



Claims Administrative Services, Inc.

Our reputation for excellence is no accident.TM

Texas Educational Insurance Association

WORKERS' COMPENSATION

Plan Year 2018-2019 Renewal Addendum – Part 2 of 2

Plan Sponsor: Stephenville ISD

3rd Year of a 3 Year Contract

Renewal Based on Estimated Payroll of \$20,220,722

Option 1: Select New 5-Year Plan--Locks in Fixed Cost Rate for Five Additional Years.

<input type="checkbox"/> Begin New 5 Year Plan/Year 1*	
<input type="checkbox"/> Fixed Cost Payment in Full <i>Due on 9/1</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</i>
\$34,140	

*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 Rate and does not guarantee the Fixed Cost or Loss Fund amounts.

Option 2: Select New 3-Year Plan--Locks in Fixed Cost Rate for Three Additional Years.

<input type="checkbox"/> Begin New 3 Year Plan/Year 1**	
<input type="checkbox"/> Fixed Cost Payment in Full <i>Due on 9/1</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</i>
\$34,140	

**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 Rate and does not guarantee the Fixed Cost or Loss Fund amounts.

Option 3: Current Plan—Fixed Cost Rate and Discount Subject to Change at End of Contract Term.

<input type="checkbox"/> Continue Current 3 Year Plan/Year 3***	
<input type="checkbox"/> Fixed Cost Payment in Full <i>Due on 9/1</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</i>
\$34,140	

***The Plan Sponsor agrees, this agreement continues for one (1) more years which must be completed before an exit option is available. The Plan Sponsor further acknowledges that this agreement guarantees only the Fixed Cost Rate and does not guarantee the Fixed Cost or Loss Fund amounts.

☐ **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 DISTRICT NOT CHOOSE THE DRAFT PAYMENT METHOD, INITIAL INVOICE WILL BE ISSUED PRIOR TO 8/1/18, PAYABLE ON 9/1/18. QUARTERLY INVOICES WILL BE MAILED TO PLAN SPONSOR PRIOR TO AND PAYABLE ON DUE DATES LISTED ABOVE.

The person executing this agreement on behalf of Stephenville ISD represents and warrants that he or she has been authorized to do so and that all necessary actions required for the execution have been taken.

_____/_____/2018
Date

Signature (Designated Employee)

Title

Please Select a Plan Option and return signed Renewal Addendum to CAS by 6/30/2018.

CAS-Claims Administrative Services, Inc.

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