



TRUCKEE MEADOWS WATER AUTHORITY
Section §115 Other Post-Employment Benefit Plan & Trust
Trustee Meeting
AGENDA
Tuesday January 16, 2024 at 12:30 p.m.
Independence Conference Room:
1355 Capital Blvd. Reno NV 89520 and by Teleconference

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

Phone: (775) 325-5404
Meeting ID: 247 634 531 469#

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. Update on status of approval of Trust Document amendments to clarify language and ensure dental premiums are eligible for reimbursement for Tier I and Tier II beneficiaries *
6. Discussion and action on signing §115 Other Post-Employment Benefit Plan and Trust Board of Trustees Annual Pledge of Personal Commitment/Disclosure Form—Rosalinda Rodriguez
7. Review and consideration for approval of request(s) for reimbursement of premiums—Rosalinda Rodriguez **(For Possible Action)**
8. Presentation of the Budget for Calendar year 2024 –Veronica Galindo **(For Possible Action)**
9. Review of Retirement Benefits Investment Fund (RBIF) performance review – Matt Bowman*
10. Trustee comments and requests for future agenda items*
11. Public comment-limited to no more than three minutes per speaker*
12. 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), Reno City Hall (1 E. First St., Reno), Sparks City Hall (431 Prater Way, Sparks), Sparks Justice Court (1675 E. Prater Way, Sparks), Washoe County Courthouse (75 Court St., Reno), Washoe County Central Library (301 South Center St., Reno), Washoe County Administration (1001 East Ninth St., Reno), and at <http://www.tmwa.com>.
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 834-8002 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.



Section 115 Post-Retirement Medical Plan & Trust

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

DRAFT October 17, 2023 MINUTES

The meeting of the TMWA Section 115 Post-Retirement Medical Plan and Trust (Trust) Trustees was held on Tuesday, October 17, 2023 through in person and teleconference.

Matt Bowman, Chairman, called the meeting to order at 12:30 p.m.

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

A quorum was present.

Voting Members Present:

Matt Bowman
Charles Atkinson
Sandra Tozi
Randall Vanhoozer

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 meeting minutes.

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

Ms. Rodriguez, presented a reimbursement request received for Medicare Part B premiums paid directly by the member through Social Security.

Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the reimbursement request for Medicare Part B premiums paid directly by the member through Social Security.

6. REVIEW PLAN AMENDMENTS TO INCLUDE DENTAL AS A REIMBURSABLE EXPENSE FOR TIER I AND TIER II BENEFICIARIES

In the January 2023 meeting it was brought forward after a retiree posed a question regarding Dental premiums and it was discovered that the Plan Document has conflicting language relating to the reimbursement of dental premiums for Tier II beneficiaries. In the original document, language states that Tier II beneficiaries are only eligible for health, prescription, vision and life coverage. During this meeting, a motion was made to investigate the financial impact of allowing dental coverage to be reimbursed.

During the April 2023 meeting, Matt Bowman, Chief Financial Officer provided an update on this for Trustees to review. Upon discussion with the Plan's actuaries, because the subsidy is already capped at the PEBS rate, there would be little to no financial impact.

Mr. Bowman made a recommendation to direct staff to make edits to the Plan document to clearly allow for dental benefits to be reimbursable for Tier I and Tier II beneficiaries. These edits should be reviewed by legal then brought back for Trustee approval at a future meeting.

Update October 17, 2023: A draft of proposed changes was brought for Trustee review, Attachment OPEB 06.

Mr. Bowman reviewed overall proposed changes which clears up language and ensure dental premiums are eligible for reimbursement.

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

7. 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 12:30 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.

8. 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.

9. TRUSTEE COMMENTS AND REQUESTS FOR FUTURE AGENDA ITEMS

RBIF review

Reimbursement requests if applicable

Revised Plan document with dental verbiage when available

10. PUBLIC COMMENT – LIMITED TO NO MORE THAN THREE MINUTES PER SPEAKER

There was no public comment.

11. ADJOURNMENT

With no further business to discuss, Chairperson Bowman adjourned the meeting at 12:48 p.m.

Minutes were approved by the Trustees in session on _____.

Respectfully Submitted,

Rosalinda Rodriguez, Recording Secretary

Truckee Meadows Water Authority Standard Operating Procedure (SOP)			
Subject: Conflict of Interest and Disclosure Policy			Source: OPEB Plan Document
Department: §115 OPEB Trust Fund			Supersedes: N/A
Effective Date: 02/01/2017	Revision Date:	Reviewed Date: 02/21/2017	Page 1 of 7

Purpose:

The Board of Trustees of the Truckee Meadows Water Authority §115 OPEB 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 indirect through business, investment or family:
 - An ownership interest or investment interest in any entity with which the Trust has a transaction or arrangement;
 - A compensation arrangement with the Trust or with any entity or individual with which the Trust has a transaction or arrangement; or
 - A potential ownership or investment interest in, or compensation arrangement with, an 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.

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 understand 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
- Understand 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.

Policy:

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;
- 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:

- 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.
- 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.
- Procedures for Addressing the Conflict of Interest.
 - 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.
 - The Chairperson of the Board may, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement.
 - 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.
 - 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.

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.

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."

Records of Proceedings:

The minutes of the governing board and all committees with board delegated powers shall contain:

- 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.
- 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.

Compensation:

- 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.
- 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.
- 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.

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:

- 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.
- 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.

- Use of Outside Experts – When conducting the periodic reviews as provided for above, 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.

