EXHIBIT #1

SCANNED

THE HARTFORD

RECEIVED
OCT - 2 2025
RISK MANAGEMENT

August 26, 2025

Bill Mason
City Of Sunrise
10770 W. Oakland Park Blvd.
Sunrise, FL 33351

Re: January 1, 2026 Renewal Information for Your Group Insurance Benefits with The Hartford

Dear Bill Mason:

For more than 200 years, companies like yours have trusted us to help them protect and grow their businesses. We are committed to delivering an industry-leading Group Benefits experience – with solutions that meet your insurance challenges and employee benefits that help make your company an attractive and motivating place to work.

Thank you for giving The Hartford the opportunity to provide benefits to the employees of City Of Sunrise. We are committed to enhancing your employees' financial security and helping you provide attractive benefits. We look forward to renewing the Disability at this time.

To determine the renewal rate, The Hartford analyzes a variety of factors to ensure that you receive excellent benefits and valuable service at a competitive and affordable price. A careful review is conducted of your demographic information, industry classifications, experience results, and overall benefit package.

We have completed a comprehensive review of your benefit plan in order to determine the appropriate funding level for the upcoming new policy period, beginning January 1, 2026. The chart below summarizes the detailed renewal rate information. These renewal rates require that all coverage lines are renewed as a package.

Coverage and Policy Number	Current Rate	Renewal Rate as of 01/01/2026	Monthly Premium Change	Rate Guaranteed Until
LTD - 867195G	$ 0.290 per 100	$ 0.353 per 100	$ 115	01/01/2028

We appreciate your business and look forward to being your group benefits carrier of choice for many years to come.

Sincerely,

Thomas Fotiathis
Account Executive, Group Benefits
The Hartford
Two Urban Centre
4890 West Kennedy Blvd., Suite 830



Tampa, FL 33609
Phone: 800-249-7184

* For policies that are list-billed by The Hartford, premium and volumes are based on the most recent list bill. For policies that are self-administered, premiums and volumes are based on the most recent census information that we have on file.

With this rate structure the employer may be electing to partially support employer paid coverages with the rate for the employee paid coverages. This means that premiums paid for one coverage may cover the cost of another coverage under the Plan. When we quote rates with such partial support between the employee paid and employer paid coverages we do so with the understanding that the employer and employee coverages are part of a single ERISA plan sponsored by the employer and that the employer has determined that the rate structure is consistent with information provided to employees and with its ERISA obligations. For those cases that are not governed by ERISA, we are quoting the rates with the understanding that the employer has determined the rate structure is consistent with the information provided to employees. If our understanding is not accurate, please contact us.

Services are offered through vendors which are not affiliated with The Hartford and these services are not insurance. The Hartford is not responsible and assumes no liability for the goods and services described in this material and reserves the right to discontinue any of these services at any time. Services may vary and may not be available in all states. Visit http://www.TheHartford.com/employee-benefits/value-added-services for more information.

The Hartford Financial Services Group, Inc., (NYSE: HIG) operates through its subsidiaries, including underwriting companies Hartford Life and Accident Insurance Company and Hartford Fire Insurance Company, under the brand name, The Hartford®, and is headquartered at One Hartford Plaza, Hartford, CT 06155. For additional details, please read The Hartford's legal notice at www.thehartford.com. The Hartford is the administrator for certain group benefits business written by Aetna Life Insurance Company and Talcott Resolution Life Insurance Company (formerly known as Hartford Life Insurance Company). All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting companies listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued.

This renewal includes one or more products, which are issued on the following forms: Accident Form Series includes GBD-2000, GBD-2300, or state equivalent. Accidental Death and Dismemberment Form Series GBD-1000 and GBD-1300, or state equivalent. Critical Illness Form Series includes GBD-2600, GBD-2700, or state equivalent. Disability Form Series includes GBD-1000, GBD-1200, or state equivalent. Life Form Series includes GBD-1000, GBD-1100, Z-PORT, or state equivalent. Hospital Indemnity Form Series includes GBD-2800, GBD-2900, or state equivalent. Group Retiree Health Form Series includes GBD-2400, GBD-2500, or state equivalent. In NY, Statutory Disability Form Series includes GBD-1850, or state equivalent and Statutory Family Leave Form Series includes GBD-1851, or state equivalent. For HI and NJ Temporary Disability Form Series includes GBD-1850, or state equivalent. Blanket Accident Form Series Includes BTA-1000, BTA-1300, BSR-1000, BSR-1200, or state equivalent.

SCANNED

RECEIVED
OCT - 2 2025
RISK MANAGEMENT

Acentria PUBLIC RISK
A FOUNDATION RISK PARTNERS COMPANY

Group Long Term Disability

Carrier	The Hartford **Current**	The Hartford **Renewal**
Add Name		
Eligible Class	Grandfathered class	Grandfathered class ✓
Employer Contribution	100%	100% ✓
Elimination Period	90 Days	90 Days ✓
Benefits Percentage	60%	60% ✓
Benefits Maximum	$2,500	$2,500 ✓
Benefits Duration	SSNRA	SSNRA ✓
Definition of Earnings	Excludes commissions, overtime pay, tips and tokens, or any other fringe benefits or extra compensation	Excludes commissions, overtime pay, tips and tokens, or any other fringe benefits or extra compensation
Pre-Existing Limitations	3/12	3/12 ✓
Own Occupation Application	To age 65	To age 65 ✓
Mental & Nervous Coverage	24 months	24 months ✓
Chemical Dependency Coverage	24 months	24 months ✓
Self-Reported Limitation Coverage	n/a	n/a ✓
Social Security Integration	Family	Family ✓
Survivor Benefit	3 month lump sum	3 month lump sum
Rate Guarantee		2 Years - 12/31/2027 ✓
Rates		
Monthly Volume (Covered Payroll)	$187,499	$187,499
Life Rate ($100)	**$0.290**	**$0.353**
Total Monthly Premium	$543.75	$662
Total Annual Premium	$6,525	$7,942
Annual Dollar Change		**$1,417** ✓
Percentage Change		**22%**

APPROVED
By: BILL MASON, RISK MANAGER
RISK MANAGEMENT DIVISION
Date: 10/2/25