

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

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

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### **AGENDA**

## **§501-c-9 Post-Retirement Medical Plan & Trust Tuesday, January 16, 2024 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: 245 484 395 248#**

1. Roll call\*
2. Public comment — limited to no more than three minutes per speaker\*
3. Approval of the agenda (**For Possible Action**)
4. Approval of the October 17, 2023 minutes (**For Possible Action**)
5. Discussion and action on signing §501-c-9 Post-Retirement Medical Plan and Trust Board of Trustees Annual Pledge of Personal Commitment/Disclosure Form – Rosalinda Rodriguez\*
6. Review and approval of Post-Retirement Medical Plan & Trust calculation for TMWA Retiree Stephen Volk- Rosalinda Rodriguez (**For Possible Action**)
7. Review and consider for approval request(s) for premium reimbursements. —Rosalinda Rodriguez (**For Possible Action**)
8. Update regarding status of trust document revision —Jessica Atkinson\*
9. Presentation of the Budget for calendar year 2024- Veronica Galindo (**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**

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



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**DRAFT October 17, 2023 MINUTES**

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

Matthew Bowman, Chairman, called the meeting to order at 01:03 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\*Arrived at 1:11 pm

Voting Members Absent

Members Present

Rosalinda Rodriguez  
Gus Rossi

Members Absent:

Jessica Atkinson  
Mike Venturino

2. PUBLIC COMMENT

There was no public comment

3. APPROVAL OF THE AGENDA

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

4. APPROVAL OF THE JULY 25, 2023 MINUTES

**Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the July 25, 2023 minutes.**

5. APPROVAL OF THE AUGUST 21, 2023 MINUTES

**Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the August 21, 2023 minutes.**

6. APPROVAL OF THE SEPTEMBER 28, 2023 MINUTES

**Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the September 28, 2023 minutes.**

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

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

Ms. Rodriguez presented a reimbursement request for premiums for supplemental coverage for United Healthcare and supplemental prescription coverage also through United Healthcare 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 supplemental coverage for United Healthcare and supplemental prescription coverage also through United Healthcare paid for directly by the retiree was approved.**

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

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

Ms. Rodriguez presented a reimbursement request for Medicare premiums paid through Social Security, and Part D. drug coverage paid for directly by the retiree.

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

Ms. Rodriguez presented a reimbursement request for Medicare premiums paid for through Social Security and supplemental coverages through Humana and AARP paid for directly by the retiree.

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

Ms. Rodriguez presented a reimbursement request received 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.**

8. 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.

During the 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.

**Update October 17, 2023:** Ms. Rodriguez advised that this is still outstanding pending meeting 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.**

9. DISCUSSION AND POSSIBLE TRUSTEE DIRECTION REGARDING MEETING TIMES AND DATES FOR CALENDAR YEAR 2024

Ms. Rodriguez reviewed the proposed dates for calendar year 2024:

Tuesday January 16, 2024

Tuesday April 16, 2024

Tuesday July 16, 2024

Tuesday October 15, 2024



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

**Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the proposed date and times for the 2024 calendar year.**

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

Mr. Bowman reviewed the RBIF dated June 30, 2023 as we do not have the third quarter to review yet but it will not be great based on the current market performance. The overall fiscal year to date return at the end of June was 12.9%.

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

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

Reimbursement Requests

12. PUBLIC COMMENT

13. ADJOURNMENT

With no further business to discuss, Chairman Bowman adjourned the meeting at 1:24 PM.

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

Respectfully Submitted,

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

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

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

### **Purpose:**

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

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

### **Definitions:**

For the purposes of this Policy:

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

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

### **Covered Persons:**

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

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

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

### **Conflicts:**

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

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

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



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## Post Retirement Medical Plan & Trust Policy & Procedure

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

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

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

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

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

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

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

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

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

#### 4. Violations of the Policy.

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

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

#### 5. Resignation.

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



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

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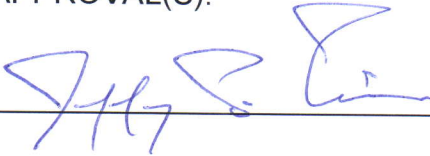
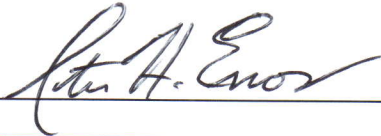
### 8. Periodic Reviews.