APPROVAL(S):



Michele Sullivan, Chairperson, OPEB
Board of Trustees

APPROVAL(S):



Chuck Atkinson, Vice Chairperson,
OPEB Board of Trustees

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§115 OPEB Plan and Trust

Board of Trustees Annual Pledge of Personal Commitment/Disclosure Form

It is mandatory that the OPEB 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 goods or services or otherwise has significant business dealings?
 Yes No
 - If Yes, please list such loans or gifts, their source, and their approximate value:
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 an business relations you may have with other Trustees and the nature of those:

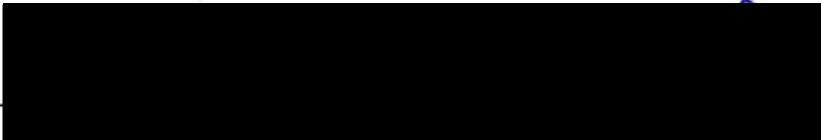
Trustee Print Name

Date

Trustee Signature

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 while eligible to receive benefits under the trust. I also certify as follows: 1.) The premium expenses have not been reimbursed or will not be reimbursed by any other plan, 2.) The premium expenses were not paid by an employer of a participant or an employer of a participant's spouse on a "pre-tax" basis, including, without limitation, a policy or plan offered by an employer under a Code Section 125 plan (commonly referred to as a "Cafeteria Plan"). I understand that I am fully responsible for the sufficiency, accuracy, and veracity of all information relating to this reimbursement request.

Retiree Signature: _____


Date: 3.30.2023

OPEB 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: OPEB c/o TMWA Human Resources, PO Box 30013, Reno, NV 89520

§115 OPEB Trust - Medical and/or Vision 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.



Social Security Administration Benefit Verification Letter

Date: December 1, 2022



0201BEV9B2KRKXD CCM.M72.BEV9B.R221201

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 [REDACTED]

We deduct \$164.90 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 second 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 \$170.10 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.

See Next Page



Information About Current Social Security Benefits

Beginning April 2018, the full monthly Social Security benefit before any deductions is \$0.00.

We deduct \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is \$0.00.
(We must round down to the whole dollar.)

Benefits were stopped beginning April 2018.

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 second Wednesday of each month.

Type of Social Security Benefit Information

You are entitled to monthly benefits as a dependent of the wage earner.

Medicare Information

You are entitled to hospital insurance under Medicare beginning April 2016.

You are entitled to medical insurance under Medicare beginning May 2018.

Your Medicare number is [REDACTED]. You may use this number to get medical services while waiting for your Medicare card.

If you have any questions, please log into Medicare.gov, or call 1-800-MEDICARE (1-800-633-4227).

Date of Birth Information

The date of birth shown on our records is [REDACTED]

Suspect Social Security Fraud?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

If You Have Questions

Need more help?

1. Visit www.ssa.gov for fast, simple and secure online service.
2. Call us at 1-800-772-1213, weekdays from 8:00 am to 7:00 pm. If you are deaf or hard of hearing, call TTY 1-800-325-0778. Please mention this letter when you call.
3. You may also call your local office at 1-888-808-5481.

SOCIAL SECURITY
1170 HARVARD WAY
RENO NV 89502

§115 OPEB Trust - Medical and/or Vision Premium Expense Reimbursement Request

DATE RANGE From 01-01-2023
To 10-31-2023

RETRIEE INFORMATION:

Name: [REDACTED]

Employee #: 50424

Address: [REDACTED]

Phone #: [REDACTED]

Expenses

Date Paid	Description (example: Monthly Premium)	Name of Provider (example: Anthem Blue Cross)	Cost	Total
1-23	Medicare Pt. B	S.S.A.	164.90	
1-17-23	Supp. Med PLAN G	MUTUAL of Omaha	164.62	329.52
2-23	Medicare Part B	S.S.A.	164.90	
2-15-23	PLAN G	M. of O.	164.62	329.52
3-23	Medicare Part B	S.S.A.	164.90	
3-15-23	PLAN G	M. of O.	164.62	329.52
4-23	Medicare Part B	S.S.A.	164.90	
4-11-23	PLAN G	M. of O.	164.62	329.52
5-23	Medicare Part B	S.S.A.	164.90	
5-15-23	PLAN G	M. of O.	164.62	329.52
6-23	Medicare Part B	S.S.A.	164.90	
6-15-23	PLAN G	M. of O.	164.62	329.52
7-23	Medicare Part B	S.S.A.	164.90	
7-17-23	PLAN G	M. of O.	164.62	329.52
8-23	Medicare Part B	S.S.A.	164.90	
8-15-23	PLAN G	M. of O.	164.62	329.52
9-23	Medicare Part B	S.S.A.	164.90	
9-15-23	PLAN G	M. of O.	193.29	358.19
10-23	Medicare Part B	S.S.A.	164.90	
10-16-23	PLAN G	M. of O.	193.29	358.19
			\$0.00	
Medicare Eligible? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				Total <u>3,352.54</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 while eligible to receive benefits under the trust. I also certify as follows: 1.) The premium expenses have not been reimbursed or will not be reimbursed by any other plan, 2.) The premium expenses were not paid by an employer of a participant or an employer of a participant's spouse on a "pre-tax" basis, including, without limitation, a policy or plan offered by an employer under a Code Section 125 plan (commonly referred to as a "Cafeteria Plan"). I understand that I am fully responsible for the sufficiency, accuracy, and veracity of all information relating to this reimbursement request.

Retiree Signature:


Date: 10-30-2023

OPEB Approval*:

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

Date: _____

Accounting Approval**:

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

Date: _____

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

§115 OPEB Trust - Medical and/or Vision 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.



Social Security Administration Benefit Verification Letter

Date: October 30, 2023

0201BEV8F49WCW8 CCM.M72.BEV8F.R231030

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 [REDACTED]

We deduct \$164.90 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 second 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 \$170.10 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

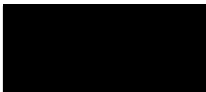
You are entitled to monthly retirement benefits.

