



THREE VALLEYS MWD

BENEFITS MANUAL

2024

www.threevalleys.com

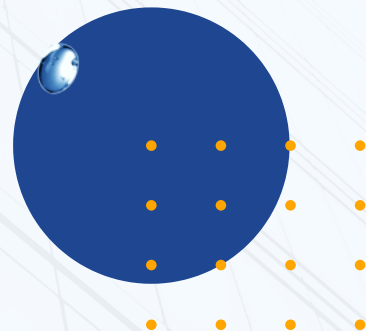
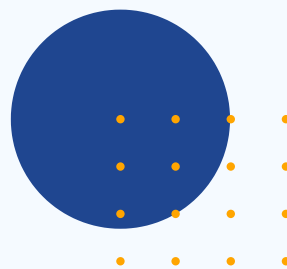


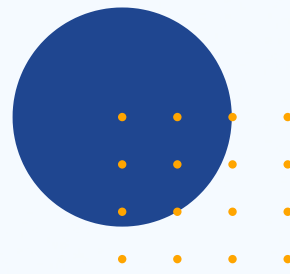
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BENEFITS MANUAL

TVMWD has established a number of benefit programs for its eligible employees. Although this summary does not state all of the features of these benefit programs, it provides brief summaries to acquaint employees with some of the key features of the programs. It is important that employees remember that additional terms, conditions, and limitations regarding program eligibility and benefit entitlements often exist. Official plan documents and, where applicable, actual insurance policies should be consulted for further information regarding each benefit program. In the case of actual or apparent conflict between the benefit summaries set forth in this summary and the terms of the official plan documents, the provisions of the official plan documents, as interpreted in the sole and absolute discretion of the plan administrator, shall control.

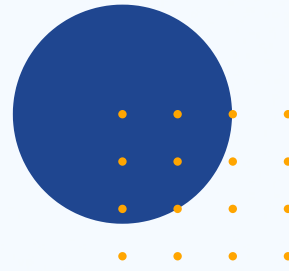


THREE VALLEYS
MUNICIPAL WATER DISTRICT

In addition, while it is TVMWD's present intention to continue the benefits described in this summary, TVMWD expressly reserves the right, whether in an individual case or, more generally, to modify, supplement, curtail, reduce, or eliminate any benefit, in whole or in part, either with or without notice, to the fullest extent permitted by law, if TVMWD determines, in the exercise of its sole discretion, that such action is warranted. Neither the benefits program nor their descriptions contained in this summary are intended to create any guarantees regarding continued and/or future availability. For further questions contact Human Resources.

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RETIREMENT SYSTEM



CALPERS RETIREMENT

TVMWD participates in the California Public Employees Retirement System (CalPERS).

Classic:

The retirement formula for employees hired prior to January 1, 2013 (or otherwise qualify as “Classic PERS employees” is 2%@55, and benefits are based on the following:

- years of service
- age at retirement (age 50 or over with min 5 yrs. PERS service)
- highest 12 consecutive month period

Cost:

Employee: 7% (of pensionable compensation) / Employer: 12.47%

PEPRA:

The retirement formula for employees hired on or after January 1, 2013, is 2%@62, and benefits are based on the following:

- years of service
- age at retirement (age 52 or over with min 5 yrs. PERS service)
- highest 36 consecutive month period

Cost:

Employee: 7.75% / Employer: 7.68%

Eligibility

- Full-time staff and part-time staff (20+ hours per week) appointed to a job that will last at least six (6) months and one (1) day.
- Part-time staff with prior CalPERS (or reciprocal agency) service.

DEFERRED COMPENSATION



DEFERRED COMPENSATION PLAN

TVMWD offers full-time employees, part-time employees and elected officials participation in a Section 457 deferred compensation plan through Empower.

Participants may elect to have their contributions be made with a pre-tax or post-tax payroll deduction to their 457 plan up to the IRS maximum limits.

2024 IRS Limits:

Salary deferral: \$23,000
Catch-up (Age 50+): \$7,500

TVMWD Match:

TVMWD matches full-time employees deferred up to \$250.00 per pay period (except the 3rd pay period in a month). Employer contributions are contributed to the employees 401 (a) account.

