

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



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	Policyholder: VERATEX INC Billing Period: 4/1/2025 - 6/30/2025

DBL Summary:

DBL Quarterly Premium Calculation									
	April	+	May	+	June	=	Total Lives	x	Rate
# Males	3	+	3	+	3	=	9	x	2.46
# Females	1	+	1	+	1	=	3	x	5.36
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
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