

Subject **NY Disability Premium Payment Confirmation**
From  <WebPayments@sslicny.com>
To <claude@veratex.nyc>
Date 2023-11-14 14:15



Payment Receipt:

Please retain for your records

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

Transaction Confirmation #: 200051230031

Transaction Date: 11/14/2023 2:15:16 PM

Policy	Description	Total
D29603-000	Policyholder: VERATEX INC Billing Period: 7/1/2023 - 9/30/2023	

DBL Quarterly Premium Calculation										
	July	+	August	+	September	=	Total Lives	x	Rate	= Premium Due
# Males	3	+	3	+	3	=	9	x	2.46	= \$22.14
# Females	1	+	1	+	1	=	3	x	5.36	= \$16.08
Total DBL Premium = \$38.22										

PFL Summary:

Covered Wages (\$17,234.99) x Premium Rate (\$0.004550) **Total PFL Premium: \$78.42** \$116.64

Total Premium Payment: \$116.64

STANDARD SECURITY LIFE INSURANCE COMPANY OF NEW YORK
488 Madison Avenue, Suite 803
New York, NY 10022-5872
Phone: (646) 509-2100

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

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