See Next Page



Policy Info

Policy Payor



Issue Date **09/01/2018**

Paid to Date **11/01/2023**

Payment Details

Date Processed 01/17/2023

Amount Paid **\$164.62**

Generated: 10/30/2023 03:15 PM



Policy Info

Policy Payor



Issue Date **09/01/2018**

Paid to Date **11/01/2023**

Payment Details

Date Processed 02/15/2023

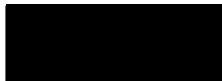
Amount Paid **\$164.62**

Generated: 10/30/2023 03:16 PM



Policy Info

Policy Payor



Issue Date **09/01/2018**

Paid to Date **11/01/2023**

Payment Details

Date Processed 03/15/2023

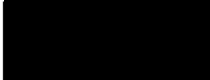
Amount Paid **\$164.62**

Generated: 10/30/2023 03:16 PM



Policy Info

Policy Payor



Issue Date **09/01/2018**

Paid to Date **11/01/2023**

Payment Details

Date Processed 04/17/2023

Amount Paid **\$164.62**

Generated: 10/30/2023 03:17 PM



Policy Info

Policy Payor



Issue Date **09/01/2018**

Paid to Date **11/01/2023**

Payment Details

Date Processed 05/15/2023

Amount Paid **\$164.62**

Generated: 10/30/2023 03:17 PM



Policy Info

Policy Payor



Issue Date **09/01/2018**

Paid to Date **11/01/2023**

Payment Details

Date Processed 06/15/2023

Amount Paid **\$164.62**

Generated: 10/30/2023 03:18 PM



Policy Info

Policy Payor



Issue Date **09/01/2018**

Paid to Date **11/01/2023**

Payment Details

Date Processed **07/17/2023**

Amount Paid **\$164.62**

Generated: 10/30/2023 03:19 PM



Policy Info

Policy Payor



Issue Date **09/01/2018**

Paid to Date **11/01/2023**

Payment Details

Date Processed 08/15/2023

Amount Paid **\$164.62**

Generated: 10/30/2023 03:19 PM



Policy Info

Policy Payor



Issue Date **09/01/2018**

Paid to Date **11/01/2023**

Payment Details

Date Processed 09/15/2023

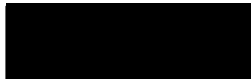
Amount Paid **\$193.29**

Generated: 10/30/2023 03:20 PM



Policy Info

Policy Payor



Issue Date **09/01/2018**

Paid to Date **11/01/2023**

Payment Details

Date Processed 10/16/2023

Amount Paid **\$193.29**

Generated: 10/30/2023 03:21 PM

§115 OPEB Trust - Medical and/or Vision Premium Expense Reimbursement Request

DATE RANGE From 3/1/2023
To 12/31/2023

RETRIEE INFORMATION:

Name: [REDACTED]

Employee #: 50428

Address: [REDACTED]

Phone #: [REDACTED]

Expenses

Date Paid	Description (example: Monthly Premium)	Name of Provider (example: Anthem Blue Cross)	Cost	Total
3/15/23	MEDI CARE	SOCIAL SECURITY ADMIN	164.90	164.90
4/19/23	MEDI CARE	SSA	164.90	164.90
5/17/23	MEDI CARE	SSA	164.90	164.90
6/21/23	MEDI CARE	SSA	164.90	164.90
7/19/23	MEDI CARE	SSA	164.90	164.90
8/16/23	MEDI CARE	SSA	164.90	164.90
9/20/23	MEDI CARE	SSA	164.90	164.90
10/18/23	MEDI CARE	SSA	164.90	164.90
11/15/23	MEDI CARE	SSA	164.90	164.90
12/20/23	MEDI CARE	SSA	164.90	164.90
3/13/23	MONTHLY PREM	HOMETOWN SCP	180.00	180.00
4/17/23	MONTHLY PREM	HOMETOWN SCP	180.00	180.00
5/1/23	MONTHLY PREM	HOMETOWN SCP	180.00	180.00
6/1/23	MONTHLY PREM	HOMETOWN SCP	180.00	180.00
7/1/23	MONTHLY PREM	HOMETOWN SCP	180.00	180.00
8/1/23	MONTHLY PREM	HOMETOWN SCP	180.00	180.00
9/1/23	MONTHLY PREM	HOMETOWN SCP	180.00	180.00
10/1/23	MONTHLY PREM	HOMETOWN SCP	180.00	180.00
11/1/23	MONTHLY PREM	HOMETOWN SCP	180.00	180.00
12/13/23	MONTHLY PREM	HOMETOWN SCP	180.00	180.00
			\$0.00	
Medicare Eligible? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				Total 3449.00

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 while eligible to receive benefits under the trust. I also certify as follows: 1.) The premium expenses have not been reimbursed or will not be reimbursed by any other plan, 2.) The premium expenses were not paid by an employer of a participant or an employer of a participant's spouse on a "pre-tax" basis, including, without limitation, a policy or plan offered by an employer under a Code Section 125 plan (commonly referred to as a "Cafeteria Plan"). I understand that I am fully responsible for the sufficiency, accuracy, and veracity of all information relating to this reimbursement request.

Retiree Signature: _____

Date: 12/27/23

OPEB Approval*: _____

Date: _____

Accounting Approval**:

Date: _____

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

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

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

§115 OPEB Trust - Medical and/or Vision 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.



Social Security Administration Benefit Verification Letter

Date: December 10, 2023

[Redacted]

[Redacted]

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 2023, the full monthly Social Security benefit before any deductions is [Redacted]

We deduct \$174.70 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 February 2023 to November 2023, the full monthly Social Security benefit before any deductions was [Redacted]

We deducted \$164.90 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 May 2019.

See Next Page

0101BEV91419F3E CCM.M72.BEV91.R231211



[REDACTED]

You are entitled to medical insurance under Medicare beginning March 2023.

Your Medicare number is [REDACTED]. You may use this number to get medical services while waiting for your Medicare card.

If you have any questions, please log into Medicare.gov, or call 1-800-MEDICARE (1-800-633-4227).

Date of Birth Information

The date of birth shown on our records is [REDACTED]

Suspect Social Security Fraud?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

If You Have Questions

Need more help?

1. Visit www.ssa.gov for fast, simple and secure online service.
2. Call us at **1-800-772-1213**, weekdays from 8:00 am to 7:00 pm. If you are deaf or hard of hearing, call TTY **1-800-325-0778**. Please mention this letter when you call.
3. You may also call your local office at **1-888-808-5481**.