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

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

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



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## Post Retirement Medical Plan & Trust Policy & Procedure

### Post-Retirement Medical Plan and Trust Board of Trustees Annual Pledge of Personal Commitment/Disclosure Form

It is mandatory that the Post-Retirement Medical Plan and Trust has a disclosure on file at least once each year for each Trustee. Should there occur a change in status during the year, an amended disclosure form should be filed.

1. Have you been provided with a copy of the Policy?  Yes  No
2. Have you read and do you understand the Policy?  Yes  No
3. Do you agree to comply with the Policy, including the disclosure of any personal, familial, or business relationships that could give rise to a conflict of interest?  
 Yes  No
4. Do you understand that the Trust is exempt from Federal Income taxes and in order to maintain such status it must engage in activities which further its exempt purpose?  
 Yes  No
5. Is there any direct or indirect business relationship with the Trust between yourself or a member of your family that may represent a conflict of interest?  Yes  No

If Yes, please list or elaborate such relationships and the details of annual or potential financial benefit as you can best estimate them:

6. Did you or a member of your family receive, during the past 12 months, any gifts or loans from any source from which Trust good or services or otherwise has significant business dealings?  Yes  No

If Yes, please list such loans or gifts, their source, and their approximate value.

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7. Please identify your main employer and any consulting contracts or board seats you may have with Trust business partners, members or sponsors.
  
8. Please identify any business relations you may have with other Trustees and the nature of those.

I certify that the foregoing information is true and complete to the best of my knowledge.

\_\_\_\_\_  
Trustee Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Trustee Signature

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

DATE RANGE From 10-1-23  
To 12-31-23

**RETRIEE INFORMATION:**

Name: [REDACTED]  
Address: [REDACTED]

Employee #: 50064

Phone #: 775-848-8108

### Expenses

Date Paid	Description (example: Monthly Premium)	Name of Provider (example: Anthem Blue Cross)	Cost	Total
10-1	Medicare	Medicare	164.90	\$ 164.90-
11-1	"	"	164.90	\$ 164.90-
12-1	"	"	164.90	\$ 164.90-
				\$ -
				\$ -
				\$ -
<b>Total</b>				<b>\$ 0.00 49.70</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

01/16/2024 PRMT §501-c-9 Agenda Item 07\_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]
<b>Deductions:</b>	
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 Oct. 2023  
To Dec. 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
Oct. to Dec.	Monthly Premium	United Healthcare (Supplemental)	\$234.60 x 3 months	\$ 703.80
				\$ -
				\$ -
Oct. to Dec.	Monthly Premium	United Healthcare (Prescriptions)	\$45.80 x 3 months	\$ 137.40
				\$ -
				\$ -
			\$0.00	
Medicare Eligible? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				<b>Total</b> \$ <u>841.20</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: 12/18/23

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.

TRUCKEE MEADOWS  
DEC 21 2023  
WATER AUTHORITY



## Withdrawals and other subtractions - continued

### Other subtractions - continued

Date	Description	Amount
09/18/23	[REDACTED]	[REDACTED]
09/18/23	[REDACTED]	[REDACTED]
09/18/23	[REDACTED]	[REDACTED]
09/22/23	[REDACTED]	[REDACTED]
10/03/23	[REDACTED]	[REDACTED]
10/05/23	UnitedHealthcare DES:PREMIUM PPD [REDACTED] D CO ID:1836282001	-234.60 ✓
10/05/23	[REDACTED]	[REDACTED]
10/05/23	UnitedHCMedicare DES:MedInsPymt ID:9000447048 PPD [REDACTED] D CO	-45.80 ✓
10/06/23	[REDACTED]	[REDACTED]
<b>Total other subtractions</b>		[REDACTED]

## Checks

Date	Check #	Amount	Date	Check #	Amount
09/13/23	[REDACTED]	[REDACTED]	10/02/23	[REDACTED]	[REDACTED]
10/02/23	[REDACTED]	[REDACTED]			
<b>Total checks</b>					[REDACTED]
<b>Total # of checks</b>					3

