

A Personal Perspective

Dear Jay Ratcliff,

Congratulations on another successful year educating and enriching the minds of our future generations!

As we enter the summer months, and begin preparations for next year, I want to take a moment to personally thank you for your continued trust in CAS. It has been our honor to serve as your workers' compensation partner, and I would like to share a brief perspective on the past year and a few encouraging thoughts on the road ahead.

Over the last year, we have been proud to see **steady growth** in our risk pool. This growth not only strengthens the stability of our program, but also reinforces the shared commitment our educational partners have to protecting their teams and managing risk responsibly.

We have also made significant strides in the tools we provide to you and your staff. Our enhanced **Online Risk Management Portal** is now more intuitive and powerful than ever, offering better access to claims data, reports, and training resources. Additionally, the **Injured Worker Portal** continues to make the recovery process easier and more transparent for your employees, which is an investment we believe reflects the value of every person behind the claim.

Another highlight has been the increased use of our **safety services** across districts and campuses. It is clear that proactive risk prevention is a shared priority, and we are proud to support you with hands-on guidance, training, and expert resources that help keep your people safe and your costs down.

Through it all, our commitment to exceptional, personalized service has remain unchanged which is why **our reputation for excellence is no accident**. Your needs are unique, and we take pride in being both responsive and proactive, whether we are supporting your HR team, administrators, or injured workers directly.

Included is the customized contract renewal for Harleton ISD. As you review your renewal, I encourage you to consider the **multi-year options** available. Locking in your rates now helps ensure budget stability and protection from market shifts down the road, something we know is more important than ever in today's environment.

We are grateful for the opportunity to serve you and to contribute to your success. If there is anything I can do to support your decision-making, please do not hesitate to reach out. On behalf of the entire CAS team, thank you for the important work you do and for allowing us to be a part of it.

Warm regards,



Rick Fisher | President

CAS - Claims Administrative Services, Inc.

Rick.Fisher@cas-services.com

A handwritten signature in blue ink that reads "Rick Fisher".

Workers' Compensation | Renewal Addendum

2025-2026 Contract Term - Year 2 of 5

Renewal Based on Estimated Payroll of \$6,250,007

With over 30 years of experience and more than 25 service location across the state, CAS is deeply rooted in Texas and committed to serving it's communities. Harleton ISD is one of more than 300 school districts and colleges across every region of Texas that benefit from our expertise and dedication to workplace safety. We look forward to continuing this partnership and supporting your organization's needs through the renewal of our services.

As your trusted partner in safety and loss control, CAS is proud to offer a full suite of services designed to protect your staff while maximizing cost savings. Your comprehensive contract services include:

Fixed Cost

\$26,538

\$60,433

Loss Fund Maximum

As a CAS client, you can count on receiving the same exceptional service you have come to expect from our experienced team.

Additionally, your fixed costs cover:

Claims Administration

- Administering Benefits Timely
- Airfare (Except Extraordinary)
- Annual State Reports
- Answering WC Legal Questions
- Check Stock & Issuing Checks
- Communicating with Doctor & Employee
- EDI Requirements for Insurance Carrier
- Excess Carrier Reporting
- Express Mail (Except Extraordinary)
- Filing of 1099's & State Forms
- Initial Contact with Claimant, Doctor, & Insured
- Litigation Management
- Loss Runs
- Mileage (Except Extraordinary)
- Monitoring medical treatment
- Obtain Records (Except Extraordinary)
- Photographs
- Recorded Statements
- Regular Meetings with Client
- Reviewing claims with Clients
- Setting Independent Medical Exam Appointments
- Standard & Custom Reports
- Subrogation Management
- Supervisor Review of Claims
- Phone Calls & Faxes
- Travel Expenses
- Visits by Adjuster

Excess Insurance

Online Risk Management System

Record Keeping

Safety & Loss Control

Your loss fund is used to pay incurred claims and expenses related to those claims including:

Allocated Expenses

- Attorney Fees & Court Costs
- Bank Account Maintenance Costs
- Cost for Photography, Preparation of Maps, Diagrams, or Physical Analysis
- Cost of Employing Experts' Testimony
- Costs of Obtaining Public or Medical Records
- Extraordinary Travel Expenses
- Independent Medical Examination
- Interest Paid as Result of Litigation
- Medical Opinions
- Occupational Rehabilitation Costs
- Property Damage Appraisal Fees
- Witness Fees & Travel Expense

Cost Containment

- Ancillary Services | 9% of Savings
- Field Case Management | \$90/hour + Mileage
- In-house Attorney Representation at Hearings \$175.00/hour
- Investigation Services \$35 for Initial Database Research \$84/hour for Surveillance
- Medical Bill Negotiations | 25% of savings
- Medical Necessity Review \$125 Coordination Fee + Cost
- Pharmacy Network | 9% of Savings
- Pre-Authorization | \$150 Flat Rate per Request
- Rehabilitation/Vocational Case Management \$90/hour + Mileage
- Section 111 Reporting \$10.00/submission (Query is at No Charge)
- Specialty Bill Review | 25% of Savings
- Subrogation | No charge if handled in-house, or at cost in the event of a complex case that would be better represented by an attorney.
- Telephonic Case Management | \$90/hour

Plan Sponsor: Harleton ISD

Workers' Compensation | Renewal Addendum

2025-2026 Contract Term - Year 2 of 5
Renewal Based on Estimated Payroll of \$6,250,007

To help Harleton ISD plan with confidence, we are pleased to offer the option to extend your current agreement through a new five-year contract. This new multi-year term allows you to lock in your current, fixed-cost 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, fixed-cost 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

INITIAL

Option 1 | Begin New 5 Year Plan - Year 1**Fixed Cost | \$26,538**

By intialing Option 1 above, the Plan Sponsor agrees to extend the term of this agreement for an additional five (5) years, which must be completed before an exit option is available. The Plan Sponsor further acknowledges that this agreement guarantees only the Fixed Cost and Loss Fund Rates and does not guarantee the Fixed Cost or Loss Fund Amounts. **Please ensure you are not under any obligation to other carriers prior to extending a multi-year option.**

Option 2 | Continue Current 5 Year Plan - Year 2**Fixed Cost | \$26,538**

By intialing option 2 above, the Plan Sponsor agrees this agreement continues for Four (4) more year(s), which must be completed before an exit option is available. The Plan Sponsor further acknowledges that this agreement guarantees only the Fixed Cost and Loss Fund Rates and does not guarantee the Fixed Cost or Loss Fund Amounts. **Fixed 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 Fixed Cost Amount**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 Harleton ISD For:

INITIAL

Total Fixed Cost Amount**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 Harleton ISD to execute this agreement and legally bind my employer as set forth in this agreement. I acknowledge that Harleton ISD wishes to continue the agreement as previously approved by the Board of Trustees, the governing body of Harleton ISD. As the designated employee of Harleton ISD, I am exercising the authority conveyed by the Board of Trustees to extend the term of this agreement for an additional five years ____, or continuing current plan ____ which must be completed before an exit option is available. I further acknowledge that this agreement guarantees only the Fixed Cost and Loss Fund Rates 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 Harleton ISD. **Effective start date of this plan addendum is September 1, 2025.**

Signature | Designated Employee

Title

Date