

Subject: **NY Disability Premium Payment Confirmation**
 From: <WebPayments@sslicny.com>
 To: <claude@veratex.nyc>
 Date: 2024-04-17 11:39



standardsecurity
 LIFE INSURANCE COMPANY

Payment Receipt:

Please retain for your records

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

Transaction Confirmation #: 200078093301

Transaction Date: 4/17/2024 11:39:18 AM

Policy	Description	Total
D29603-000	Policyholder: VERATEX INC Billing Period: 1/1/2024 - 3/31/2024	
DBL Summary:		

DBL Quarterly Premium Calculation								
	January	+	February	+	March	=	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 (\$12,431.55) x Premium Rate (\$0.003730) **Total PFL Premium: \$46.37** \$84.59

Total Premium Payment: \$84.59

STANDARD SECURITY LIFE INSURANCE COMPANY OF NEW YORK
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