\* There is a gap in sequential check numbers

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

## Withdrawals and other subtractions - continued

### Other subtractions - continued

Date	Description	Amount
10/18/23	[REDACTED]	[REDACTED]
10/18/23	[REDACTED]	[REDACTED]
11/03/23	[REDACTED]	[REDACTED]
11/03/23	[REDACTED]	[REDACTED]
11/03/23	[REDACTED]	[REDACTED]
11/03/23	[REDACTED]	[REDACTED]
11/06/23	UnitedHealthcare DES:PREMIUM PPD [REDACTED]	-234.60 ✓
11/06/23	UnitedHCMedicare DES:MedInsPymt ID:9000447048 PPD [REDACTED] D CO	-45.80 ✓

### Total other subtractions

[REDACTED]

## Checks

Date	Check #	Amount	Date	Check #	Amount
10/20/23	[REDACTED]	[REDACTED]	10/25/23	[REDACTED]	[REDACTED]
10/25/23	[REDACTED]	[REDACTED]	10/30/23	[REDACTED]	[REDACTED]
<b>Total checks</b>					[REDACTED]
<b>Total # of checks</b>					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.



## Withdrawals and other subtractions - continued

### Other subtractions - continued

Date	Description	Amount
11/16/23	[REDACTED]	[REDACTED]
11/16/23	[REDACTED]	[REDACTED]
11/17/23	[REDACTED]	[REDACTED]
11/17/23	[REDACTED]	[REDACTED]
12/04/23	[REDACTED]	[REDACTED]
12/05/23	[REDACTED]	[REDACTED]
12/05/23	UnitedHealthcare DES:PREMIUM PPD [REDACTED]	-234.60 ✓
12/05/23	[REDACTED]	[REDACTED]
12/05/23	UnitedHCMedicare DES:MedInsPymt ID:000001208704534 ID:9000447048 PPD [REDACTED]	-45.80 ✓
<b>Total other subtractions</b>		[REDACTED]

## Checks

Date	Check #	Amount	Date	Check #	Amount
11/15/23	[REDACTED]	[REDACTED]	12/01/23	[REDACTED]	[REDACTED]
11/15/23	[REDACTED]	[REDACTED]			
<b>Total checks</b>					[REDACTED]
<b>Total # of checks</b>					3

\* 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

RETRIEE INFORMATION:

DATE RANGE From 1/1/2023  
To 12/31/2023

Name: [REDACTED]

Employee #: 50057

Address: [REDACTED]

Phone # [REDACTED]

## Expenses

Date Paid	Description (example: Monthly Premium)	Name of Provider (example: Anthem Blue Cross)	Cost	Total Eligible for Reimbursement
1/11/2023	Medicare withholding	Social Security Administration	\$479.30	\$479.30
2/8/2023	Medicare withholding	Social Security Administration	\$479.30	\$479.30
3/8/2023	Medicare withholding	Social Security Administration	\$2.97	\$2.97
			\$961.57	
Medicare Eligible? X YES ___NO				<b>Total</b> \$961.57

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

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

Retiree Signature: [REDACTED]

Date: 23 Aug 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 participant's available trust balance

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

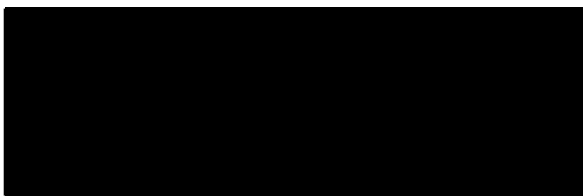


# Social Security Administration

## Important Information

Date: November 23, 2022

BNC#: [REDACTED]



030131NNA149409\* CCM.M15.31NNA.R221118 000000000 00036106356149489935.89434214050

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: - \$428.60
  - \$164.90 for the standard Medicare premium, plus
  - \$263.70 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: - \$50.70
- Your benefit amount after deductions that will be deposited into your bank account or sent in your check on January 11, 2023 is: - [REDACTED]

479.30

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.

## Payment History and Overpayments

Overpayments [What are overpayments?](#)

You do not currently have any overpayments.

