

Subject **NY Disability Premium Payment Confirmation**
From <WebPayments@sslicny.com>
To <claude@veratex.nyc>
Date 2024-01-29 11:15



standardsecurity

LIFE INSURANCE COMPANY

Payment Receipt:

Please retain for your records

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

Transaction Confirmation #: 200060357766

Transaction Date: 1/29/2024 11:15:16 AM

Policy	Description	Total
D29603-000	Policyholder: VERATEX INC Billing Period: 10/1/2023 - 12/31/2023 DBL Summary:	

DBL Quarterly Premium Calculation											
	October	+	November	+	December	=	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 (\$17,235.00) 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
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