Mandatory Contributions:

Elected officials and part-time employees who are not eligible for CalPERS shall contribute 7.5% of their salary toward their 457 plan.

Empower Contact Information:



Claudia Leao, Retirement Plan Advisor



claudia.leao@empower.com



empowermyretirement.com



(800) 701-8255

BENEFIT INTRODUCTION

TVMWD provides group major medical, dental, vision, Employee Assistance Program (EAP), Disability and Life Insurance, and Dismemberment insurance to eligible employees and dependents. Unless otherwise stated the waiting period and eligibility apply to all group benefits.

Waiting Period:

Benefits are effective the 1st day of the month following 30 days of service unless the waiting period is waived by the General Manager.

Eligibility:

Eligible employees are defined under the Employee Handbook as Elected Officials and Full-time employees are assigned a definite work schedule of at least 30 hours per week and their employment is expected to continue for an indefinite period of time.

Eligible dependents are defined as the following:

- Spouse
- Children to their 26th birthday including stepchildren and children placed in the home for adoption.
- Unmarried children who were enrolled before age 26 and are incapable of self-sustaining employment due to physical or mental condition. A physician must certify in writing within 60 days this condition and it is subject to carrier approval.
- Children eligible for coverage as a result of a valid qualified medical child support order.
- Grandchildren who meet the requirements listed on the Dependent Grandchild Affidavit. These include shared residence, parenting responsibilities, financial responsibility, and claiming the grandchild on taxes.
- Domestic partner as defined by the State of California for state registration requirements.
- Those designated according to the law.
- For an eligible dependent to be eligible for coverages, a copy of a marriage certificate, State of California Declaration of Domestic Partnership form (NP/SF DP-1), birth certificate, or other identifying paperwork is required.

NOTE: It is the employee's responsibility to notify the District in writing upon divorce, termination of domestic partnership, over-age dependent, or any event that changes the status of dependency.

BENEFIT CHANGES

A benefits eligible employee may change their benefit elections during Open Enrollment in the Fall of each year. Election changes will be effective January 1st of the upcoming calendar year. Otherwise, changes to benefit elections may not be made unless the employee experiences a qualifying life event.

Employees may make mid-year changes to their benefits if they experience a Life Event, such as:

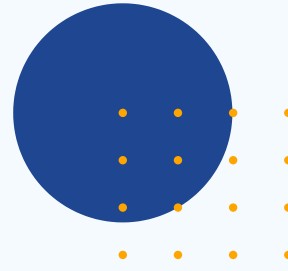
- Marriage
- Birth
- Divorce
- Registration of domestic partnership with the state of California
- Dissolution of such domestic partnership
- Adoption
- Dependent's gain/loss of other coverage
- Dependent no longer eligible

If you experience a qualifying life event and wish to make a change to your benefits, you must notify the Human Resources Department within 31 calendar days of the event to make the change. Changes take effect on the first of the month following the life event.

You then have 31 calendar days from the effective date of the coverage change to provide documentation of the qualifying event. Dependent verification documents, such as a marriage certificate for a spouse or a birth certificate for a child, must be provided for newly enrolled dependents. Coverage will not be effective until this documentation has been provided. If you do not complete your enrollment and provide documentation before this deadline, your next opportunity to make changes to your benefits will be during Open Enrollment with an effective date of January 1st of the next calendar year.

The following is a brief description of the plans available and is not meant to replace the actual wording of the policy, which makes the final determination of the benefits to be provided.

HEALTH PLANS



Medical Insurance:

TVMWD provides health coverage through ACWA/JPIA. Employees can select from:

- Anthem Blue Cross PPO
- Anthem Blue Cross HMO
- Anthem Blue Cross CDHP
- Kaiser Permanente HMO

Employee Cost:

Employees are responsible for paying up to 10% of the medical premium as a pre-taxed monthly payroll deduction. See the Employee Health Care Monthly Cost 2024 for premium information.

