spouse is eligible for his benefit for one (1) year after his passing. As such the surviving spouse, Stacey Boreta has elected to continue on TMWA health coverages under COBRA for medical, dental and vision coverages applying the surviving spouse benefit for the premiums for 12 months.

Ms. Rodriguez recommended that Trustee's make a motion to approve Mr. Quigley's benefit calculation and that Ms. Stacy Boreta, the surviving spouse use the benefit for 12 months following Mr. Quigley's death effective 10/01/2023.

**Upon motion made and seconded, and carried by unanimous consent by the Trustee's present, the benefit calculation for Mr. Patrick Quigley was approved to be used by his surviving spouse, Stacey Boreta for 12 months effective October 1, 2023.**

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

Reimbursement Requests

6. PUBLIC COMMENT

7. 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 7-1-23  
To 9-30-23

**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
7-1	Medicine	Medicine	164.90	\$ 164.90-
8-1	"	"	164.90	\$ 164.90-
9-1	"	"	164.90	\$ 164.90-
				\$ -
				\$ -
				\$ -
<b>Total</b>				<b>\$ 0.00 449.70</b>

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: 2-17-23

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.

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

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) [REDACTED]

After we take any other deductions, you will receive the payment you are due for December 2022 on or about January 11, 2023.

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](http://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](http://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 June 2023  
To Sept. 2023

**RETRIEE INFORMATION:**

Name:   
Address: 

Employee #: 50078  
Phone #: 

## Expenses

Date Paid	Description (example: Monthly Premium)	Name of Provider (example: Anthem Blue Cross)	Cost	Total
June to Sept.	Monthly Premium	United Healthcare (Supplemental)	\$ 234.60 x 4 months	\$ 938.40
				\$ -
				\$ -
June to Sept.	Monthly Premium	United Healthcare (Prescriptions)	\$ 45.80 x 4 months	\$ 183.20
				\$ -
				\$ -
			\$0.00	
Medicare Eligible? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				<b>Total</b> \$ <u>1,121.60</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: 9/19/23

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.

June

## Withdrawals and other subtractions - continued

### Other subtractions - continued

Date	Description	Amount
05/31/23	[REDACTED]	[REDACTED]
06/02/23	[REDACTED]	[REDACTED]
06/02/23	[REDACTED]	[REDACTED]
06/05/23	UnitedHealthcare DES:PREMIUM PPD [REDACTED]	-234.60 ✓
06/05/23	[REDACTED]	[REDACTED]
06/05/23	UnitedHC Medicare DES:MedInsPymt [REDACTED] D CO	-45.80 ✓
<b>Total other subtractions</b>		[REDACTED]

## Checks

Date	Check #	Amount
05/30/23	[REDACTED]	[REDACTED]
<b>Total checks</b>		[REDACTED]
<b>Total # of checks</b>		[REDACTED]

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](http://bankofamerica.com) and enter Visually Impaired Access from the home page.

July

## Withdrawals and other subtractions - continued

### Other subtractions - continued

Date	Description	Amount
06/20/23	[REDACTED]	[REDACTED]
06/22/23	[REDACTED]	[REDACTED]
06/30/23	[REDACTED]	[REDACTED]
06/30/23	[REDACTED]	[REDACTED]
07/03/23	[REDACTED]	[REDACTED]
07/05/23	UnitedHealthcare DES:PREMIUM PPD [REDACTED]	-234.60 ✓
07/05/23	[REDACTED]	[REDACTED]
07/05/23	[REDACTED]	[REDACTED]
07/06/23	UnitedHC Medicare DES: [REDACTED] D CO	-45.80 ✓

**Total other subtractions** [REDACTED]

## Checks

Date	Check #	Amount	Date	Check #	Amount
06/08/23	[REDACTED]	[REDACTED]	06/21/23	[REDACTED]	[REDACTED]
06/13/23	[REDACTED]	[REDACTED]	06/22/23	[REDACTED]	[REDACTED]
06/14/23	[REDACTED]	[REDACTED]	06/26/23	[REDACTED]	[REDACTED]
<b>Total checks</b>			[REDACTED]		
<b>Total # of checks</b>			[REDACTED]		

\* 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.

