



LIFE INSURANCE COMPANY

488 Madison Avenue, New York, NY 10022
646-509-2100

Your agent is **LLOYD S. BERKETT INSURANCE AGENCY INC.**

They can be reached at (310) 857-5757

Quarterly Premium Invoice for Period Ending: 3/31/2023

VERATEX INC
P.O. BOX 682
NEW YORK, NY 10108

MESSAGE:

Policy #: D29603-000

DBL Quarterly Premium Calculation										
Employees	Jan	+	Feb	+	Mar	=	Total Lives	X	Rate	= Premium Due
# Males		+		+		=		x	2.46	=
# Females		+		+		=		x	5.36	=
The minimum DBL premium amount is \$16.00.							Total DBL	A		

Payment Due: 4/30/2023

PFL Quarterly Premium Calculation						
	# of Lives	Quarterly Payroll (Subject to Premium Rate)				
Male				Rate	=	Premium Due
Female						
Total Payroll			x	.00455	=	B

The **PFL Quarterly Premium Due** is calculated by multiplying the rate of .00455 by the quarterly payroll that is subject to the premium rate. The **Quarterly Payroll** is defined as an employee's wage, including bonuses and commissions, up to and not to exceed \$87,786 per employee, per year, as reported to the State of New York on Form NYS-45-ATT (Quarterly Combined Withholding Report).

Total DBL & PFL Premium Due

Write the DBL & PFL Premium Due in the applicable boxes below to calculate the Total Premium Due.

Total DBL	A	
Total PFL	B	
Total Due (A+B)		

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 CHECK:

- ✓ Check payable to: **Standard Security Life Ins. Co. of NY**
- ✓ Include policy # on check
- ✓ Be sure to include invoice or check will be returned
- ✓ Mail check, with completed invoice, to:
Standard Security Life Insurance Company of New York
P.O. Box 2875
Clinton, IA 52733-2875



STATE OF NEW YORK WORKERS' COMPENSATION BOARD

DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

CERTIFICATE/CANCELLATION OF INSURANCE

Filed on behalf of Employer in compliance with Article 9 of the Workers' Compensation Law



DB-820-829 09-17

☐ Initial ☒ Cancellation ☐ Reinstatement ☐ Supersedes Transaction Effective Date: 6/30/2023

A. INSURER

1. INSURER NAME STANDARD SECURITY LIFE INSURANCE COMPANY OF NEW YORK	2. INSURER CODE B 150 001	3. INSURER PHONE # 646-509-2100
4. CONTACT NAME CUSTOMER SERVICE DEPARTMENT	5. TITLE CUSTOMER SERVICE REPRESENTATIVE	6. DATE 06/01/2023

B. CURRENT EMPLOYER INFORMATION

7. WCB EMPLOYER NUMBER	8. NYS UIER NUMBER	9. EMPLOYER FEIN 132804148
10. EMPLOYER'S LEGAL NAME, INCLUDING (DBA/KA/TA) VERATEX INC		13. LEGAL STATUS (SEE BACK OF FORM) 3
11. EMPLOYER STREET ADDRESS 254 FIFTH AVENUE, 3RD FL		14. NUMBER (#) OF EMPLOYEES 10
12. EMPLOYER CITY, STATE and ZIP CODE NEW YORK, NY 10001		15. EMPLOYER PHONE # 212-683-9300

C. POLICY * If policyholder is an Association, Union or Trustee for which Form DB-820.3 is filed, do not complete item 18.

16. POLICY NUMBER* D29603-000	17. POLICY EFFECTIVE DATE 03/01/1975	18. POLICY FORM NUMBER* NYDBL-60
19. WCB PLAN NUMBER (Only for Association, Union or Trustee with Form DB-801 on file.)		20. PREMIUM AMOUNT

D. REASONS FOR CANCELLATION

☒ Non-Payment of Premium ☐ Other: _____

☐ Not Subject/No Eligible Employees Date: _____

☐ Out of Business Date: _____

☐ Seasonal Date: _____

DATE CANCELLATION OR
TERMINATION SENT TO EMPLOYER: 06/01/2023

E. Complete if SUPERSEDES box is checked at top of form

21. EMPLOYER'S LEGAL NAME, INCLUDING (DBA/KA/TA)		27. POLICYHOLDER NAME
22. EMPLOYER'S STREET ADDRESS		28. POLICYHOLDER ADDRESS
23. CITY, STATE and ZIP CODE		29. CITY, STATE and ZIP CODE
24. EMPLOYER FEIN	25. POLICY EFFECTIVE DATE	30. POLICYHOLDER FEIN
26. POLICY NUMBER		

G. 1. The policy covers Employer's employees as follows:

a. The policy provides coverage for:

☒ Both disability and paid family leave benefits

☐ Disability benefits only

☐ Paid family leave benefits only

b. The policy covers the following class or classes of employees:

☒ All employees

☐ Only the class or classes of employees listed here: _____

2. The employee contributions required and benefits insured are:

☐ The same in all respects as under Section 204 and not in excess of those authorized under Section 209.

☒ As described in the attached supplement, Form DB820.1.

☐ As described in Employer's Application for Acceptance of a Plan, Form DB800, filed with and accepted by the Chair.

☐ As described in Certificate of Insurance, Form DB820.3, filed on behalf of the Association, Union or Trustees (policyholders) on _____ or amended Form DB820.3 filed thereafter.

To be filed by Insurance Carrier on behalf of Employer to provide, through insurance, exactly statutory benefits, (Section 204)
S917 S9172011 LLOYD S. OR benefits under a plan accepted by the Chairman. DBL GENERAL AGENCY, AN ALER

STANDARD SECURITY

LIFE INSURANCE COMPANY

RE: DBL Policy # _____
New York State Disability Benefits Law Employee Coverage

Dear Policyholder:

The enclosed Form DB829 represents cancellation due to **non-payment of premium** for your New York Disability Law policy. A copy of this form has been filed with the State of New York Workers' Compensation Board Disability Bureau.

If premium is not paid and a reinstatement is not filed with the Workers Compensation Board you will be considered in non-compliance with the Disability Benefits Law. This is subject to penalty by the Board, and collection action by Standard Security.

If you intend to keep coverage active, premium must be remitted immediately. The policy will then be reinstated with no lapse of coverage.

If you do not intend to renew the coverage, your reason should be reflected in the area below and this form should be returned promptly to our office. This will allow us to update the reason for cancellation and cancel any pending collection actions. The actual date for which you wish the cancellation to be effective should also be noted.

Please check the reason for Cancellation below and fill in the effective date, if coverage was replaced with another carrier, please provide a form DB820 with your response.

____ Out of Business Effective _____

____ Coverage Replaced Effective _____

New Carrier _____

Policy # _____

____ No Employees Effective _____

Authorized Signature _____ Date _____

If you have any questions concerning this matter or if you feel the cancellation has been issued in error, please contact this office upon receipt.

Thank you in advance for your immediate and necessary attention to this matter.

Standard Security Life Insurance Co of NY

Standard Security Life Insurance Company of New York

A Reliance Standard Company - A Member of The Tokio Marine Group

485 Madison Avenue, 14th Floor | New York, NY 10022 | www.sslicny.com