Medical Opt-Out:

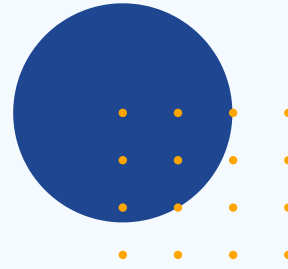
Employees may opt themselves and/or family members out of medical coverage during open enrollment with proof of a comparable alternative medical coverage.

The opt out amount is 70% of the average plan cost (based on family status) not to exceed the least costly plan (Kaiser). Re-enrollment is not allowed until open enrollment or with a HIPAA qualifying event. ACWA/JPIA requires medical coverage for 75% of TVMWD employees, so opt out is first-come first-serve.

Cash back is not available for elected officials.



HEALTH BENEFITS



TVMWD provides dental, vision and Employee Assistance Plan (EAP) coverage through ACWA/JPIA at no cost to employees. All benefit eligible employees, elected officials, and benefits-eligible dependents must be enrolled a plan for dental, vision.



Dental Insurance:

Employees can select from the following two plans:

- Delta Dental of California PPO – allows visits to any dentist of choice. Maximum benefit provided by using a DPO dentist.
 - **Member Services:** (800) 765-6003
- DeltaCare USA (HMO) – pre-paid dental plan which offers affordable HMO coverage.
 - **Member Services:** (800) 422-4234

Website: deltadentalins.com



Vision Insurance:

Vision Service Plan (VSP).The program allows visits to any eye doctor of choice. Maximum benefit is provided by using a VSP eye doctor,

Member Services: (800) 422-4234

Website: VSP.com



Employee Assistance Program (EAP):

Anthem’s EAP provides quick and easy access to confidential counseling and referral services to help you deal with daily work and life challenges. It’s available to you, your dependents or household members. Take advance of EAP’s free resources and support available 24/7, 365 days a year.

Member Services: (800) 999-7222

Website: anthemEAP.com.

CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT OF 1985 (COBRA)



COBRA was enacted in 1985 to protect employees and their eligible family members by allowing them to continue their group health insurance under the employer's plan at affordable group rates. Employees are notified at hiring of their rights under this law and it is the employee's responsibility to notify the Director of Human Resources Department.

Eligible Participants:

Employees, former employees, spouses, former spouses, and dependent children when group health coverage would otherwise be lost due to certain events.

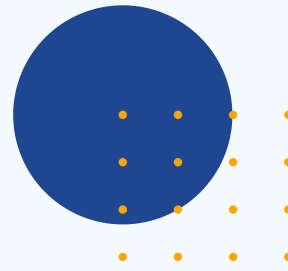
Qualifying Events:

- A covered employee's death,
- A covered employee's job loss or reduction in hours for reasons other than gross misconduct,
- A covered employee's becoming entitled to Medicare,
- A covered employee's divorce or legal separation, and
- A child's loss of dependent status (and therefore coverage) under the plan.

It is the employee's or eligible family member's responsibility to inform Human Resources within 60 days when a qualifying event takes place or your eligibility for COBRA may be jeopardized. Human Resources will provide employee eligible participants notice describing COBRA rights within 14 days after receiving notification of qualifying event. Summary chart:

QUALIFYING EVENT	QUALIFIED BENEFICIARIES	MAXIMUM PERIOD OF CONTINUATION COVERAGE
Termination (for reasons other than gross misconduct) or reduction in hours of employment	Employee Spouse Dependent Child	18 months
Employee enrollment in Medicare	Spouse Dependent Child	36 months
Divorce or legal separation	Spouse Dependent Child	36 months
Death of Employee	Spouse Dependent Child	36 months
Loss of "dependent child" status under the plan	Dependent Child	36 months

COBRA CONTINUED



Selection Period:

Human Resources will send written notification to the employee/eligible family member of their right to elect continued coverage, the election period, and premium payments. To elect COBRA continuation coverage, the completed Election Form must be returned to Human Resources within 60 days after the date of the COBRA notice.

Cost:

The employee/eligible family member must pay a full monthly premium for each coverage selected by the first day of each month that the premium(s) is due.

