

Post Retirement Medical Plan & Trust
a single employer plan sponsored by
Truckee Meadows Water Authority



TO: Board of Trustees of the Post Retirement Medical Plan & Trust
FROM: Nanette Quitt, TMWA Human Resources Manager
DATE: June 6, 2011
SUBJECT: **Discussion and approval of Trustee Administrative Policy governing Reimbursement Requests**

Recommendation

TMWA staff recommends the Post Retirement Medical Plan and Trust (PRMPT) approve the Reimbursement Request policy.

After approval of the policy, per plan document guidelines, copies of the policy adopted by the Trustees will be provided to each participant and each dependent of a participant.

Suggested Motion

The Trustees move to approve Trust Administrative Policy governing Reimbursement Requests, as presented.

Background

Per the Post Retirement Medical Plan and Trust plan document, the Trustees shall adopt policies pertaining to the timing and the manner in which plan participants can request reimbursement from the trust for costs of participants who have elected to utilize insurance options outside of the employers plans.

Participants with the annual and lifetime lump sum credits can participate in health coverage option made available to active Employees of the Employer or any private health insurance plan. Reimbursement from the Trust is contingent upon the proof of payment and coverage.

| | | | |
|--|-----------------------|-----------------------|------------------------|
| Subject: Reimbursement Request Policy | | | ADM002 |
| Source: | | | Supersedes: N/A |
| Origination Date: 05/17/2011 | Revision Date: | Reviewed Date: | Page 1 of 3 |

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") sets forth the guidelines for the administration of the Retiree Medical benefit. Eligible retirees can request reimbursement from the Trust for a portion of expenses incurred to pay the cost of participation in private health insurance coverage options.

Reimbursement will be in accordance with approved annual or lifetime credits in accordance with the terms of the Trust plan document and as approved by the Trustees.

Reimbursement Request Process:

1. The Eligible retiree must complete the "Medical Premium Expense Reimbursement Request Form" in order for reimbursement of annual or lifetime credits to be considered.
2. The form must be completed in its entirety with proof of payment and coverage attached.
3. Reimbursement can be requested for the eligible retiree and their eligible dependents per group health plan guidelines.

How to File a Reimbursement Request:

Eligible retiree's should use the "Medical Premium Expense Reimbursement Request Form" to request reimbursement from the PRMPT.

1. Complete the Medical Premium Expense Reimbursement Request Form
2. Attach proof of payment and coverage
3. Be sure to sign and date the form
4. Forms can be submitted via mail, fax or email:

Post Retirement Medical Plan & Trust
c/o TMWA Human Resources
PO Box 30013
Reno, NV 89520
(775) 834-8030 Fax • hr@tmwa.net

Credits will not be prepaid to retirees. Reimbursement is provided after proof of payment and coverage is submitted following the process outlined above.

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|--|-----------------------|-----------------------|------------------------|
| Subject: Reimbursement Request Policy | | | ADM002 |
| Source: | | | Supersedes: N/A |
| Origination Date: 05/17/2011 | Revision Date: | Reviewed Date: | Page 2 of 3 |

Post Retirement Medical Plan & Trust Policy & Procedure

Frequency of Reimbursement:

The Trust will issue reimbursement checks to eligible retirees quarterly see the schedule of payments below:

| | |
|---------------------------------|------------------------------|
| January through March Claims | Paid on or before April 30 |
| April through June Claims | Paid on or before July 31 |
| July through September Claims | Paid on or before October 31 |
| October through December Claims | Paid on or before January 31 |

Eligible retirees may lump reimbursement requests for up to one year maximum (example: Retiree submits reimbursement request in October 2011 for credit reimbursement for expense incurred from January through June 2011). Expenses reported more than one year after the expense incurred date will not be eligible for reimbursement.

Reimbursements will only be made for expenses incurred for health coverage. Should a retiree's expenses be less than the approved annual credit, the retiree is not eligible for the difference. The remaining difference will be retained by the Trust and is not eligible to be used in future calendar year requests.

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|--|-----------------------|-----------------------|------------------------|
| Subject: Reimbursement Request Policy | | | ADM002 |
| Source: | | | Supersedes: N/A |
| Origination Date: 05/17/2011 | Revision Date: | Reviewed Date: | Page 3 of 3 |

**Post Retirement Medical Plan & Trust
Policy & Procedure**

| | |
|---|---------------------------------------|
| Supersedes: | N/A |
| Source: | N/A |
| REFERENCES: <ul style="list-style-type: none"> ▪ Truckee Meadows Water Authority Post-Retirement Medical Plan & Trust (As Restated) plan document ▪ PRMPT Medical Premium Expense Reimbursement Request Form | |
| APPROVAL(S): | Title |
| _____ | |
| Jeff Tissier | Chairman, PRMT Board of Trustees |
| _____ | |
| Steve Enos | Vice Chairman, PRMT Board of Trustees |

Post Retirement Medical Plan & Trust Medical Premium Expense Reimbursement Request

DATE RANGE From
To

RETRIEE INFORMATION:

Name: _____ Social Security #: _____

Address: _____ Phone #: _____

Expenses

| Date Paid | Description (example: Monthly Premium) | Name of Provider (example: Anthem Blue Cross) | Cost | Total |
|-----------|---|--|--------|-------|
| | | | | \$ - |
| | | | | \$ - |
| | | | | \$ - |
| | | | | \$ - |
| | | | | \$ - |
| | | | | \$ - |
| | | | \$0.00 | \$ - |
| Total | | | | \$ - |

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). I also authorize the Post Retirement Medical Plan & Trust, and its designees to contact the insurance company I have listed above to verify coverage and amount of premium paid.

Retiree Signature: _____ Date: _____

TMWA Approval: _____ Date: _____

PRMPT Approval: _____ Date: _____

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;
- A statement from the eligible recipient's employer listing dates and amounts of premiums deducted from wages;
- 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.