SOCIAL SECURITY
1170 HARVARD WAY
RENO NV 89502

How are we doing? Go to www.ssa.gov/feedback to tell us.

Social Security Administration

Senior Care Plus

A Medicare Advantage Plan from Hometown Health.

Office Hours: ~~Mon-Fri 8am-5pm~~ ^{Mon-Fri 9am-5pm}
 Call Center Hours: Mon-Sun, 7am-8pm

MICHAEL B. WALKER
 975 FESTA WAY
 SPARKS, NV 89434

Invoice Number: 488613
Member ID: C00043007
Billing Date: 02/19/2023
Premium Due Date: 03/01/2023

March 2023 Premium

Date	Invoice #	Product	Description	Amount
01/19/2023			Opening Balance	0.00
03/01/2023	488613	Select Plan	PART C	51.10
03/01/2023	488613	Select Plan	PART D	128.90

PAID 3/13/23

Balance Due \$180.00

- Payment is due the first day of the month of coverage. If you have any questions or need further information, please contact Senior Care Plus at 775-982-3112 or 888-775-7003. If you have impaired hearing dial TTY 711.

- Please detach the bottom portion and enclose with your payment.

Senior Care Plus

A Medicare Advantage Plan from Hometown Health.

Address Change

MICHAEL B. WALKER
 975 FESTA WAY
 SPARKS, NV 89434

Member ID: C00043007
Billing Date: 02/19/2023
Due Date: 03/01/2023

Balance Due \$180.00

Amount Enclosed \$

Please make check payable to:

Hometown Health Plan, Inc.
 P.O. Box 848783
 Los Angeles, CA 90084-8783

C000430070000000018000021920236

Senior Care Plus

A Medicare Advantage Plan from Hometown Health

Office Hours: ~~Mon-Fri, 8am-5pm~~ 01/16/2024 07:58:16 Agreement Item 07_C
 Call Center Hours: Mon-Sun, 7am-8pm

MICHAEL B. WALKER
 975 FESTA WAY
 SPARKS, NV 89434

Invoice Number: 491166
Member ID: C00043007
Billing Date: 03/19/2023
Premium Due Date: 04/01/2023

April 2023 Premium

Date	Invoice #	Product	Description	Amount
02/19/2023			Opening Balance	180.00
03/14/2023	488613		Premium received	-180.00
04/01/2023	491166	Select Plan	PART C	51.10
04/01/2023	491166	Select Plan	PART D	128.90

Balance Due \$180.00

- Payment is due the first day of the month of coverage. If you have any questions or need further information, please contact Senior Care Plus at 775-982-3112 or 888-775-7003. If you have impaired hearing dial TTY 711.

- Please detach the bottom portion and enclose with your payment.

Senior Care Plus

A Medicare Advantage Plan from Hometown Health

Address Change

MICHAEL B. WALKER
 975 FESTA WAY
 SPARKS, NV 89434

Member ID: C00043007
Billing Date: 03/19/2023
Due Date: 04/01/2023

Balance Due \$180.00

Amount Enclosed \$

Please make check payable to:

Hometown Health Plan, Inc.
 P.O. Box 848783
 Los Angeles, CA 90084-8783

C000430070000000018000031920235

Senior Care Plus

A Medicare Advantage Plan from Hometown Health

Office Hours: ~~Mon-Fri, 9am-5pm~~ ^{Mon-Fri, 9am-5pm}
 Call Center Hours: Mon-Sun, 7am-8pm

PAID 5-1-23 NOW
 ON AUTO PAY 1ST
 ON

MICHAEL B. WALKER
 975 FESTA WAY
 SPARKS, NV 89434

Invoice Number: 493648
 Member ID: C00043007
 Billing Date: 04/19/2023
 Premium Due Date: 05/01/2023

May 2023 Premium

Date	Invoice #	Product	Description	Amount
03/19/2023			Opening Balance	180.00
04/08/2023	491166		Premium received	-180.00
05/01/2023	493648	Select Plan	PART C	51.10
05/01/2023	493648	Select Plan	PART D	128.90

Balance Due

\$180.00

- Payment is due the first day of the month of coverage. If you have any questions or need further information, please contact Senior Care Plus at 775-982-3112 or 888-775-7003. If you have impaired hearing dial TTY 711.

- Please detach the bottom portion and enclose with your payment.

Senior Care Plus

A Medicare Advantage Plan from Hometown Health

Address Change

MICHAEL B. WALKER
 975 FESTA WAY
 SPARKS, NV 89434

Member ID: C00043007
 Billing Date: 04/19/2023
 Due Date: 05/01/2023

Balance Due

\$180.00

Amount Enclosed

Please make check payable to:

\$									
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Hometown Health Plan, Inc.
 P.O. Box 848783
 Los Angeles, CA 90084-8783

Senior Care Plus

A Medicare Advantage Plan from Hometown Health

Office Hours: ~~Mon-Fri, 8am-5pm~~ ^{Mon-Fri, 8am-5pm} Item 07_C
 Call Center Hours: Mon-Sun, 7am-8pm

MICHAEL B. WALKER
 975 FESTA WAY
 SPARKS, NV 89434

Invoice Number: 496140
Member ID: C00043007
Billing Date: 05/19/2023
Premium Due Date: 06/01/2023

June 2023 Premium

Date	Invoice #	Product	Description	Amount
04/19/2023			Opening Balance	180.00
05/02/2023	493648		Premium received	-180.00
06/01/2023	496140	Select Plan	PART C	51.10
06/01/2023	496140	Select Plan	PART D	128.90

Balance Due \$180.00

- Payment is due the first day of the month of coverage. If you have any questions or need further information, please contact Senior Care Plus at 775-982-3112 or 888-775-7003. If you have impaired hearing dial TTY 711.

- Please detach the bottom portion and enclose with your payment.