Coverage Available:

At the time of the qualifying event, whichever health insurance the employee/dependent is enrolled in (Kaiser, Anthem Blue Cross, or UnitedHealthCare/Medicare Supplement, Delta Dental, VSP Plan, and Employee Assistance Program) will be considered the coverages available.

Open Enrollment:

COBRA continues to have the same rights under the plan as active employees. This includes rights during open enrollment periods. When an open enrollment period occurs, COBRA enrollee must be informed of their rights.

The Open Enrollment Notification should inform COBRA enrollee of the open enrollment period, the options available during the open enrollment period and the monthly premium rates for those options.

It defines COBRA enrollees as possible electees, electees and continuees. Possible electees are individuals in their 60-day election period; electees are individuals who have elected but have not yet paid; continuees are individuals who have elected and paid.

Special Note:

There can be no interruption of coverage under COBRA.

Cal-COBRA:

If the employee has exhausted their COBRA coverage and was entitled to less than 36 months of coverage, then the employee may choose additional continuation coverage under Cal-COBRA up to 18 months. The District will send notification to the COBRA enrollee upon COBRA expiration.



CONSUMER DRIVEN ACCOUNTS (CDA)

TVMWD offer various Consumer Driven Account (CDA) programs. Basic Pacific is our third-party administrator that manages our tax-advantaged programs. Available CDA accounts include:

- Health Reimbursement Arrangement (HRA)
- Flexible Spending Account (FSA)
- Dependent Care FSA (DCFSA)
- Limited FSA (LFSA)
- Health Reimbursement Account (HSA)



CDA account designations must be made each year during Open Enrollment. Funds can be utilized by either charging to your Visa Basic Pacific card or by paying costs out of pocket and then submitting a claim online.

For employees that have multiple CDA accounts, payment for expenses will be deducted in the following order:

- FSA
- LFSA
- HRA
- HSA

Participants in a Basic program will be issued a Visa Basic benefits debit card. This card allows you to charge qualified expenses; the expenses are deducted from your CDA account balance. Notes on the card:

- Employees will be issued two (2) debit cards initially. A \$10 fee is deducted from the employee's account for each additional card requested.
- Just like any other credit card, these cards have an expiration date of three (3) years. A new card will not be issued each year, so keep your card until it expires, even if you aren't contributing to a Basic program this year.

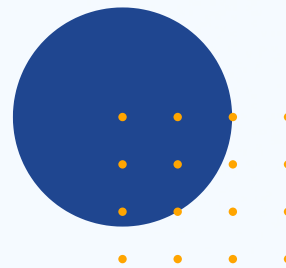
Please save all your receipts in case requested by Basic. Receipts should indicate the date of service, the service or product provided, and the patient for whom the service is for.

Member Services: (800) 574-5448

Website: <https://cda.basiconline.com>



CDA PROGRAMS



FSA Plans available:

Healthcare & Limited FSA:

Healthcare FSAs let you pay for all eligible medical expenses, including dental and vision expenses, as well as over-the-counter medications. Limited FSAs restrict eligible expenses to dental and vision expenses exclusively.

- May contribute up to \$3,200.
- Services must occur during the active calendar year. Participants have until March 31, 2025, to file any reimbursement for expenses incurred in the 2024 plan year.
- May only carry over \$610 to the following year.

Dependent Care FSA :

DCFSA is used to pay for childcare or adult dependent care expenses that are necessary to allow you and your spouse, if married, to work, look for work, or attend school full-time.

- May contribute up to \$5,000 if married and filing a joint return, or if the participant is filing single and \$2,500 if the participant is married filing separate.
- Services must occur during the 2024 calendar year or the first 75 days of 2025. You have up to 135 days into 2025 to pay for the services.
- No funds carryover to the following year.

Elections cannot be changed mid-year unless a documented qualifying event supports the change.



HRA - Health Reimbursement Account:

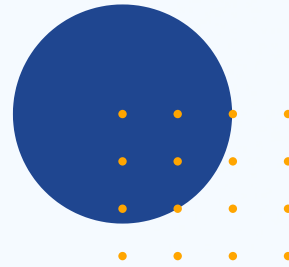
HRA is an employer-sponsored account that can be used to reimburse eligible out-of-pocket medical, dental, and vision expenses.

