

Subject: **NY Disability Premium Payment Confirmation**
 From:  <WebPayments@sslicny.com>
 To: <claude@veratex.nyc>
 Date: 2023-06-13 09:01



standardsecurity
 LIFE INSURANCE COMPANY

Payment Receipt:

Please retain for your records

Account: (Business Checking) *****8244

Transaction Confirmation #: SSLPAY003192020

Transaction Date: 6/13/2023 9:01:43 AM

Policy	Description	Total
D29603-000	Policyholder: VERATEX INC Billing Period: 1/1/2023 - 3/31/2023	
DBL Summary:		

DBL Quarterly Premium Calculation											
	January	+	February	+	March	=	Total Lives	x	Rate	=	Premium Due
# Males	4	+	4	+	4	=	12	x	2.46	=	\$29.52
# Females	2	+	2	+	0	=	4	x	5.36	=	\$21.44
Total DBL Premium = \$50.96											

PFL Summary:

Covered Wages (\$15,234.11) x Premium Rate (\$0.004550) **Total PFL Premium: \$69.32** \$120.28

Total Premium Payment: \$120.28

STANDARD SECURITY LIFE INSURANCE COMPANY OF NEW YORK
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