

VERATEX INC
C/O AVI COHEN
P.O. BOX 682
NEW YORK, NY 10108

Instructions for Completing the Quarterly in Arrears Premium Invoice

The Total Amount Due for this billing period is calculated by you. It is the sum of the current period premium due for all lines of coverage.

Actual - Current Policy Quarter

DBL - Enter the actual number of all eligible full-time and part-time male and female employees for each month in the current billing period.

PFL - Enter the individual number of eligible employees and actual paid wages for all eligible full-time and part-time male and female employees during the current billing period. Wages include: salaries, commissions, bonuses and the reasonable money value of board, rent, housing, lodging. Also included in the wages definition are any tips or gratuities received by an employee in the course of their employment from a person other than their employer. When totaling the actual quarterly wages in 2025 for all eligible full-time and part-time male and female employees, the maximum annual wages for each individual employee should be capped at \$91,373.88.

Total Amount Due

The total of lines: (C) DBL and (G) PFL allows you to arrive at the Total Premium Amount Due for this invoice.

Premium payment options:**TO PAY ONLINE:**

- ✓ Visit WWW.SSLICNY.COM
- ✓ Click on "Quick Service"
- ✓ No delays – payment posts immediately to account
- ✓ Quick, one-time registration and set-up
- ✓ Website calculates your total premium due
- ✓ Detailed payment receipt within seconds of completed payment

TO PAY BY MAIL:

- ✓ Check payable to: **Standard Security Life Ins. Co. of NY**
- ✓ Include policy # on check/money order
- ✓ Invoice must accompany payment or it will delay posting
- ✓ Mail check, with completed invoice, to:
**Standard Security Life Insurance Company of New York
P.O. Box 2875
Clinton, IA 52733-2875**

Please review the following:**NOTICE OF COMPLIANCE INFORMATION****MESSAGE**

If you need help calculating the PFL covered wages, please refer to: <https://www.sslicny.com/TopFAQ-EmployerPFL.aspx>

Standard Security Life Insurance Company's official YouTube homepage contains brief video tutorials showing how to process and pay premium invoices on our website. You may choose to watch the one that matches your invoice:
<https://www.youtube.com/@StandardSecurityLifeInsCo/videos>

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Policy Number: D29603-000

Bill period: 7/1/2025 - 9/30/2025

Due Date: 10/31/2025

| Q3 2025 DBL Premium | Employee Count | | | | | Premium Rate | | DBL Premium | |
|-------------------------------------|----------------|-----|-----|-----|-----------------------|--------------|------|-------------|---|
| | | Jul | Aug | Sep | Total | * | 2.46 | = | |
| # of Males | | + | + | = | | * | 2.46 | = | |
| # of Females | | + | + | = | | * | 5.36 | = | |
| The minimum DBL premium is \$16.00. | | | | | DBL Premium (A) + (B) | | | | C |

| Q3 2025 PFL Premium | Employee Count | | Estimated Quarterly Covered Wages | | D | E | F | X | .00388 | G |
|---------------------|-----------------------|--|-----------------------------------|--|---|---|---|---|--------|---|
| | # of Males | | | | | | | | | |
| | # of Females | | | | | | | | | |
| | Total Wages (D) + (E) | | | | | | | | | |

| | | | | | | | | | | |
|----------------------|----------|--|--|--|--|--|--|--|--|---|
| Group Life Insurance | EXCLUDED | | | | | | | | | H |
|----------------------|----------|--|--|--|--|--|--|--|--|---|

Make sure to pay premium for DBL(C), PFL(G), and GLP(H)

Total Premium Amount Due

(C) + (G)

=

 Your agent is: LLOYD S. BERKETT INSURANCE AGENCY INC.
 (310) 857-5757

 See reverse side for instructions, policy contact
 information and other pertinent invoice details.

 Process and pay this invoice at www.sslicny.com

E-MAIL DOCUMENT DELIVERY SIGN-UP FORM

Premium Billing - FICA Reports - DBL/PFL Posters

Standard Security Life Insurance Company is pleased to offer e-mail document delivery option to you as a Disability Benefits Law policyholder for Premium Billing, FICA Reports, and DBL/PFL Posters.

If you wish to sign-up for our e-mail delivery service as it relates to any of the three (3) options mentioned above, please complete the information below and send it back to us at the following e-mail address: pollicysevices@sslicny.com or directly to your assigned Client Service Representative, at your earliest convenience. The services will be activated no later than thirty (30) days following receipt of your request.

Policy #: _____ (Required) Employer Name: _____ (Required)

Add the message recipient's name, e-mail address, and phone number in the left column, marking under the desired header, which documents they will receive. The e-mail address(es) below any/all the three (3) documents designated for future e-mail distribution will be processed accordingly, by our staff, for the next issuance of said document (*as a PDF*).

| Fill in: Name / E-Mail / Phone | | Indicate which form(s) should be sent to each e-mail address | | |
|--------------------------------|--|--|---------------------|-----------------|
| | | Premium Bill(s) | FICA Report(s) | DBL/PFL Posters |
| Name | | | Weekly | |
| Email | | | Monthly | |
| Phone | | | Quarterly/Annually* | |
| | | | | |
| Name | | | Weekly | |
| Email | | | Monthly | |
| Phone | | | Quarterly/Annually* | |
| | | | | |
| Name | | | Weekly | |
| Email | | | Monthly | |
| Phone | | | Quarterly/Annually* | |
| | | | | |
| Name | | | Weekly | |
| Email | | | Monthly | |
| Phone | | | Quarterly/Annually* | |
| | | | | |
| Name | | | Weekly | |
| Email | | | Monthly | |
| Phone | | | Quarterly/Annually* | |

*Quarterly/Annually - this report frequency is required if you are choosing to use e-mail delivery of FICA reports

Election of the email option(s) indicated above will automatically end regular USPS mail delivery for the corresponding form. If you do not wish to elect these options, there is no need to remit this form, your account will be unchanged.

If you have any related questions, feel free to contact our office at: pollicysevices@sslicny.com / (646) 509-2100.