August

### Withdrawals and other subtractions - continued

#### Other subtractions - continued

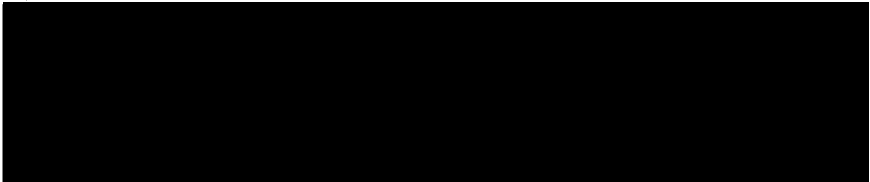
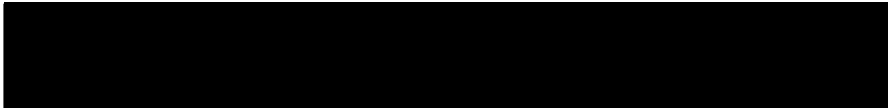
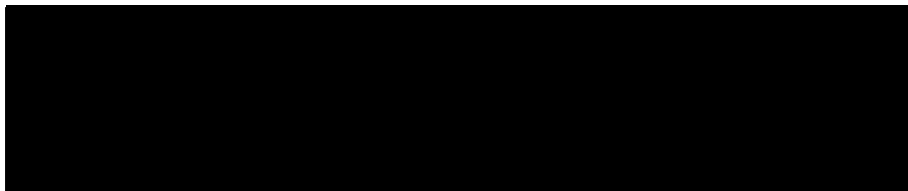
Date	Description	Amount
07/17/23	[REDACTED]	[REDACTED]
07/18/23	[REDACTED]	[REDACTED]
07/18/23	[REDACTED]	[REDACTED]
07/31/23	[REDACTED]	[REDACTED]
08/04/23	[REDACTED]	[REDACTED]
08/04/23	[REDACTED]	[REDACTED]
08/07/23	UnitedHealthcare DES:PREMIUM PPD [REDACTED]	-234.60 ✓
08/07/23	[REDACTED]	-172.49
08/07/23	UnitedHCMedicare DES [REDACTED]	-45.80 ✓
<b>Total other subtractions</b>		[REDACTED]

### Checks

Date	Check #	Amount
08/01/23	[REDACTED]	[REDACTED]
<b>Total checks</b>		[REDACTED]
<b>Total # of checks</b>		[REDACTED]

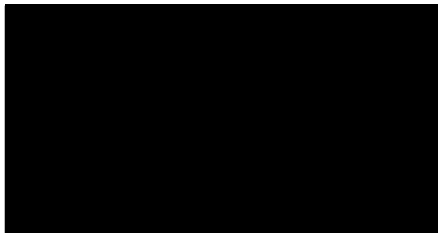
Braille and Large Print Request - You can request a copy of this statement in Braille or Large Print by calling 800.432.1000 or going to bankofamerica.com and enter Visually Impaired Access from the home page.





August 10, 2023 to September 7, 2023

Withdrawals and other subtractions - continued



09-05-23 UnitedHealthcare DE'S PREMIUM PPD [redacted] 234.60 ✓

09-06-23 UnitedHC Medicare D [redacted] 45.80 ✓

Total other subtractions



Checks

Date	Check #	Amount	Date	Check #	Amount
08-23-23	[redacted]	[redacted]	08-22-23	[redacted]	[redacted]
08-14-23	[redacted]	[redacted]	08-29-23	[redacted]	[redacted]
08-17-23	[redacted]	[redacted]			
<b>Total checks</b>					[redacted]
<b>Total # of checks</b>					[redacted]

*Sept.*

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/app/brl. Visit us at [www.Ameriact.com](http://www.Ameriact.com) from the same page.