### Payment History

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

Date	Payment Type	Amount
08/09/2023	Social Security (Retirement)	[REDACTED]
07/12/2023	Social Security (Retirement)	
06/14/2023	Social Security (Retirement)	
05/10/2023	Social Security (Retirement)	
04/12/2023	Social Security (Retirement)	
03/08/2023	Social Security (Retirement)	
02/08/2023	Social Security (Retirement)	
01/11/2023	Social Security (Retirement)	
12/14/2022	Social Security (Retirement)	
11/09/2022	Social Security (Retirement)	
10/12/2022	Social Security (Retirement)	
09/14/2022	Social Security (Retirement)	

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

**RETRIEE INFORMATION:**

Name: [REDACTED]

Address: [REDACTED]

DATE RANGE From July 2023  
 To December 2023

Employee #: 50074

Phone #: [REDACTED]

## Expenses

Date Paid	Description (example: Monthly Premium)	Name of Provider (example: Anthem Blue Cross)	Cost	Total
2023	Monthly Medical	Blue Cross Blue Shield	July-December \$284.34	\$ 1,706 -04
2023	Monthly Dental	metlife	July-December \$ 42.10	\$ 252 -60
2023	Monthly Vision	VSP	July-December \$ 14.52	\$ 87 -12
				\$ -
				\$ -
				\$ -
				\$ -
Medicare Eligible? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				<b>Total</b> \$ <u>2,045 -76</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: December 11, 2023

PRMPT Approval\*: [REDACTED]

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

Accounting Approval\*\*\*: \_\_\_\_\_

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

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

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

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

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

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

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

**TRUCKEE MEADOWS WATER AUTHORITY  
 POST-RETIREMENT MEDICAL PLAN & TRUST - MEDICAL PREMIUM EXPENSE REIMBURSEMENT  
 2023 MEDICAL, DENTAL AND VISION PAID PREMIUMS FOR [REDACTED] (RETIRED)  
 EMPLOYEE # 50077**

Below is an itemized list of my 2023 paid premiums. Attached is documentation.

<b>MEDICAL - BCBS BASIC</b>		<b>PREMIUM</b>											<b>TOTAL</b>
	<b>JAN</b>	<b>FEB</b>	<b>MAR</b>	<b>APR</b>	<b>MAY</b>	<b>JUN</b>	<b>JUL</b>	<b>AUG</b>	<b>SEP</b>	<b>OCT</b>	<b>NOV</b>	<b>DEC</b>	
[REDACTED]							\$ 284.34	\$ 284.34	\$ 284.34	\$ 284.34	\$ 284.34	\$ 284.34	\$1,706.04
Total monthly							\$ 187.78	\$ 187.78	\$ 187.78	\$ 187.78	\$ 187.78	\$ 187.78	
							\$ 472.12	\$ 472.12	\$ 472.12	\$ 472.12	\$ 472.12	\$ 472.12	
<b>DENTAL - METLIFE</b>		<b>PREMIUM</b>											
[REDACTED]							\$ 42.10	\$ 42.10	\$ 42.10	\$ 42.10	\$ 42.10	\$ 42.10	\$ 252.60
Total monthly							\$ 42.10	\$ 42.10	\$ 42.10	\$ 42.10	\$ 42.10	\$ 42.10	
							\$ 84.20	\$ 84.20	\$ 84.20	\$ 84.20	\$ 84.20	\$ 84.20	
<b>VISION - VSP</b>		<b>PREMIUM</b>											
[REDACTED]							\$ 14.52	\$ 14.52	\$ 14.52	\$ 14.52	\$ 14.52	\$ 14.52	\$ 87.12
Total monthly							\$ 14.47	\$ 14.47	\$ 14.47	\$ 14.47	\$ 14.47	\$ 14.47	
							\$ 28.99	\$ 28.99	\$ 28.99	\$ 28.99	\$ 28.99	\$ 28.99	
<b>2023 TOTAL PREMIUMS FROM JULY THROUGH DECEMBER FOR [REDACTED]</b>												<b>\$2,045.76</b>	





Retirement Services

# 2023 Summary of Payment

Claim Number: [REDACTED]

Description	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Gross Amount of Annuity	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Basic LI Premium Until 65 (if ret after 1/1/90)	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Blue Cross/Blue Shield Service Benefit Plan-Basic	-\$424.95	-\$472.12	-\$472.12	-\$472.12	-\$472.12	-\$472.12	-\$472.12	-\$472.12	-\$472.12	-\$472.12	-\$472.12	-\$472.12	-\$5,618.27
Federal Dental Insurance	-\$86.02	-\$84.20	-\$84.20	-\$84.20	-\$84.20	-\$84.20	-\$84.20	-\$84.20	-\$84.20	-\$84.20	-\$84.20	-\$84.20	-\$1,012.22
Federal Income Tax (Citizen)	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Federal Vision Insurance	-\$29.12	-\$28.99	-\$28.99	-\$28.99	-\$28.99	-\$28.99	-\$28.99	-\$28.99	-\$28.99	-\$28.99	-\$28.99	-\$28.99	-\$348.01
Net Amount of Annuity	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

\* An \*(asterisk) reflected in the payment description indicates that the amount is a one-time only adjustment.

