



Claims Administrative Services, Inc.

Our reputation for excellence is no accident.TM

Texas Educational Insurance Association

WORKERS' COMPENSATION

Plan Year 2019-2020 Addendum – Part 2 of 2

Plan Sponsor: Stephenville ISD

Your workers' comp rates have changed by the percentages noted below. The one remaining variable will be the payroll for each year which is estimated to be \$20,754,201 for 2019-2020. Should your payroll vary from this estimate you may see a greater or lesser decrease in your total dollars spent however the rate applied to the payroll will be unchanged.

By Selecting a New 5-Year Plan the Sponsor Locks in their Fixed Cost Rate for Five Years!

<input type="checkbox"/> Begin New 5 Year Plan/Year 1	
<input type="checkbox"/> Fixed Cost Payment in Full <i>Due on 9/1 of each year</i>	<input type="checkbox"/> Fixed Cost Quarterly Payments of 40%, 20%, 20%, 20% <i>Due on 9/1, 12/1, 3/1, and 6/1 of each year</i>
Fixed Cost Rate: Increased by 3%	Loss Fund Rate: Decreased by 5%

By Selecting a New 3-Year Plan the Sponsor Locks in their Fixed Cost Rate for Three Years!

<input type="checkbox"/> Begin New 3 Year Plan/Year 1	
<input type="checkbox"/> Fixed Cost Payment in Full <i>Due on 9/1 of each year</i>	<input type="checkbox"/> Fixed Cost Quarterly Payments of 40%, 20%, 20%, 20% <i>Due on 9/1, 12/1, 3/1, and 6/1 of each year</i>
Fixed Cost Rate: Increased by 8.72%	Loss Fund Rate: Decreased by 5%

By Selecting a New 1-Year Plan the Sponsor Locks in their Fixed Cost Rate for One Year!

<input type="checkbox"/> Begin New 1 Year Plan/Year 1	
<input type="checkbox"/> Fixed Cost Payment in Full <i>Due on 9/1 of each year</i>	<input type="checkbox"/> Fixed Cost Quarterly Payments of 40%, 20%, 20%, 20% <i>Due on 9/1, 12/1, 3/1, and 6/1 of each year</i>
Fixed Cost Rate: Increased by 8.72%	Loss Fund Rate: Decreased by 5%

☐ **DRAFT OUR W/C FUND BANK ACCOUNT ON DUE DATE – Plan Sponsor** authorizes payment by draft on the due date for any and all billings. **Plan Supervisor** will provide copy of Draft Invoice prior to due date.

SHOULD THE SPONSOR NOT CHOOSE THE DRAFT PAYMENT METHOD, INITIAL INVOICE WILL BE ISSUED PRIOR TO 8/1/19, PAYABLE ON 9/1/19 AND EACH SUBSEQUENT 9/1 FOR THE RESPECTIVE FIXED COST FOR THE REMAINING YEARS OF THE PLAN.

Certification of Authority to Execute

I represent that I am expressly and duly authorized by **Stephenville ISD** to execute this agreement and legally bind my employer as set forth in this agreement. I acknowledge that Stephenville ISD wishes to continue the agreement as previously approved by the Board of Trustees, the governing body of Stephenville ISD. As the designated employee of Stephenville ISD, I am exercising the authority conveyed by the Board of Trustees to extend the term of this agreement for an additional five years ____, three years ____ or one year ____, which must be completed before an exit option is available. I further acknowledge that this agreement guarantees only the Fixed Cost Rate and does not guarantee the Fixed Cost or Loss Fund amounts. It is understood that Fixed Cost and Loss Fund amounts are subject to change each year of the agreement based on the actual payrolls of Stephenville ISD. **Effective start date of this plan addendum is September 1, 2019.**

_____/_____/_____ Date	_____ Signature (Board Designated Employee for the Plan Sponsor)	_____ Title
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Please Select a Plan Option, initial Certificate and return signed Addendum to CAS by 1/1/2019.

CAS-Claims Administrative Services, Inc.

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