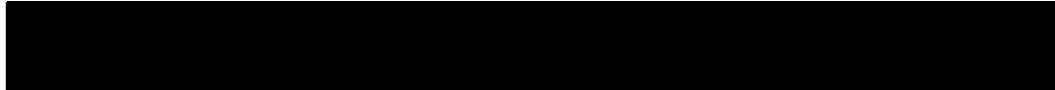
# Post Retirement Medical Plan & Trust - Medical Premium Expense Reimbursement Request

DATE RANGE From 1/1/2023  
To 5/31/2023

**RETRIEE INFORMATION:**

Name: 

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

Address: 

Phone #: 

## Expenses

Date Paid	Description (example: Monthly Premium)	Name of Provider (example: Anthem Blue Cross)	Cost	Total
1/1-5/1	MONTHLY MED PREM SUPPL PLAN	UNITED HEALTHCARE	268.03/MO	\$ 1340 - 15
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
			\$0.00	

Medicare Eligible?  YES  NO

Total \$ 1340 - 15

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

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

Retiree Signature: 

Date: 9/29/2023

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]

Member ID: [REDACTED]

From: September 29, 2022

To: September 28, 2023

Plan: AARP MEDICARE SUPPLEMENT PLAN

Effective date: June 1, 2014

Payment date	Amount	Status	Payment method	Reference number
09/01/2023	\$298.49	Processed	EFT	Not available for this payment
08/01/2023	\$298.49	Processed	EFT	Not available for this payment
07/01/2023	\$298.49	Processed	EFT	Not available for this payment
06/01/2023	\$298.49	Processed	EFT	Not available for this payment
05/01/2023	\$268.03	Processed	EFT	Not available for this payment
04/01/2023	\$268.03	Processed	EFT	Not available for this payment
03/01/2023	\$268.03	Processed	EFT	Not available for this payment
02/01/2023	\$268.03	Processed	EFT	Not available for this payment
01/01/2023	\$268.03	Processed	EFT	Not available for this payment
12/01/2022	\$268.03	Processed	EFT	Not available for this payment
11/01/2022	\$268.03	Processed	EFT	Not available for this payment
10/01/2022	\$268.03	Processed	EFT	Not available for this payment
Total amounts	\$3,338.20			

END

START

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

10/17/2023 PRMPT S501 e-9 Agenda Item 07\_D

DATE RANGE From July, 2023  
To Sept, 2023

**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
July-Sept 2023	Medicare monthly premium	230.80 x 3		\$ 692.40
				\$ -
July-Sept 2023	Medicare Part D Drug Coverage	45.80 x 3		\$ 137.40
				\$ -
				\$ -
<b>Medicare Eligible?</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				<b>Total</b> \$ <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: 9/30/23

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

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

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: September 6, 2023

\*0101BEV6X40RUM0+ CCM.M72.BEV6X.R230906

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 ~~XXXXXX~~

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

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

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

Your Social Security benefits are paid on or about the 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 [REDACTED]

We deducted [REDACTED] 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 April 2021.

See Next Page

Sierra Pacific Credit Union  
auto payments

10/17/2023 PRMT §501-c-9 Agenda Item 07\_D

**Description**

**Debit**    **Credit**    **Amount**    **Balance**

September 6, 2023

MedInsPymt UnitedHCMedicare MedInsPymt, 09-06-2023 @ : 0  
[REDACTED]

-\$45.80

-\$45.80

[REDACTED]

August 7, 2023

MedInsPymt UnitedHCMedicare MedInsPymt, 08-07-2023 @ : 0  
[REDACTED]

-\$45.80

-\$45.80

[REDACTED]

July 6, 2023

MedInsPymt UnitedHCMedicare MedInsPymt, 07-06-2023 @ : 0  
[REDACTED]

-\$45.80

-\$45.80

[REDACTED]