Senior Care Plus 

A Medicare Advantage Plan from Hometown Health

Address Change

MICHAEL B. WALKER
 975 FESTA WAY
 SPARKS, NV 89434

Member ID: C00043007
Billing Date: 05/19/2023
Due Date: 06/01/2023



Balance Due \$180.00

Amount Enclosed \$

Please make check payable to:

Hometown Health Plan, Inc.
 P.O. Box 848783
 Los Angeles, CA 90084-8783

C000430070000000018000051920233

Senior Care Plus

A Medicare Advantage Plan from Hometown Health

Office Hours: ~~Mon-Fri, 8am-5pm~~ 01/16/2024 09:56:00 AM Item 07_C
 Call Center Hours: Mon-Sun, 7am-8pm

MICHAEL B. WALKER
 975 FESTA WAY
 SPARKS, NV 89434

Invoice Number: 498575
Member ID: C00043007
Billing Date: 06/19/2023
Premium Due Date: 07/01/2023

July 2023 Premium

Date	Invoice #	Product	Description	Amount
05/19/2023			Opening Balance	180.00
06/02/2023	496140		Premium received	-180.00
07/01/2023	498575	Select Plan	PART C	51.10
07/01/2023	498575	Select Plan	PART D	128.90

Balance Due

\$180.00

- Payment is due the first day of the month of coverage. If you have any questions or need further information, please contact Senior Care Plus at 775-982-3112 or 888-775-7003. If you have impaired hearing dial TTY 711.

- Please detach the bottom portion and enclose with your payment.

Senior Care Plus

A Medicare Advantage Plan from Hometown Health

Address Change

MICHAEL B. WALKER
 975 FESTA WAY
 SPARKS, NV 89434

Member ID: C00043007
Billing Date: 06/19/2023
Due Date: 07/01/2023

Balance Due

\$180.00

Amount Enclosed

\$

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Please make check payable to:

Hometown Health Plan, Inc.
 P.O. Box 848783
 Los Angeles, CA 90084-8783

C000430070000000018000061920232

Senior Care Plus

A Medicare Advantage Plan from Hometown Health

Office Hours: ~~Mon-Fri, 8am-5pm~~ 07/18/2024 OPEB 9/13 Agenda Item 07_C
Call Center Hours: Mon-Sun, 7am-8pm

ON AUTO PAY

MICHAEL B. WALKER
975 FESTA WAY
SPARKS, NV 89434

Invoice Number: 501016
Member ID: C00043007
Billing Date: 07/20/2023
Premium Due Date: 08/01/2023

August 2023 Premium

Date	Invoice #	Product	Description	Amount
06/19/2023			Opening Balance	180.00
07/02/2023	498575		Premium received	-180.00
08/01/2023	501016	Select Plan	PART C	51.10
08/01/2023	501016	Select Plan	PART D	128.90

Balance Due

\$180.00

- Payment is due the first day of the month of coverage. If you have any questions or need further information, please contact Senior Care Plus at 775-982-3112 or 888-775-7003. If you have impaired hearing dial TTY 711.

- Please detach the bottom portion and enclose with your payment.

Senior Care Plus 

A Medicare Advantage Plan from Hometown Health

Address Change

MICHAEL B. WALKER
975 FESTA WAY
SPARKS, NV 89434

Member ID: C00043007
Billing Date: 07/20/2023
Due Date: 08/01/2023

Balance Due

\$180.00

Amount Enclosed

Please make check payable to:

Hometown Health Plan, Inc.
P.O. Box 848783
Los Angeles, CA 90084-8783

C000430070000000018000072020238

Senior Care Plus

A Medicare Advantage Plan from Hometown Health.

Office Hours: ^{01/11/2024 DEBB115 Agenda Item 07_C} Mon-Fri, 8am-5pm
Call Center Hours: Mon-Sun, 7am-8pm

MICHAEL B. WALKER
975 FESTA WAY
SPARKS, NV 89434

Invoice Number: 503426
Member ID: C00043007
Billing Date: 08/20/2023
Premium Due Date: 09/01/2023

September 2023 Premium

Date	Invoice #	Product	Description	Amount
07/19/2023			Opening Balance	180.00
08/02/2023	501016		Premium received	-180.00
09/01/2023	503426	Select Plan	PART C	51.10
09/01/2023	503426	Select Plan	PART D	128.90

Balance Due

\$180.00

- Payment is due the first day of the month of coverage. If you have any questions or need further information, please contact Senior Care Plus at 775-982-3112 or 888-775-7003. If you have impaired hearing dial TTY 711.

- Please detach the bottom portion and enclose with your payment.

Senior Care Plus 

A Medicare Advantage Plan from Hometown Health

Address Change

MICHAEL B. WALKER
975 FESTA WAY
SPARKS, NV 89434

Member ID: C00043007
Billing Date: 08/20/2023
Due Date: 09/01/2023

Balance Due

\$180.00

Amount Enclosed

Please make check payable to:

Hometown Health Plan, Inc.
P.O. Box 848783
Los Angeles, CA 90084-8783

C000430070000000018000082020237

Senior Care Plus

A Medicare Advantage Plan from Hometown Health.

Office Hours: Mon-Fri, 8am-5pm
Call Center Hours: Mon-Sun, 7am-8pm

MICHAEL B. WALKER
975 FESTA WAY
SPARKS, NV 89434

Invoice Number: 505830
Member ID: C00043007
Billing Date: 09/20/2023
Premium Due Date: 10/01/2023

October 2023 Premium

Date	Invoice #	Product	Description	Amount
08/19/2023			Opening Balance	180.00
09/02/2023	503426		Premium received	-180.00
10/01/2023	505830	Select Plan	PART C	51.10
10/01/2023	505830	Select Plan	PART D	128.90

Balance Due

\$180.00

- Payment is due the first day of the month of coverage. If you have any questions or need further information, please contact Senior Care Plus at 775-982-3112 or 888-775-7003. If you have impaired hearing dial TTY 711.

- Please detach the bottom portion and enclose with your payment.

