

Subject **NY Disability Premium Payment Confirmation**  
From <WebPayments@sslicny.com>  
To <claude@veratex.nyc>  
Date 2025-09-17 10:47



# standardse

## LIFE INSURANCE COMPANY

### Payment Receipt:

Please retain for your records

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

Transaction Confirmation #: 200316802921

Transaction Date: 9/17/2025 10:47:38 AM

Policy	Description
D29603-000	<b>Policyholder:</b> VERATEX INC <b>Billing Period:</b> 4/1/2025 - 6/30/2025
	<b>DBL Summary:</b>

DBL Quarterly Premium Calculation											
	April	+	May	+	June	=	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 (\$10,779.26) x Premium Rate (\$0.003880) **Total PFL Premium: \$41.82** \$80.04

**Total Premium Payment: \$80.04**

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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