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

DATE RANGE From 4/1/2023  
To 8/31/2023

**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
4/1-8/31/2023	Medicare Premium	US Dept of Health & Human Services CMS	\$230.80	\$1,154.00 -
4/1-8/31/2023	Prescription Pt D	Humana	\$30.60	\$153.00 -
4/1-5/31/2023	Medicare Supplement	AARP United Healthcare	\$108.48	\$216.96 -
6/1-8/31/2023	Medicare Supplement	AARP United Healthcare	118.33	\$354.99 -
				\$ -
				\$ -
<b>Total</b>				<b>\$1,878.95 -</b>

Medicare Eligible?  YES  NO

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

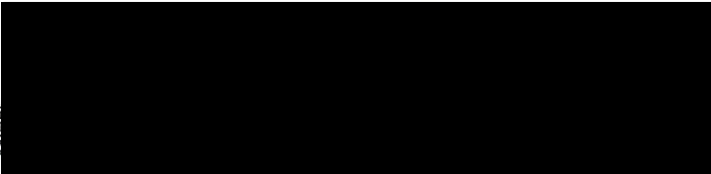
I certify that the above information is correct. I understand that I will not be reimbursed for medical insurance premiums for any period during which I was not eligible for participation or failed to maintain coverage. I further understand that if I receive reimbursement for premiums for which I was 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 24, 2023  
 PRMPT Approval\*: [REDACTED] Date: \_\_\_\_\_  
 Accounting Approval\*\*\*: [REDACTED] Date: \_\_\_\_\_

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

# Social Security Administration Important Information

Date: [REDACTED]  
BNC#: [REDACTED]



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]

\*0301R411, V015563\* CC:M, M15, 31, N, N, F, R221118 0000000000 00036106356150867660, 80502539730 0042691





AARP United Health Care Supplemental Insurance:

Household Monthly Premium: \$395.46 [REDACTED] (\$118.33)

### Your August 2023 premium breakdown ✕

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

**Household**

Discount	Amount
Electronic Funds Transfer (EFT) discount	-\$2.00
<b>Household Total*</b>	<b>\$395.46</b>

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

[REDACTED]

Coverage	Amount
AARP MEDICARE SUPPLEMENT PLAN	\$220.25
Multi insured discount	-\$15.42
Enrollment discount	-\$85.90
<b>Your portion of the Household Total*</b>	<b>\$118.33</b>

\*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.

[Close](#)

# Premium Payment History

Payment history for: [REDACTED]  
 Member ID: [REDACTED]  
 From: **February 26, 2023**  
 To: **August 24, 2023**  
 Plan: **AARP MEDICARE SUPPLEMENT PLAN**  
 Effective date: **March 1, 2021**

Payment date	Amount	Status	Payment method	Reference number
08/01/2023	\$395.46	Processed	EFT	Not available for this payment
07/01/2023	\$395.46	Processed	EFT	Not available for this payment
06/01/2023	\$395.46	Processed	EFT	Not available for this payment
05/01/2023	\$362.59	Processed	EFT	Not available for this payment
04/01/2023	\$362.59	Processed	EFT	Not available for this payment
03/01/2023	\$362.59	Processed	EFT	Not available for this payment
<b>Total amounts</b>	<b>\$2,274.15</b>			

Microsoft Edge  
Would you like to set Microsoft Edge as your default browser?

Humana Billing

Search criteria

Transaction type:  Date range:

Transaction date	Description	Amount	Coverage period
08/02/2023	DEBIT CARD PAYMENT, #6317	-\$30.60	N/A
07/02/2023	DEBIT CARD PAYMENT, #6317	-\$30.60	N/A
06/02/2023	DEBIT CARD PAYMENT, #6317	-\$30.60	N/A
05/02/2023	DEBIT CARD PAYMENT, #6317	-\$30.60	N/A
04/02/2023	DEBIT CARD PAYMENT, #6317	-\$30.60	N/A
03/02/2023	DEBIT CARD PAYMENT, #6317	-\$30.60	N/A
02/02/2023	DEBIT CARD PAYMENT, #6317	-\$30.60	N/A
01/02/2023	DEBIT CARD PAYMENT, #6317	-\$30.60	N/A

