



**Workers'
Compensation
Board**

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
BUREAU OF COMPLIANCE
PO BOX 5200
BINGHAMTON, NY 13902
(800) 353-3092

THIS AGENCY EMPLOYS AND SERVES
PEOPLE WITH DISABILITIES WITHOUT
DISCRIMINATION.

VERATEX INC
534 W 42ND ST APT 8
NEW YORK NY 10036-6221

WCB EMPLOYER #: 844083
UIER #: 33-60096
FEIN/SS #: 132804148
NC PERIOD #: 14231657

DATE: 10/31/2023

STANDARD SECURITY LIFE has notified the Workers' Compensation Board (Board) that policy #D29603000 which provided disability and paid family leave benefits insurance for VERATEX INC was cancelled on 09/30/2023. The New York State Disability and Paid Family Leave Benefits Law requires that employers provide disability and paid family leave benefits coverage for their employees, with limited exceptions.

The Bureau has no record of disability and paid family leave benefits insurance coverage for VERATEX INC after 09/30/2023.

IF THE POLICY WITH STANDARD SECURITY LIFE HAS BEEN REINSTATED:

- * Contact your insurance carrier and request they submit an electronic Proof of Coverage-reinstatement transaction to the Board.
- * Also, check the reinstatement box in Section A of the attachment, sign in Section C and return the form to the Board.

IF YOU HAVE A NEW POLICY WITH A NEW INSURER:

Your new insurer may have failed to report the policy to the Bureau or may have reported the policy using a different Federal Employer Identification Number (FEIN).

PLEASE COMPARE THE FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) ON THIS NOTICE TO THE FEIN ON YOUR INSURANCE POLICY.

IF THE FEINS MATCH:

- * Contact your insurance carrier and request they submit an electronic Proof of Coverage transaction to the Board.
- * Also, enter the new insurance company name, policy number and effective date in Section A of the attachment, sign Section C and return the form to the Board.

IF THE FEINS DO NOT MATCH, please determine which FEIN is the correct FEIN for the business.

- * If the FEIN on this notice is the correct legal FEIN (and the FEIN on your policy is incorrect), contact your insurance carrier and request they submit the correct FEIN to the Board.
- * If the FEIN on the policy is the correct legal FEIN (and the FEIN on this notice is incorrect), send a copy of your CP575 issued by the Internal Revenue Service (IRS) to the New York State Department of Labor, Registration Section, State Office Campus Building 12, Albany, NY 12240 or fax it to (518)485-8010.
- * Also enter your correct legal FEIN as it appears on your policy, in Section A of the attachment, sign Section C and return the form to the Board.

IF YOU DO NOT HAVE A POLICY BECAUSE YOU BELIEVE THAT YOU ARE NO LONGER LEGALLY REQUIRED TO PROVIDE DISABILITY AND PAID FAMILY LEAVE BENEFITS INSURANCE:

- * Complete Section B of the attachment, sign Section C and return the form to the Board.

IF YOU ARE REQUIRED TO HAVE A DISABILITY BENEFITS INSURANCE POLICY (PROVIDING DISABILITY AND PAID FAMILY LEAVE BENEFITS) BUT DO NOT, the Bureau will impose a penalty from 09/30/2023, until the effective date of a new policy. If you receive a penalty notice, you will have the right to request a review of the penalty. However, if your request for review is denied, you may be responsible for all penalties that accrue during the review period.

IF YOU DO NOT ADDRESS THIS MATTER WITHIN 30 DAYS:

- * The next notice you receive from the Board will be a request for payroll information. The penalty for failure to secure disability and paid family leave benefits insurance is \$500.00 plus 0.5% of payroll for the period of non-compliance.
- * The penalty for not having disability and paid family leave benefits insurance would continue to increase until the Bureau receives notice that a disability benefits policy (providing disability and paid family leave benefits) was purchased or until you demonstrate that you do not need disability and paid family leave benefits insurance.
- * If a qualifying request for benefits occurs while you do not have the appropriate coverage, you will also be liable for all payable benefits.

If you have any questions regarding this form please call (800) 353-3092.

Employer: VERATEX INC

WCB Employer #: 844083
NC Period #: 14231657**Period of Non-Compliance 09/30/2023 to the present.** Please provide information for the period beginning 09/30/2023 through the present.**THIS FORM MUST BE SIGNED ON THE REVERSE SIDE in Section C****SECTION A-Complete to update the Bureau of Compliance records**

- ☐ THE POLICY WITH **STANDARD SECURITY LIFE** HAS BEEN REINSTATED. (You need not complete the rest of this form. Please sign in Section C and return the form in the enclosed envelope.)

Current Board Records	Correction (If Board's record is not correct, enter changes in this column)
Legal Name : VERATEX INC	Correct Legal Name :
Address : 534 W 42ND ST APT 8 NEW YORK NY 10036-6221	Correct Address :
Insurance Company: STANDARD SECURITY LIFE	Current Insurance Company:
Policy Number : D29603000	Current Policy Number :
WCB Employer # : 844083	Current Policy Effective Date:
UIER # : 33-60096	Correct UIER # :
FEIN/SS # : 132804148	Correct FEIN/SS # :

SECTION B- Complete if you do not have a Disability Benefits policy (providing disability and paid family leave benefits)

I have not obtained a Disability Benefits policy (providing disability and paid family leave benefits for the reasons checked below: for the reasons checked below:

- ☐ No New York State employees.
- ☐ No longer in business (specify date out of business). _____
- ☐ Business never opened and I never had employees.
- ☐ Business has not opened yet and I have no employees. (Specify date you expect to have employees.) _____
- ☐ Seasonal business. No employees from _____ to _____
Nature of Business _____
- ☐ Business temporarily closed and/or I temporarily have no eligible employees.
(Specify last date you had eligible employees) _____ (and date you expect to have eligible employees.) _____

(continued on reverse)

SECTION B-(Continued)

- ☐ No employees other than one or two officers who own all of the stock of the corporation and hold all of the offices. Each officer must own at least one share of the stock of the corporation.
- ☐ Domestic worker in a private household who works less than 20 hours per week and does not live on the premises.
- ☐ Employees are full-time high school students who work part-time and there are no other eligible employees.
- ☐ Duly ordained, commissioned, or licensed minister, priest, rabbi, sexton, Christian Science reader, or member of a religious order with no other eligible employees.
- ☐ Employer is a state, municipal corporation, local government agency, other political subdivision or public authority, maritime employer, or railroad employer. (Please specify)

- ☐ The only people who work for the business are not considered employees. Explain the services performed and the reason you do not consider these persons employees.

- ☐ Other:

SECTION C- signature

By signing and submitting this form, the undersigned attests that the information provided is true and accurate, that he/she is the individual whose name is submitted, and that he/she is the employer named in the letter, or an officer of the employer with authority to sign on behalf of the employer, or the employer's legal representative, or other individual responding with the knowledge and permission of the employer. It is a felony to make a false statement or representation for the purposes of evading the provisions of the Workers' Compensation Law and the Disability and Paid Family Leave Benefits Law.

Owner, Partner or Corporate Officer Signature_____
Print Name_____
Date_____
Title

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Telephone Number_____
Email

Please return to:
STATE OF NEW YORK
BUREAU OF COMPLIANCE
P.O.BOX 5200
BINGHAMTON, NY 13902