TVMWD provides \$1,000 per calendar year, available immediately at the beginning of the year. Any unused balance is carried over and utilized in future years up to a maximum of \$3,500. As a reminder, any funds carried over from Basic for the prior year are not available until 60 days into the next year.

Eligibility:

Full-time Employees and Elected Officials are eligible for this plan at the effective date of their health benefits. The annual contribution is prorated based on date of hire for the first year.

CDA PROGRAMS



HSA - Health Savings Account:

An HSA allows individuals to pay for current health expenses and save for future medical expenses on a pre-tax basis. Both employees and employers can contribute to an HSA, but contributions can only be made while you're enrolled in an HSA-compliant high deductible plan.

An HSA varies from an HRA in that it is owned by the employee, not by the employer. This means the HSA is portable; individuals take the funds in the HSA if they leave TVMWD, retire or switch to another health plan.

Eligibility for an HSA:

- Enrolled in a high deductible health plan (i.e., CDHP) and not covered by another health plan (including a spouse's health plan, but not including specific injury insurance & accident, disability, dental care, vision care, or long-term care coverage)
- Not enrolled in Medicare
- Not in receipt of VA or Indian Health Service benefits within the last three (3) months
- Not covered by your own or your spouse's FSA, and are not claimed as a dependent on someone else's tax return
- Employees are eligible for this plan at the effective date of their health benefits. The annual contribution is prorated based on date of hire for the first year.

Eligible to make or contribute to a HSA:

- You must be enrolled in a CDHP or High Deductible Health Plan.
- You cannot have other medical coverage. A spouse and/or dependents may have other coverage.
- You cannot have Medicare. A spouse and/or dependents may have Medicare.
- You cannot be claimed as a tax dependent.

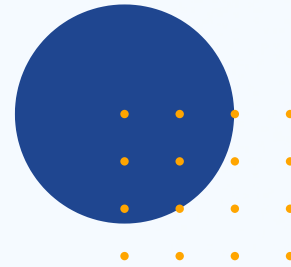
Contributions:

Changes to your deduction amount can be made throughout the year.

2024 maximum HSA contribution (employer and employee combined):

Individual: \$4,150
Family: \$8,300
Catch-up (55+): \$1,000

CDA PROGRAMS



HSA Continuation:

If employees transition from having HRA to an HSA plan the HRA funds will remain in the HRA account. The reimbursement will follow the order listed on the previous page.

If you choose the HSA plan, TVMWD will contribute to the plan either \$400 (single) or \$800 (two-party or family). In addition, the \$1,000 that TVMWD provides to your HRA will instead be placed in your HSA. If you are ineligible for the HSA plan but still enroll in CDHP, the TVMWD contribution will go into the HRA plan.

HSA deduction elections for must be made every year during Open Enrollment, as the deduction elected for the prior year will not continue without a completed form on file.

Your HSA funds will be deposited into a new bank account in your name with HSA Bank. As with any other bank account, funds can't be used until deposited first. We point this out because while TVMWD's contribution will be available at the beginning of the calendar year, any additional funds you have deducted from your paycheck aren't available until that payday.

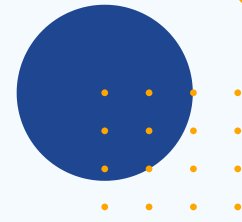
You have the ability to transfer funds from your HSA Bank account to your personal bank account as expenses are incurred if you choose. Employees who maintain their HSA Bank account will incur a \$2.50 monthly account maintenance fee.

HSA Bank will send a letter to participants notifying them of their responsibility to pay the fee. Employees are responsible for closing their HSA Bank account.

Basic will send out a Welcome Packet that provides information on how to access your Health Care Bank account.



RETIREE HEALTH BENEFITS



TVMWD's Retiree Health Benefit is up to \$600/month based on years of service. For a more information refer to the TVMWD Retiree Benefit Policy.

If you plan on retiring in 2024, you must enroll in the plan you wish to retire into during the Open Enrollment period prior to retirement. While Open Enrollment is offered annually, retirees cannot add dependents. Elected officials are not eligible to receive retiree medical benefits.