The summary of payments and total paid to date is current as of Dec 1, 2023, payment. The Summary of Payments contains information regarding the recurring monthly payments that are issued to you. The Summary of Payments does not include any adjustment payments that have been made. Generally, in the middle of the month, we authorize payments that are payable for the first business day of the following month.

The information contained in the Summary of Payments is not to be used for income tax filing purposes.



## 2023 Rate Information for the Blue Cross and Blue Shield Service Benefit Plan

To compare your FEHB health plan options please go to [www.opm.gov/fehcompare](http://www.opm.gov/fehcompare).

To review premium rates for all FEHB health plan options please go to [www.opm.gov/FEHBpremiums](http://www.opm.gov/FEHBpremiums) or [www.opm.gov/Tribalpremium](http://www.opm.gov/Tribalpremium).

Premiums for Tribal employees are shown under the Monthly Premium Rate column. The amount shown under employee contribution is the maximum you will pay. Your Tribal employer may choose to contribute a higher portion of your premium. Please contact your Tribal Benefits Officer for exact rates.

Type of Enrollment	Enrollment Code	Premium Rate			
		Biweekly		Monthly	
		Gov't Share	Your Share	Gov't Share	Your Share
<b>Nationwide</b>					
Standard Option Self Only	104	\$259.72	\$142.40	\$562.73	\$308.53
Standard Option Self Plus One	106	\$560.52	\$318.85	\$1,214.46	\$690.84
Standard Option Self and Family	105	\$611.42	\$347.89	\$1,324.74	\$753.77
<b>Nationwide</b>					
Basic Option Self Only	111	\$259.72	\$86.67	\$562.73	\$187.78
Basic Option Self Plus One	113	\$560.52	\$217.90	\$1,214.46	\$472.12
Basic Option Self and Family	112	\$611.42	\$237.91	\$1,324.74	\$515.48

2023 Health Insurance

## High & Standard Rates

Rating Area	High - Bi-Weekly			High - Monthly		
	Self Only	Self Plus One	Self and Family	Self Only	Self Plus One	Self and Family
1	\$18.42	\$36.83	\$55.25	\$39.91	\$79.80	\$119.71
2	\$19.43	\$38.86	\$58.28	\$42.10	\$84.20	\$126.27
3	\$21.58	\$43.17	\$64.75	\$46.76	\$93.54	\$140.29
4	\$23.48	\$46.96	\$70.43	\$50.87	\$101.75	\$152.60
5	\$26.13	\$52.27	\$78.40	\$56.62	\$113.25	\$169.87

Rating Area	Standard - Bi-Weekly			Standard - Monthly		
	Self Only	Self Plus One	Self and Family	Self Only	Self Plus One	Self and Family
1	\$10.22	\$20.45	\$30.67	\$22.14	\$44.31	\$66.45
2	\$10.87	\$21.73	\$32.60	\$23.55	\$47.08	\$70.63
3	\$12.12	\$24.24	\$36.36	\$26.26	\$52.52	\$78.78
4	\$13.37	\$26.75	\$40.12	\$28.97	\$57.96	\$86.93
5	\$14.15	\$28.31	\$42.46	\$30.66	\$61.34	\$92.00

*2023 Dental - Metlife*

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### Rate Information

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**VSP is a nationwide vision plan that does not require rating regions. The following are nationwide and international rates.**

Standard - Bi-Weekly			Standard - Monthly		
Self Only	Self Plus One	Self and Family	Self Only	Self Plus One	Self and Family
\$3.54	\$7.07	\$10.62	\$7.67	\$15.32	\$23.01

High - Bi-Weekly			High - Monthly		
Self Only	Self Plus One	Self and Family	Self Only	Self Plus One	Self and Family
\$6.68	\$13.38	\$20.08	\$14.47	\$28.99	\$43.51

