

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	<b>Policyholder:</b> VERATEX INC <b>Billing Period:</b> 10/1/2023 - 12/31/2023	
	<b>DBL Summary:</b>	

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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