Senior Care Plus 

A Medicare Advantage Plan from Hometown Health.

Address Change

MICHAEL B. WALKER
975 FESTA WAY
SPARKS, NV 89434

Member ID: C00043007
Billing Date: 09/20/2023
Due Date: 10/01/2023

Balance Due

\$180.00

Amount Enclosed

Please make check payable to:

Hometown Health Plan, Inc.
P.O. Box 848783
Los Angeles, CA 90084-8783

C000430070000000018000092020236

Senior Care Plus

A Medicare Advantage Plan from Hometown Health

01/16/2024 OPEB \$415 Agenda Item 07_C
 Office Hours: Mon-Fri, 8am-5pm
 Call Center Hours: Mon-Sun, 7am-8pm

MICHAEL B. WALKER
 975 FESTA WAY
 SPARKS, NV 89434

Invoice Number: 508272
Member ID: C00043007
Billing Date: 10/19/2023
Premium Due Date: 11/01/2023

November 2023 Premium

Date	Invoice #	Product	Description	Amount
09/19/2023			Opening Balance	180.00
10/02/2023	505830		Premium received	-180.00
11/01/2023	508272	Select Plan	PART C	51.10
11/01/2023	508272	Select Plan	PART D	128.90

Balance Due

\$180.00

- Payment is due the first day of the month of coverage. If you have any questions or need further information, please contact Senior Care Plus at 775-982-3112 or 888-775-7003. If you have impaired hearing dial TTY 711.

- Please detach the bottom portion and enclose with your payment.

Senior Care Plus 

A Medicare Advantage Plan from Hometown Health

Address Change

MICHAEL B. WALKER
 975 FESTA WAY
 SPARKS, NV 89434

Member ID: C00043007
Billing Date: 10/19/2023
Due Date: 11/01/2023

Balance Due

\$180.00

Amount Enclosed

Please make check payable to:

\$

Hometown Health Plan, Inc.
 P.O. Box 848783
 Los Angeles, CA 90084-8783

C000430070000000018000101920236

Senior Care Plus

A Medicare Advantage Plan from Hometown Health

Office Hours: Mon-Fri, 8am-5pm
 Call Center Hours: Mon-Sun, 7am-8pm

MICHAEL B. WALKER
 975 FESTA WAY
 SPARKS, NV 89434

Invoice Number: 510718
 Member ID: C00043007
 Billing Date: 11/19/2023
 Premium Due Date: 12/01/2023

December 2023 Premium

Date	Invoice #	Product	Description	Amount
10/19/2023			Opening Balance	180.00
11/02/2023	508272		Premium received	-180.00
12/01/2023	510718	Select Plan	PART C	51.10
12/01/2023	510718	Select Plan	PART D	128.90

PAID 12-13-23
 SEE BANK STATEMENT
 INCLUDED

Balance Due \$180.00

- Payment is due the first day of the month of coverage. If you have any questions or need further information, please contact Senior Care Plus at 775-982-3112 or 888-775-7003. If you have impaired hearing dial TTY 711.

- Please detach the bottom portion and enclose with your payment.



A Medicare Advantage Plan from Hometown Health

Address Change

MICHAEL B. WALKER
 975 FESTA WAY
 SPARKS, NV 89434

Member ID: C00043007
 Billing Date: 11/19/2023
 Due Date: 12/01/2023

Balance Due \$180.00

Amount Enclosed \$
 Please make check payable to

Hometown Health Plan, Inc.
 P.O. Box 848783
 Los Angeles, CA 90084-8783

C000430070000000018000111920235

Receipt		\$180.00
MICHAEL WALKER C00043007		
Provider: Hometown Health - SCP	Method: Visa ****8793	
Note: Saved Payment Form used	Cardholder Name: Michael Walker	
Source: Internet Cashier	User: Sheeks, Joyce	
Status: Complete		
Balance payment	Transaction ID: 8227734989	\$180.00
	Apr 7, 2023 11:41 AM PDT	
		\$180.00
Amount Paid		\$180.00

Receipt		\$180.00
MICHAEL WALKER C00043007		
Provider: Hometown Health - SCP	Method: Visa ****8793	
Note: Payment form saved for future use	Cardholder Name: Michael Walker	
Source: Internet Cashier	User: Rodriguez, America	
Status: Complete		
Balance payment	Transaction ID: 8149148636	\$180.00
Comment: March premium payment		
	Mar 13, 2023 11:26 AM PDT	
		\$180.00
Amount Paid		\$180.00

Receipt	
\$180.00	
MICHAEL WALKER C00043007	
Provider: Hometown Health - SCP	Method: Visa ****8793
Note: Saved Payment Form used	Cardholder Name: Michael Walker
Source: Internet Cashier	User: Sheeks, Joyce
Status: Complete	
Balance payment plan	Transaction ID: 8399076121
\$180.00	Jun 1, 2023 7:26 AM PDT
Amount Paid	
\$180.00	

Receipt	
\$180.00	
MICHAEL WALKER C00043007	
Provider: Hometown Health - SCP	Method: Visa ****8793
Note: Saved Payment Form used	Cardholder Name: Michael Walker
Source: Internet Cashier	User: Sheeks, Joyce
Status: Complete	
Balance payment	Transaction ID: 8301045348
\$180.00	May 1, 2023 8:15 AM PDT
Amount Paid	
\$180.00	

Receipt	\$180.00
MICHAEL WALKER C00043007	
Provider: Hometown Health - SCP Method: Visa ****8793 Note: Saved Payment Form used Cardholder Name: Michael Walker Source: Internet Cashier User: Sheeks, Joyce Status: Complete	
Balance payment plan	Transaction ID: 8585253671
\$180.00	Aug 1, 2023 7:43 AM PDT
Amount Paid	
\$180.00	