These are the changes that retirees can make at any time:

- A retiree may disenroll at any time but may not reenroll at a later date.
- A retiree may delete a dependent at any time but may not re-enroll the dependent at a later date.
- If a retiree is on an HMO plan and relocates to a non-HMO service area, he/she will be given an opportunity to enroll in the employer's PPO plan. If the retiree moves back into the HMO service area, the retiree may re-enroll in the HMO.

Eligibility:

- Employees 55 years old and have served as a full-time employee for at least 10 years of service
- Must retire from TVMWD and CalPERS with no lapse of coverage between retirement date and date of retiree health benefits began



- Employee and/or dependents must enroll in Medicare Parts A & B when eligible. Participants may transition to a supplemental plan.

Dependent Eligibility:

Spouses/Domestic Partner and dependents may be covered at the retiree's cost. JPIA does not allow self-pay of retiree medical, so if the retiree passes away or disenrolls, spouses & dependents will no longer be covered.

Medicare Eligible Retirees:

Retiree Health Benefits participants who are eligible for Medicare must be enrolled in Parts A and B.

Part B premiums are paid by the retiree, directly to Medicare. The JPIA UnitedHealthcare and Kaiser plans have Medicare Part D built in. Part D premiums are included in monthly premiums. If the participant's income exceeds the thresholds published by Medicare annually, the retiree will be responsible for the Income-Related Monthly Adjusted Amount (IRMAA). Do not enroll in another Part D plan. Medicare allows you to have only one Part D plan at a time.



LIFE INSURANCE PLANS

GROUP BASIC & VOLUNTARY LIFE & AD&D

TVMWD offers life insurance benefits through Standard Reliance at no cost to full-time employees, elected officials and eligible dependents.

Group Life and AD&D Benefit:

Employees: 2x your annual salary up to \$300,000

Elected Officials: \$10,000

Special Notes:

- For all members, benefit reduces to 65% of base amount at age 65
- For all members, benefit reduces to 50% of base amount at age 70

Dependent:

- Spouse: \$1,500
- Dependent Child: \$1,000 (birth but less than 6 months: \$500 6 months through age 26: \$1,000)

Employees have the option for additional coverage at their expense and are subject to medical underwriting by Reliance Standard.

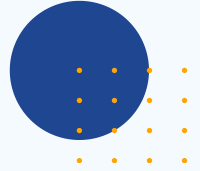
Employees will be taxed on coverage exceeding \$50,000 and/or if election to increase their supplemental benefit.



Eligible employees can choose supplement coverage at their own expense for the follows plan:

- Employee:
 - Choose from a minimum of \$5,000 to a maximum of \$400,000 in \$5,000 increments.
- Dependent:
 - Spouse: Choose from a minimum of \$5,000 to a maximum of \$200,000 in \$5,000 increments (spouse amount may not exceed 100% of employee amount).
 - Dependent Child(ren): Birth to age 26 years: \$2,000 to \$10,000 in increments of \$2,000.





AFLAC

TVMWD staff and elected officials can elect to enroll in any available AFLAC plans at their own expense. AFLAC provides supplemental insurance to help pay-out expenses medical insurance doesn't cover. Below are some of the plans available through AFLAC.

Pre- Tax Benefit Plans:

- Accident Advance
- Hospital Choice
- Cancer Care
- Critical Care Plus Rider

Post Tax Benefit Plans:

- Short Term Disability
- Life Insurance



Employees that would like to get more information or may be interested in any AFLAC plans may contact the AFLAC representative:

Anthony Merino



(626) 808-2473



anthony_merino@us.aflac.com

MEDICARE TAX

Medicare tax is a mandatory tax for all public employees hired after March 31, 1986. Medicare is a national social insurance program that guarantees access to health insurance for Americans age 65 and older and for people with disabilities.

Both TVMWD and the employees pay 1.45% toward this mandatory tax. For employees earning over \$200,000 there is an additional 0.9% deduction. Deduction are immediate after hire.





