

Workers' Compensation | Renewal Addendum**2025-2026 Contract Term - Year 2 of 3**
Renewal Based on Estimated Payroll of \$9,593,545

To help Troup ISD plan with confidence, we are pleased to offer the option to extend your current agreement through a new three-year contract. This new multi-year term allows you to lock in your current rate for the extended duration of the contract, providing predictable budgeting and long-term cost stability. This is a straightforward way to continue receiving the same high-quality services without concern for annual rate changes.

If you are interested in securing your current rate through a new multi-year contract, or you prefer to continue the existing contract term, **please select ONE of the options below, complete the payment processing section, and return your signed renewal to CAS by June 30, 2025.**

Renewal Options | Please Select One**Option 1 | Begin New 3 Year Plan - Year 1****Guaranteed Cost | \$39,654**

INITIAL

BR

By intialing Option 1 above, the Plan Sponsor agrees to extend the term of this agreement for an additional three (3) years, which must be completed before an exit option is available. The Plan Sponsor further acknowledges that this agreement guarantees only the Guaranteed Cost Rate and does not guarantee the Guaranteed Cost Amounts. **Please ensure you are not under any obligation to other carriers prior to extending a multi-year option.**

Option 2 | Continue Current 3 Year Plan - 3 Year 2**Guaranteed Cost | \$39,654**

By intialing option 2 above, the Plan Sponsor agrees this agreement continues for Two (2) more year(s), which must be completed before an exit option is available. The Plan Sponsor further acknowledges that this agreement guarantees only the Guaranteed Cost Rate and does not guarantee the Guaranteed Cost Amounts. **Guaranteed Cost Rate subject to change at end of contract term.**

Payment Processing | Please Select One

Draft Our W/C Fund Bank Account For:

INITIAL

Total Guaranteed Cost**Quarterly Payments**

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. Total Payment due on 9/1, or Quarterly Payments due on 9/1 (40%), 12/1 (20%), 3/1 (20%) and 6/1 (20%).

Invoice Troup ISD For:

INITIAL

Total Guaranteed Cost**Quarterly Payments**

Initial Invoice will be issued prior to 8/1/25, payable on 9/1/25. Quarterly invoices will be emailed to Plan Sponsor prior to and payable on 9/1 (40%), 12/1 (20%), 3/1 (20%) and 6/1 (20%).

Certification of Authority to Execute

I represent that I am expressly and duly authorized by Troup ISD to execute this agreement and legally bind my employer as set forth in this agreement. I acknowledge that Troup ISD wishes to continue the agreement as previously approved by the Board of Trustees, the governing body of Troup ISD. As the designated employee of Troup ISD, I am exercising the authority conveyed by the Board of Trustees to extend the term of this agreement for an additional three years ____, or continuing current plan ____ which must be completed before an exit option is available. I further acknowledge that this agreement guarantees only the Guaranteed Cost Rate and does not guarantee the Guaranteed Cost Amount. It is understood that the Guaranteed Cost Amount is subject to change each year of the agreement based on the actual payrolls of Troup ISD. **Effective start date of this plan addendum is September 1, 2025.**

Blair Ross

Signature | Designated Employee

CFO

Title

6/29/2025

Date