Receipt	\$180.00
MICHAEL WALKER C00043007	
Provider: Hometown Health - SCP Method: Visa ****8793 Note: Saved Payment Form used Cardholder Name: Michael Walker Source: Internet Cashier User: Sheeks, Joyce Status: Complete	
Balance payment plan	Transaction ID: 8492002293
\$180.00	Jul 1, 2023 7:45 AM PDT
Amount Paid	
\$180.00	

Receipt	
\$180.00	MICHAEL WALKER C00043007
Provider: Hometown Health - SCP Method: Visa ****8793 Note: Saved Payment Form used Cardholder Name: Michael Walker Source: Internet Cashier User: Sheeks, Joyce Status: Complete	
Balance payment plan	Transaction ID: 8776092490
\$180.00	Oct 1, 2023 7:37 AM PDT
Amount Paid	
\$180.00	

Receipt	
\$180.00	MICHAEL WALKER C00043007
Provider: Hometown Health - SCP Method: Visa ****8793 Note: Saved Payment Form used Cardholder Name: Michael Walker Source: Internet Cashier User: Sheeks, Joyce Status: Complete	
Balance payment plan	Transaction ID: 6683833859
\$180.00	Sep 1, 2023 8:03 AM PDT
Amount Paid	
\$180.00	

Receipt	Amount Paid
\$180.00	\$180.00
MICHAEL WALKER	
C00043007	
Provider: Hometown Health - SCP Method: Visa ****8793 Note: Saved Payment Form used Cardholder Name: Michael Walker Source: Internet Cashier User: Sheeks, Joyce Status: Complete	
\$180.00	\$180.00
Balance payment plan Transaction ID: 8872441777	
Nov 1, 2023 7:55 AM PDT	

From: Senior Care Plus donotreply@patientco.com
Subject: Your receipt from Senior Care Plus
Date: Dec 12, 2023 at 3:02:46 PM
To: mbw1972@icloud.com



Thank you for your payment

Provider: Senior Care Plus
Account: #C00043007
Payment Method: Visa **8793
Receipt Date: 12/12/2023

Payment Date	Description	Status	Amount
12/12/2023	Balance payment ID #9009562308	Paid	\$180.00

Paid: \$180.00

Thanks,
Senior Care Plus Customer Support

15	3	POS WD - CARSON CITY TOYO 2590 SCARSON CITY NVUS	- \$62.73	\$1,723.79
14	3	POS WD - VISTA MART 2995 VISTA BLVD SPARKS NVUS	- \$66.36	\$1,786.52
14	3	POS WD - LOWE'S #3 1355 SCHEELS DR US SPARKS NVUS	- \$37.00	\$1,852.88
3	3	POS WD - PT *HOMETOWN HEALTH 775-982-4130 NVUS	- \$180.00	\$1,889.88

tails

Item Description:

5 WD - PT *HOMETOWN HEALTH 775-982-4130 NVUS

e:

13/2023

e:

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2	2	POS WD - GOOGLE *YouTubePremium g.co/helpay#CAUS	- \$7.99	\$2,069.88
2	2	POS WD - SAFEWAY #2656 SPARKS NVUS	- \$92.37	\$2,077.87
2	2	POS WD - MASTERCRAFT HARDWOOD 1460 LINDA WAY SPARKS NVU	- \$140.50	\$2,170.24
2	2	POS WD - LOWE'S #3 1355 SCHEELS DR US SPARKS NVUS	- \$63.69	\$2,310.74
2	2	External WD - CAPITAL ONE - CRCARDPMT	- \$363.00	\$2,374.43

Your New Benefit Amount

01/16/2024 OPEB §115 Agenda Item 07_D

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)	-\$0.00
--	---------

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

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

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

If you disagree with any of these amounts, you must file an appeal with us in writing within 60 days from the date you get this letter. We will assume you got this letter 5 days after the date of the letter, unless you show us that you did not get it within the 5-day period. You may have good reason for waiting more than 60 days to file an appeal. You can go to www.ssa.gov/non-medical/appeal to complete and submit the "Request for Reconsideration" form, SSA 561-112 online. You may also contact us by phone to request the form or go to our website at

ck # C282



Atlanta GA 30374-0376

Action Required

039PARTD_BILLINGINCOLOR0004002-19477-01

RICHARD C BETTY
6016 CLEAR CREEK DR
RENO NV 89502-8711



Pay your way.

Go to **myAARPMedicare.com** to make a one-time payment or:

- Set up **Electronic Funds Transfer (EFT)**. Your payment will be deducted from your bank account every month. Enroll online or use the form below.
- Use your **credit card** to set up recurring monthly payments.

Your March 2023 statement.

Member ID:	0220068351
Previous balance	\$ 0.00
Payments received	\$ 0.00
Current charges	\$ 118.40
Total due	\$118.40
Due in full by	March 1, 2023

More ways to pay.

- Use our **Quick Pay** site at **PaymyAARPremium.com** to make a one-time payment.
- Use our **automated phone system** by calling **1-877-880-1153**.
- Call Customer Service to find out how to pay directly from your **Social Security or Railroad Retirement Board check**.

It can take up to 10 days to process your payment.
If we received your payment after February 6, 2023, you'll see it on your next statement.

Call Customer Service if you have any questions or need help.

Detach along dotted line

Atlanta GA 30374-0376

Action Required

158PARTD BILLINGCOLOR0006001-14302-01

RICHARD C BETTY
6016 CLEAR CREEK DR
RENO NV 89502-8711



Pay your way.

Go to **myAARPMedicare.com** to make a one-time payment or:

- Set up **Electronic Funds Transfer (EFT)**. Your payment will be deducted from your bank account every month. Enroll online or use the form below.
- Use your **credit card** to set up recurring monthly payments.

More ways to pay.

- Use our **Quick Pay** site at **PaymyAARPremium.com** to make a one-time payment.
- Use our **automated phone system** by calling **1-877-880-1153**.
- Call Customer Service to find out how to pay directly from your **Social Security or Railroad Retirement Board check**.

Call Customer Service if you have any questions or need help.