SHORT/LONG DISABILITY (STD/LTD)



TVMWD offers Short Term Disability (STD) and Long-Term Disability (LTD) benefits through Reliance Standard. The District pays 100% of the plan premiums.

Disability income protection insurance provides a benefit for short and long term disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.



Short Term Disability:

STD is available if you experience a non-work-related injury or illness or a pregnancy causing disability in excess of 60 days. STD becomes effective on the 61st consecutive day of the disability.

The weekly benefit is the amount equal to 66.67% of covered earnings, from a minimum of \$25 up to a maximum benefit of \$2,309 per week.

Long Term Disability:

LTD is available after 180 consecutive days of total disability. The monthly disability payment is 66.67% of covered earnings, up to a maximum benefit of \$10,000 per month. If you remain disabled, payments continue until age 65.



STATE DISABILITY INSURANCE (SDI)

California State Disability Insurance (SDI) is a partial wage-replacement insurance plan for California workers. Workers covered by SDI are eligible for the following two programs:



Disability Insurance (DI):

Employees may be eligible for DI if they are unable to work due to a non-work-related illness or injury, pregnancy or childbirth.



Paid Family Leave (PFL):

Employees may be eligible for PFL to:

- Care for a seriously ill family member. SDI defines family member as a child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, or registered domestic partner.
- Bond with a new child entering the family through birth, adoption, or foster care placement.

Participate in a qualifying event resulting from an eligible family member's military deployment to a foreign country.



TVMWD pays 100% of the SDI contribution on behalf of the employee. The wages paid on employee behalf are reported as taxable wages.

For more information visit the EDD website:

<https://edd.ca.gov/disability>



EDUCATION

REIMBURSEMENT

TVMWD encourages a continuous learning environment. Formal education and professional advancement opportunities for employees, encourages professional development and boosts employee knowledge, skills and abilities. To assist employees with the finance burden of formal education, and continuing education TVMWD provides tuition reimbursement.



Employees participating in the Education Reimbursement may receive up to \$5,000 per calendar year for reimbursement of tuition, registration fees, laboratory fees, placement testing, required examination fees, and books. To receive reimbursement, employees must successfully complete the course(s) (e.g., grade of “C” or better or “pass” when grade is pass/fail, “complete” when grade is complete/incomplete, etc.). Courses must be work-related or count toward a degree. For a non-accredited program, completion of the course with proof of passing all related course work and exams is required.

Eligibility:

Full-time employees who have completed their initial evaluation period or with approval from the General Manager.

Request & Approval Process:

Employees interested in participating in the program must submit the Participation and Reimbursement Agreement form to the General Manager for approve, in advance of starting course work.

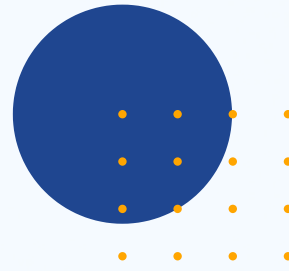
Reimbursement Process:

To request reimbursement, employee should complete a Check Request Form and provide sufficient documentation to demonstrate the expense was incurred, when the expense was incurred, and outcome of the course(s) showing successful completion.

The reimbursement form should be submitted to the Human Resources.



WATER RELATED CERTIFICATES



TVMWD recognizes the mutual benefits that are derived from personal growth by advancing water certificates.

The District will reimburse eligible employees with fees associated with the certificate testing, receiving the certificate and re-certification. For the full policy reference the Employee Handbook.

Eligibility:

Employees that have completed their initial appraisal period, unless a job requirement, or it is approved by the General Manager.

Reimbursement Process:

Employee must submit a Check Request Form with supplementary documentation to the Department Head or General Manager for approval.



Special Note:

- Certifications are the responsibility of the employee.
- Any late fees, penalties or unsuccessful attempts will not be reimbursed.

Upon successfully obtaining the certification and submitting required documentation, Accounts Payable will reimburse 100% of water related certification fees.



To receive additional information on any benefits provided by TVMWD please contact the Viviana Robles with the Human Resources Department.

CONTACT INFORMATION

-  (909) 293-7030
-  vrobles@tvmwd.com
-  www.threevalleys.com

