

Plan Sponsor: Terrell ISD

Workers' Compensation | Renewal Addendum

2025-2026 Contract Term - Year 4 of 5 Renewal Based on Estimated Payroll of \$39,560,419

To help Terrell ISD plan with confidence, we are pleased to offer the option to extend your current agreement through a new three- or five-year contract. These multi-year terms allow 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

Option 1 | Begin New 5 Year Plan - Year 1

Fixed Cost | \$126,076

INITIAL

By initialing 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 | Begin New 3 Year Plan - Year 1

Fixed Cost | \$126,076

By initialing Option 2 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 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 in a multi-year option.

Option 3 | Continue Current 5 Year Plan - Year 4

Fixed Cost | \$126,076

By initialing option 3 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 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:

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 Terrell ISD For:

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 Terrell ISD to execute this agreement and legally bind my employer as set forth in this agreement. I acknowledge that Terrell ISD wishes to continue the agreement as previously approved by the Board of Trustees, the governing body of Terrell ISD. As the designated employee of Terrell 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 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 Terrell ISD. **Effective start date of this plan addendum is September 1, 2025**.

Signature | Designated Employee Title Date

Phone: 903.509.8484 | Toll Free: 800.765.2412 | Fax: 903.509.1888

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