Your July 2023 statement. *AND JUNE*

Member ID:	0220068351
Previous balance	\$ 118.40
Payments received	\$ 0.00
Current charges	\$ 118.40
Total due	\$236.80
Due in full by	July 1, 2023

You have a past due balance.

Please pay the total amount due by the due date to make sure you don't lose your coverage.

It can take up to 10 days to process your payment.

If we received your payment after June 6, 2023, you'll see it on your next statement.

Detach at



Atlanta GA 30374-0376

Action Required

250PARTD_BILLINGINCOLOR0001002-16243-01

RICHARD C BETTY
6016 CLEAR CREEK DR
RENO NV 89502-8711



Your October 2023 statement.

Member ID:	0220068351
Previous balance	\$ 0.00
Payments received	\$ 0.00
Current charges	\$ 118.40
Total due	\$118.40
Due in full by	October 1, 2023

It can take up to 10 days to process your payment.
If we received your payment after September 6, 2023, you'll see it on your next statement.

Pay your way.

Go to **myAARPMedicare.com** to make a one-time payment or:

- Set up **Electronic Funds Transfer (EFT)**. Your payment will be deducted from your bank account every month. Enroll online or use the form below.
- Use your **credit card** to set up recurring monthly payments.

More ways to pay.

- Use our **Quick Pay** site at **PaymyAARPPremium.com** to make a one-time payment.
- Use our **automated phone system** by calling **1-877-880-1153**.
- Call Customer Service to find out how to pay directly from your **Social Security or Railroad Retirement Board check**.

Call Customer Service if you have any questions or need help.



Atlanta GA 30374-0376

Action Required

281PARTD_BILLINGINCOLOR0002003-29355-01

RICHARD C BETTY
6016 CLEAR CREEK DR
RENO NV 89502-8711



Your November 2023 statement.

Member ID:	0220068351
Previous balance	\$ 118.40
Payments received Thank you!	- \$ 118.40
Current charges	\$ 118.40
 Total due	 \$118.40
Due in full by	November 1, 2023

It can take up to 10 days to process your payment.

If we received your payment after October 6, 2023, you'll see it on your next statement.

Pay your way.

Go to **myAARPMedicare.com** to make a one-time payment or:

- Set up **Electronic Funds Transfer (EFT)**. Your payment will be deducted from your bank account every month. Enroll online or use the form below.
- Use your **credit card** to set up recurring monthly payments.

More ways to pay.

- Use our **Quick Pay** site at **PaymyAARPremium.com** to make a one-time payment.
- Use our **automated phone system** by calling **1-877-880-1153**.
- Call Customer Service to find out how to pay directly from your **Social Security or Railroad Retirement Board check**.

Call Customer Service if you have any questions or need help.



Atlanta GA 30374-0376

Action Required

312PARTD_BILLINGINCOLOR0008001-05600-01

RICHARD C BETTY
 6016 CLEAR CREEK DR
 RENO NV 89502-8711



Your December 2023 statement.

Member ID:	0220068351
Previous balance	\$ 118.40
Payments received Thank you!	- \$ 118.40
Current charges	\$ 118.40
Total due	\$118.40
Due in full by	December 1, 2023

It can take up to 10 days to process your payment.
 If we received your payment after November 6, 2023, you'll see it on your next statement.

Pay your way.

Go to myAARPMedicare.com to make a one-time payment or:

- Set up **Electronic Funds Transfer (EFT)**. Your payment will be deducted from your bank account every month. Enroll online or use the form below.
- Use your **credit card** to set up recurring monthly payments.

More ways to pay.

- Use our **Quick Pay** site at PaymyAARPPremium.com to make a one-time payment.
- Use our **automated phone system** by calling **1-877-880-1153**.
- Call Customer Service to find out how to pay directly from your **Social Security or Railroad Retirement Board check**.

Call Customer Service if you have any questions or need help.

Detach along dotted line

§115 Post- Retirement Medical Plan & Trust

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



TO: Board of Trustees of the TMWA §115 Post-Retirement Medical Plan & Trust
FROM: Veronica Galindo, TMWA Senior Accountant
DATE: January 16, 2024
SUBJECT: **Presentation of the Budget for Calendar Year 2024**

Recommendation

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

Discussion

The following report is attached:

- Truckee Meadows Water Authority Section 115 Post-Retirement Medical Plan & Trust (Section 115) Budget for Calendar Year 2024

The budget reflects expected additions to and deductions from Section 115 during the year. The following items are noteworthy for 2024:

- The budget for Employer Contributions is \$73,730 per the most recent actuarial valuation, which includes a true-up for fiscal year 2023. 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 \$77,900 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 \$70,600, primarily due to the estimated increase in Investment Earnings.
- As of December 2023, Section 115 provides benefits to 7 retirees.

Truckee Meadows Water Authority
Section 115 Post-Retirement Medical Plan & Trust
Budget for Calendar Year 2024

Additions

Contributions		
Employer	\$	73,730
Plan Members		15,000
		<hr/>
Total Contributions		88,730
		<hr/>
Investment Income		
Net appreciation (depreciation) in fair value of investment		-
Investment earnings		80,000
Less investment expenses		(500)
		<hr/>
Net investment income		79,500
		<hr/>
Total Additions		168,230
		<hr/>

Deductions

Benefits paid		77,900
Administrative expenses		19,730
		<hr/>
Total Deductions		97,630
		<hr/>
Net Increase (Decrease)	\$	70,600
		<hr/>

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%
Market Return				-3.3%	21.6%	10.2%	9.9%	11.9%	9.7%
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%
Market Return				-4.1%	24.0%	6.1%	3.4%	3.9%	2.9%
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%
Market Return				-3.1%	-0.8%	-2.9%	1.7%	1.5%	2.4%
	\$ 27,829,821	3.0%	3.6%						
Total RBIF Fund	\$ 765,224,435	100.0%	100.0%	-3.0%	16.2%	6.1%	7.0%	7.7%	6.7%
Market Return				-3.1%	15.9%	5.9%	6.6%	7.5%	6.7%