

TASB RISK MANAGEMENT FUND
1-800-4-TASB-RM

CONTRIBUTION AND COVERAGE SUMMARY

Coverage Year: 2010-11

Name of Participant: **Celina ISD** Participant #: TBD
Line of Coverage: **Workers' Compensation – Fully Funded**
Participation Period: **12:01 a.m. September 1, 2010 through 12:01 a.m. September 1, 2011**

Estimated Payroll and Contributions

Classification	2010/2011 Estimated Payroll	Net Rate	Estimated Annual Contribution	No. of Employees
7380 – Bus Drivers	\$255,814	0.020371	\$5,211	
8868 – Prof./Admin.	\$9,255,112	0.001882	\$17,418	
8810 - Clerical	\$711,748	0.001882	\$1,340	
9101 – All Others	\$895,065	0.025452	\$22,781	
Total	\$11,117,739		\$46,750	

Term

The term of this Agreement is for one year, and it automatically renews for successive one-year terms thereafter, unless sooner terminated as provided herein. The initial one-year term shall commence at 12:01 a.m. on September 1, 2010, and shall automatically renew upon that anniversary date, unless sooner terminated in accordance with the provisions of this Agreement, or any subsequent renewal thereof. Each subsequent automatic renewal shall be subject to the provisions of this Agreement, and expressly subject to the Fund's right to recalculate and assign the Program Participant's contributions for such renewal term.

Estimated Contributions

Each renewal shall be subject to recalculation of contributions. The contribution(s) shown are estimated. Upon expiration of the annual participation period, the Program Participant will report the actual payroll by classification code, on a form provided by the Fund. The actual payroll by classification code will be applied to the rates as specified above. As a result of the reconciliation, additional contributions shall be paid by the Program Participant to the Fund, and any overpayments of contributions due to the Program Participant shall be returned by the Fund. The Fund reserves the right to audit the payroll records of any Program Participant.

Payment of Contributions

Contributions are payable upon receipt of an invoice from the Fund. The Program Participant has the option to pay the total annual contribution in full or on a quarterly basis. On a quarterly payment option the annual contribution amount will be divided into four equal amounts, payable at the beginning of each quarter.

*Guaranteed Cost Program - fluctuate with
Payroll -*