2023 Vision

CURRENT PLAN

# MetLife Federal Dental Plan

High • PPO • Nationwide/International

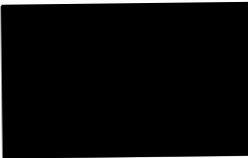
[View Plan Details](#)

[Cancel Plan](#)

[Modify Plan](#)

MONTHLY PREMIUM

# \$84.20



ENROLLED AS

Annuitant (Retiree)

COVERAGE EFFECTIVE

01/01/2023

PLAN YEAR END

12/31/2023

[Payment & Billing](#)

[Other Insurance](#)

## Qualifying Life Events

- Acquired family
- Lost family
- Family lost other insurance

## Need Help?

[> Claims & Plan](#)

## Tools & Resources

[Provider Search](#)

[Visit MetLife Federal Dental Plan Website](#)

[Official Statement of Benefits](#)

CURRENT PLAN

# VSP Vision Care

High • PPO • Nationwide/International

[View Plan Details](#)

[Cancel Plan](#)

[Modify Plan](#)

MONTHLY PREMIUM

# \$28.99

SELF PLUS ONE



COVERAGE EFFECTIVE

01/01/2023

PLAN YEAR END

12/31/2023

[Payment & Billing](#)

ENROLLED AS

Annuitant (Retiree)

[Other Insurance](#)

## Qualifying Life Events

Acquired family

Lost family

Family lost other insurance

## Need Help?

> [Claims & Plan](#)

## Tools & Resources

[Provider Search](#)

[Visit VSP Vision Care Website](#)

[Official Statement of Benefits](#)

## U.S. OFFICE OF PERSONNEL MANAGEMENT

FREQUENTLY ASKED QUESTIONS INSURANCE  
RETIREMENT

- **Will my deduction continue to be pre-tax after I retire?**

No, retiree pay premiums on a post tax basis.

- **I am not enrolled in FEHB. If I stay enrolled in a FEDVIP plan for the next five years, can I then get FEHB coverage in retirement?**

No, your FEDVIP enrollment will not count towards the 5-year enrollment requirement for carrying FEHB coverage into retirement.

- **I'm eligible for Medicare. What do I do?**

You should examine your Medicare coverage in order to determine if the Federal Employees Dental and Vision Insurance Program (FEDVIP) will benefit you or your family. Your FEDVIP premiums will not change if you enroll in Medicare.

- **Are retirees receiving a deferred annuity eligible?**

No.

- **If I accept a deferred retirement annuity at age 62, would I then be eligible for FEDVIP? What about MRA+10 retirees?**

If you are on a deferred retirement annuity, you are not eligible for FEDVIP.

If you are retiring with title to an MRA+10 annuity and you postpone receiving your annuity, you are eligible for FEDVIP only when you begin to receive that annuity. You would not be eligible for FEDVIP during the time between your separation from duty and before actual receipt of your annuity.

- **Will employees be responsible for contacting BENEFEDS and letting them know they have retired and FEDVIP premiums need to come out of their annuity payment instead of billing the agency they just retired from?**

No, you are not required to contact BENEFEDS. However, you can speed up the process by contacting BENEFEDS.

- **Does my coverage change if I go back to work as a reemployed annuitant?**

No. The Federal Employees Dental and Vision Insurance Program (FEDVIP) coverage is the same for all enrollees.

However, if you go back to work and you are in a position that conveys FEDVIP eligibility, you must contact BENEFEDS (1-877-888-3337), if you want your premiums to be deducted from your paychecks. Most reemployed annuitants want to make that change because retirees pay FEDVIP premiums with post-tax dollars and employees pay FEDVIP premiums with pre-tax dollars. If your new position does not convey FEDVIP eligibility you may retain the coverage as



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

DATE RANGE From 9/1/2023  
To 12/31/2023

RETRIEE INFORMATION:

Name: [Redacted]

Employee #: 50055

Address: [Redacted]

Phone #: [Redacted]