Sum of listed transactions: -\$244.80

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

DATE RANGE From 07/01/2023  
To 09/30/2023

**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
<u>07/01-09/30 2023</u>	<u>Medical, Dental, Vision</u>	<u>Tmwa</u>	<u>\$ 848.19</u>	<u>\$ 2,544.57</u>
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
<b>Total</b>				<b>\$ 0.00 -</b>

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] \_\_\_\_\_  
PRMPT Approval\*: [REDACTED] \_\_\_\_\_

Date: 10-13-2022  
Date: \_\_\_\_\_  
Date: \_\_\_\_\_

Accounting Approval\*\*:

\* 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.

### 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]	[Redacted]	[Redacted]
b. [Redacted]	[Redacted]	[Redacted]	[Redacted]
c. [Redacted]	[Redacted]	[Redacted]	[Redacted]
S. [Redacted]	[Redacted]	[Redacted]	[Redacted]

[Add if appropriate: Coverage option elected: Medical]

[Add if appropriate: Coverage option elected: Dental]

[Add if appropriate: Coverage option elected: Vision]

10-11-2022  
Date

self  
Relationship to individual(s) listed above

Print Address

Telephone number

**Rodriguez, Rosalinda**

---

**From:** [REDACTED]  
**Sent:** Saturday, July 1, 2023 6:36 AM  
**To:** Rodriguez, Rosalinda  
**Subject:** Payment Confirmation - Infinisource

Hi Rosalinda,

This is the payment confirmation for July for COBRA.  
Enjoy your time off for the 4th!

[REDACTED]

Begin forwarded message:

[REDACTED]

[REDACTED]

We are pleased to confirm your payment with Infinisource. Below is the summary of your payment transaction. Your payment has been received and will be posted to your Infinisource account within the next business day.

Please note your payment can take 3-5 business days to process and clear your bank account. Should your payment be returned (Non-Sufficient Funds or No Account/Unable to Locate) you will receive an email from Paymentus regarding your returned payment and your Infinisource account will be updated to reflect the returned payment.

Confirmation number: [REDACTED]  
Payment date: Jul 1, 2023, 8:03:49 AM  
Payment components:  
Payment amount: \$848.19  
Processing fee: \$1.45  
Total amount charged: \$849.64

Payment status: ACCEPTED

Contact Information

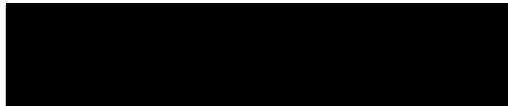
First name: [REDACTED]  
Last name: [REDACTED]

Email address:



**Account Information**

Payment type:



Account number:

Payment method:

E-Check

Date due:

Jul 1, 2023

**Payment Method  
Information**

Account type:

Account holder name:

Account number:

Routing number:

Bank name:



**Rodriguez, Rosalinda**

---

**From:**  
**Sent:**  
**To:**  
**Subject:**

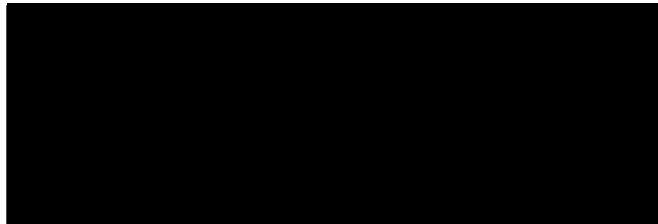


Hi Rosalinda - here is August's COBRA payment.

Thank you!



Begin forwarded message:



**Dear ELIZABETH CROOK,**

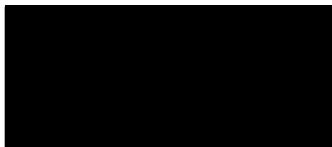
We are pleased to confirm your payment with Infinisource. Below is the summary of your payment transaction. Your payment has been received and will be posted to your Infinisource account within the next business day.

