

EXHIBIT A

Madison National Life Insurance Company

RATE CONFIRMATION

1. Policyholder: City of Round Rock
2. Group Number: 25660
3. Insurance Product: Long Term Disability
4. Rate Coverage Period: January 1, 2026 – December 31, 2027

Long Term Disability

Premium Rates:

	Current Rates	Renewal Rates
Coverage	Rate per \$100 of covered payroll per month	Rate per \$100 of covered payroll per month
Long Term Disability	\$0.140	\$0.196

ACKNOWLEDGEMENT BY AUTHORIZED REPRESENTATIVE OF POLICYHOLDER

This document confirms that the rates stated above are the agreed upon rates for the specified policy numbers. These rates will be charged for coverage amounts effective during the Rate Coverage Period listed above.

By _____ Date _____

Title _____