## Expenses

Date Paid	Description (example: Monthly Premium)	Name of Provider (example: Anthem Blue Cross)	Cost	Total
9/1 - 12/31/2023	Medicare Premium	US Dept of Health & Human Services CMS	\$230.80	\$ 923.20 -
9/1 - 12/31/2023	Prescription Pt D	Humana	\$30.60	\$ 122.40 -
9/1 - 12/31/2023	Medicare Supplement	AARP United Healthcare	118.33	\$ 473.32 -
				\$ -
				\$ -
				\$ -
Medicare Eligible? <input type="checkbox"/> YES <input type="checkbox"/> NO				<b>Total</b> \$ 1,518.92 -

**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: January 7, 2024

PRMPT Approval\*: [Signature]

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

Accounting Approval\*\*: \_\_\_\_\_

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

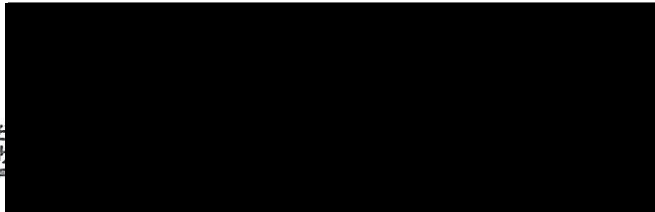
\* Indicates the reimbursement request & back up are sufficient and expenses qualify as eligible for reimbursement under the trust.

\*\* 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.V015563\* CCM.M15.31.N.N.F.R22111R 000000000 00036106356 150867660 J9502539730 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]





# Premium Payment History

Payment history for: [REDACTED]  
 Member ID: [REDACTED]  
 From: **July 12, 2023**  
 To: **January 07, 2024**  
 Plan: **AARP MEDICARE SUPPLEMENT PLAN**  
 Effective date: **March 1, 2021**

Payment date	Amount	Status	Payment method	Reference number
01/01/2024	\$395.46	Processed	EFT	Not available for this payment
12/01/2023	\$395.46	Processed	EFT	Not available for this payment
11/01/2023	\$395.46	Processed	EFT	Not available for this payment
10/01/2023	\$395.46	Processed	EFT	Not available for this payment
09/01/2023	\$395.46	Processed	EFT	Not available for this payment
08/01/2023	\$395.46	Processed	EFT	Not available for this payment
<b>Total amounts</b>	<b>\$2,372.76</b>			

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.

 n

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

url/transaction-history/66508324-001



Balance as of today: \$0.00

Make a payment →

Billing accounts / Transaction history

## Transaction history

Here is a list of your recent payments, charges and adjustments towards your healthcare premium. You can use the Transaction type and Date range search criteria to refine your information.

### Search criteria

Transaction type:  Date range:

[Clear filters](#)

[Print results](#)

Transaction date	Description	Amount	Coverage period
12/02/2023	DEBIT CARD PAYMENT, #6317	-\$61.20	N/A
10/02/2023	DEBIT CARD PAYMENT, #6317	-\$30.60	N/A
09/02/2023	DEBIT CARD PAYMENT, #6317	-\$30.60	N/A
08/02/2023	DEBIT CARD PAYMENT, #6317	-\$30.60	N/A

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

**RETRIEE INFORMATION:**

DATE RANGE From Oct, 2023

To Dec, 2023

Name: [REDACTED]

50049

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

Address: [REDACTED]

Phone # [REDACTED]

## Expenses

Date Paid	Description (example: Monthly Premium )	Name of Provider (example: Anthem Blue Cross )	Cost	Total
<u>Oct-Dec</u>	<u>Monthly Premium</u>	<u>Medicare</u>	<u>230.80 x 3</u>	<u>\$ 692.40</u>
<u>Oct-Dec</u>	<u>Monthly Premium</u>	<u>United Health Care - Part D</u>	<u>45.80 x 3</u>	<u>\$ 137.40-</u>
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
Medicare Eligible? <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: Jan 1, 2024

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

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

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

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

Accounting Approval\*\*:

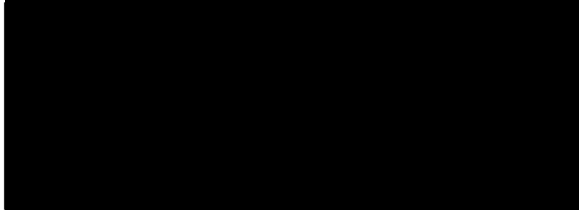
Date: \_\_\_\_\_

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



# Social Security Administration Benefit Verification Letter

Date: March 10, 2023



\*0101BEV1X368HYY\* 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 ~~██████████~~