Please note your payment can take 3-5 business days to process and clear your bank account. Should your payment be returned (Non-Sufficient Funds or No Account/Unable to Locate) you will receive an email from Paymentus regarding your returned payment and your Infinisource account will be updated to reflect the returned payment.

Confirmation number:	
Payment date:	Aug 1, 2023, 8:44:49 AM
Payment components:	
Payment amount:	\$848.19
Processing fee:	\$1.45
Total amount charged:	\$849.64
Payment status:	ACCEPTED

Contact Information

First name:  
Last name:  
Email address:



Account Information



Payment type: [REDACTED]  
Account number: [REDACTED]  
Payment method: E-Check  
Date due: Aug 1, 2023

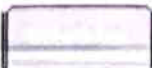
Payment Method Information

Account type: [REDACTED]  
Account holder name: [REDACTED]  
Account number: \*\*\*\*\*3411  
Routing number: \*\*\*\*\*1694  
Bank name: US Bank

Customer Dashboard



Payments



My Payments [Make a Payment!](#)

PAYMENT DETAILS

Confirmation number: 

Payment date: **Sep 1, 2023, 3:13:34 PM**

Payment Components:

Maximum payment amount: **\$948.19**

Processing fee: **\$1.45**

Maximum amount charged: **\$949.64**

Payment status: **ACCEPTED**

Email Status: **Sent**

Application: **Customer Dashboard**

Channel: **Pro Active Payment**

Contact Information

First name: 

Last name: 

Email address: 


Account Information


Payment type: **Continuation Coverage**


Suspended: **No**


Payment method: **E-Check**


Payment Method Information


Account type: 


Account holder name: 

Account number: 

Routing number: 

Bank name: 

Payment amount: 

Processing fee: 

10/13/2023 11:04 AM



## STAFF REPORT

**TO:** Board of Trustees  
**FROM:** Rosalinda Rodriguez, HR Technician  
**DATE:** October 17, 2023  
**SUBJECT:** Discussion and direction regarding meeting times and dates for 2024

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### **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 16	1:00 p.m.
Tuesday, April 16	1:00 p.m.
Tuesday, July 16	1:00 p.m.
Tuesday, October 15	1:00 p.m.

## Retirement Benefits Investment Fund

June 30, 2023

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	\$ 416,575,621	50.5%	52.8%	19.6%	19.6%	14.6%	12.3%	12.8%	10.1%
<b>Market Return</b>				<b>19.6%</b>	<b>19.6%</b>	<b>14.6%</b>	<b>12.3%</b>	<b>12.9%</b>	<b>10.1%</b>
Int'l Stocks- MSCI World x US Index	\$ 175,895,852	21.5%	22.3%	17.7%	17.7%	9.5%	4.8%	5.7%	3.4%
<b>Market Return</b>				<b>17.4%</b>	<b>17.4%</b>	<b>9.3%</b>	<b>4.6%</b>	<b>5.5%</b>	<b>3.2%</b>
U.S. Bonds- U.S. Bond Index	\$ 189,031,452	28.0%	24.0%	-2.4%	-2.4%	-1.6%	2.4%	2.1%	2.8%
<b>Market Return</b>				<b>-2.1%</b>	<b>-2.1%</b>	<b>-1.9%</b>	<b>2.2%</b>	<b>1.9%</b>	<b>2.6%</b>
	\$ 6,967,737	0.0%	0.9%						
<b>Total RBIF Fund</b>	<b>\$ 788,470,662</b>	<b>100.0%</b>	<b>100.0%</b>	<b>12.9%</b>	<b>12.9%</b>	<b>9.3%</b>	<b>8.5%</b>	<b>8.5%</b>	<b>7.0%</b>
<b>Market Return</b>				<b>13.0%</b>	<b>13.0%</b>	<b>9.0%</b>	<b>8.1%</b>	<b>8.4%</b>	<b>7.0%</b>