

**EXHIBIT****A****Madison National  
Life Insurance Company****RATE CONFIRMATION**

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

**Short Term Disability**

Premium Rates:

	Current Rates	Renewal Rates
Coverage	Rate per \$10 of weekly benefit per month	Rate per \$10 of weekly benefit per month
Short Term Disability	\$0.340	\$0.255

**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 \_\_\_\_\_