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

*Oct, Nov, Dec  
2023*

The regular monthly Social Security payment is ~~██████████~~  
(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 ~~██████████~~

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

The regular monthly Social Security payment was ~~██████████~~  
(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



**§501-c-9 Post-Retirement Medical Plan & Trust**  
*a single employer plan sponsored by  
Truckee Meadows Water Authority*



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**TO:** Board of Trustees of the Post-Retirement Medical Plan & Trust  
**FROM:** Veronica Galindo, TMWA Senior Accountant  
**DATE:** January 16, 2024

**SUBJECT: Presentation of the Budget for Calendar Year 2024**

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**Recommendation**

TMWA staff recommends the Trustees approve the calendar year 2024 budget.

**Discussion**

The following report is attached:

- Truckee Meadows Water Authority Post-Retirement Medical Plan & Trust (PRMPT) Budget for Calendar Year 2024

The budget reflects expected additions to and deductions from PRMPT during the year. The following items are noteworthy for 2024:

- The most recent actuarial valuation determined that TMWA does not need to contribute anything to the trust, so the budget for Employer Contributions is zero. TMWA conducts a full actuarial analysis every two years to make sure funding levels are adequate.
- Net Appreciation (Depreciation) in Fair Value of Investment is not budgeted as unrealized gains and losses are difficult to accurately predict.
- The budget for Investment Earnings assumes similar market activity to calendar year 2023; actual results will likely differ.
- The budget for Benefits Paid is \$516,100 and covers health premiums, life insurance premiums, and reimbursements to retirees for outside coverage.
- Trust activity is projected to result in a net increase of \$284,590, primarily due to the estimated increase in Investment Earnings.
- As of December 2023, PRMPT provides benefits to 69 retirees.



**Truckee Meadows Water Authority  
Post-Retirement Medical Plan & Trust  
Budget for Calendar Year 2024**

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**Additions**

Contributions	
Employer	\$ -
Plan Members	132,500
<b>Total Contributions</b>	<b>132,500</b>
Investment Income	
Net appreciation (depreciation) in fair value of investment	-
Investment earnings	700,000
Less investment expenses	(5,000)
<b>Net investment income</b>	<b>695,000</b>
<b>Total Additions</b>	<b>827,500</b>

**Deductions**

Benefits paid	516,100
Administrative expenses	26,810
<b>Total Deductions</b>	<b>542,910</b>
<b>Net Increase (Decrease)</b>	<b>\$ 284,590</b>



## Retirement Benefits Investment Fund

September 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	\$ 374,690,370	49.5%	49.0%	-3.3%	21.6%	10.2%	9.9%	11.9%	9.7%
<b>Market Return</b>				<b>-3.3%</b>	<b>21.6%</b>	<b>10.2%</b>	<b>9.9%</b>	<b>11.9%</b>	<b>9.7%</b>
Int'l Stocks- MSCI World x US Index	\$ 145,272,450	19.5%	19.0%	-4.1%	24.2%	6.3%	3.7%	4.2%	3.1%
<b>Market Return</b>				<b>-4.1%</b>	<b>24.0%</b>	<b>6.1%</b>	<b>3.4%</b>	<b>3.9%</b>	<b>2.9%</b>
U.S. Bonds- U.S. Bond Index	\$ 217,431,794	28.0%	28.4%	-3.1%	-0.8%	-2.7%	1.9%	1.8%	2.6%
<b>Market Return</b>				<b>-3.1%</b>	<b>-0.8%</b>	<b>-2.9%</b>	<b>1.7%</b>	<b>1.5%</b>	<b>2.4%</b>
	\$ 27,829,821	3.0%	3.6%						
<b>Total RBIF Fund</b>	<b>\$ 765,224,435</b>	<b>100.0%</b>	<b>100.0%</b>	<b>-3.0%</b>	<b>16.2%</b>	<b>6.1%</b>	<b>7.0%</b>	<b>7.7%</b>	<b>6.7%</b>
<b>Market Return</b>				<b>-3.1%</b>	<b>15.9%</b>	<b>5.9%</b>	<b>6.6%</b>	<b>7.5%</b>	<b>6.7%</b>