

Subject **NY Disability Premium Payment Confirmation**
From  <WebPayments@sslicny.com>
To <claude@veratex.nyc>
Date 2023-11-14 14:08



Payment Receipt:

Please retain for your records

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

Transaction Confirmation #: 200051243164

Transaction Date: 11/14/2023 2:08:04 PM

Policy	Description	Total
D29603-000	Policyholder: VERATEX INC Billing Period: 4/1/2023 - 6/30/2023	

DBL Quarterly Premium Calculation									
	April	+	May	+	June	=	Total Lives	x	Rate
# Males	4	+	6	+	4	=	14	x	2.46
# Females	1	+	1	+	1	=	3	x	5.36
Total DBL Premium = \$50.52									

PFL Summary:

Covered Wages (\$14,401.08) x Premium Rate (\$0.004550) **Total PFL Premium: \$65.52** \$116.04

Total Premium Payment: \$116.04

STANDARD SECURITY LIFE INSURANCE COMPANY OF NEW YORK
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New York, NY 10022-5872
Phone: (646) 509-2100

<https://www.sslicny.com/>

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