

VERATEX INC
C/O AVI COHEN
P.O. BOX 682
NEW YORK, NY 10108

Instructions for Completing the Quarterly in Arrears Premium Invoice

The Total Amount Due for this billing period is calculated by you. It is the sum of the current period premium due for all lines of coverage.

Actual - Current Policy Quarter

DBL - Enter the actual number of all eligible full-time and part-time male and female employees for each month in the current billing period.

PFL - Enter the individual number of eligible employees and actual paid wages for all eligible full-time and part-time male and female employees during the current billing period. Wages include: salaries, commissions, bonuses and the reasonable money value of board, rent, housing, lodging. Also included in the wages definition are any tips or gratuities received by an employee in the course of their employment from a person other than their employer. When totaling the actual quarterly wages in 2024 for all eligible full-time and part-time male and female employees, the maximum annual wages for each individual employee should be capped at \$89344.00.

Total Amount Due

The total of lines: (C) DBL and (G) PFL - if Optional Life Insurance coverage (C) DBL and (G) PFL was selected - allow you to arrive at the Total Premium Amount Due for this invoice.

Premium payment options:**TO PAY ONLINE:**

- ✓ Visit WWW.SSLICNY.COM
- ✓ Click on "Quick Service"
- ✓ No delays – payment posts immediately to account
- ✓ Quick, one-time registration and set-up
- ✓ Website calculates your total premium due
- ✓ Detailed payment receipt within seconds of completed payment

TO PAY BY MAIL:

- ✓ Check payable to: **Standard Security Life Ins. Co. of NY**
- ✓ Include policy # on check/money order
- ✓ Invoice must accompany payment or it will delay posting
- ✓ Mail check, with completed invoice, to:
Standard Security Life Insurance Company of New York
P.O. Box 2875
Clinton, IA 52733-2875

Please review the following:**NOTICE OF COMPLIANCE INFORMATION****MESSAGE**

If you need help calculating the PFL covered wages, please refer to: <https://www.sslcnyc.com/TopFAQ-EmployerPFL.aspx>

Standard Security Life Insurance Company's official YouTube homepage contains brief video tutorials showing how to process and pay premium invoices on our website. You may choose to watch the one that matches your invoice:
<https://www.youtube.com/@StandardSecurityLifeInsCo/video>

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Policy Number: D29603-000 Bill period: 4/1/2024 - 6/30/2024 Due Date: 7/31/2024

Q2 2024 DBL Premium	Employee Count							Premium		DBL Premium			
		Apr		May		Jun		Total	Rate				
	# of Males		+		+		=		*	2.46	=		A
	# of Females		+		+		=		*	5.36	=		B
	The minimum DBL premium is \$16.00.							DBL Premium (A) + (B)					C

Q2 2024 PFL Premium	Employee Count		Estimated Quarterly Covered Wages						
	# of Males				D				
	# of Females				E				
	Total Wages (D) + (E)				F	X	.00373	=	G

Group Life Insurance	EXCLUDED								H
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Total Premium Amount Due		
C + G	=	

Process and pay this invoice at www.sslicny.com

Your agent is: LLOYD S. BERKETT INSURANCE AGENCY INC.
(310) 857-5757

See reverse side for instructions, policy contact
information and other pertinent invoice details.



STATE OF NEW YORK WORKERS' COMPENSATION BOARD
DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW
CERTIFICATE/CANCELLATION OF INSURANCE

Filed on behalf of Employer in compliance with Article 9 of the Workers' Compensation Law



DB-820-829 09-17

☐ Initial ☒ Cancellation ☐ Reinstatement ☐ Supersedes Transaction Effective Date: 9/30/2024

A. INSURER

1. INSURER NAME STANDARD SECURITY LIFE INSURANCE COMPANY OF NEW YORK	2. INSURER CODE B 150 001	3. INSURER PHONE # 646-509-2100
4. CONTACT NAME CUSTOMER SERVICE DEPARTMENT	5. TITLE CUSTOMER SERVICE REPRESENTATIVE	6. DATE 09/01/2024

B. CURRENT EMPLOYER INFORMATION

7. WCB EMPLOYER NUMBER	8. NYS UIER NUMBER	9. EMPLOYER FEIN 132804148
10. EMPLOYER'S LEGAL NAME, INCLUDING (DBA/AKA/TA) VERATEX INC		13. LEGAL STATUS (SEE BACK OF FORM) 3
11. EMPLOYER STREET ADDRESS 336 EAST 56TH STREET, GND FLOOR		14. NUMBER (#) OF EMPLOYEES 10
12. EMPLOYER CITY, STATE and ZIP CODE NEW YORK, NY 10022		15. EMPLOYER PHONE # 212-683-9300

C. POLICY * If policyholder is an Association, Union or Trustee for which Form DB-820.3 is filed, do not complete item 18.

16. POLICY NUMBER* D29603-000	17. POLICY EFFECTIVE DATE 03/01/1975	18. POLICY FORM NUMBER* NYDBL-60
19. WCB PLAN NUMBER (Only for Association, Union or Trustee with Form DB-801 on file.)		20. PREMIUM AMOUNT

D. REASONS FOR CANCELLATION

<input checked="" type="checkbox"/> Non-Payment of Premium	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Not Subject/No Eligible Employees Date: _____	DATE CANCELLATION OR TERMINATION SENT TO EMPLOYER: 09/01/2024
<input type="checkbox"/> Out of Business Date: _____	
<input type="checkbox"/> Seasonal Date: _____	

E. Complete if SUPERSEDES box is checked at top of form

21. EMPLOYER'S LEGAL NAME, INCLUDING (DBA/AKA/TA)		27. POLICYHOLDER NAME	
22. EMPLOYER'S STREET ADDRESS		28. POLICYHOLDER ADDRESS	
23. CITY, STATE and ZIP CODE		29. CITY, STATE and ZIP CODE	
24. EMPLOYER FEIN	25. POLICY EFFECTIVE DATE	30. POLICYHOLDER FEIN	
26. POLICY NUMBER			

G. 1. The policy covers Employer's employees as follows:

- | | |
|---|---|
| a. The policy provides coverage for:
<input checked="" type="checkbox"/> Both disability and paid family leave benefits
<input type="checkbox"/> Disability benefits only
<input type="checkbox"/> Paid family leave benefits only | b. The policy covers the following class or classes of employees:
<input checked="" type="checkbox"/> All employees
<input type="checkbox"/> Only the class or classes of employees listed here:
_____ |
|---|---|

2. The employee contributions required and benefits insured are:

- ☐ The same in all respects as under Section 204 and not in excess of those authorized under Section 209.
☒ As described in the attached supplement, Form DB820.1.
☐ As described in Employer's Application for Acceptance of a Plan, Form DB800, filed with and accepted by the Chair.
☐ As described in Certificate of Insurance, Form DB820.3, filed on behalf of the Association, Union or Trustees (policyholders) on _____ or amended Form DB820.3 filed thereafter.

To be filed by Insurance Carrier on behalf of Employer to provide, through insurance, exactly statutory benefits, (Section 204)
S917 S9172011 LLOYD S. OR benefits under a plan accepted by the Chairman. DBL GENERAL AGENCY, AN ALER

RE: DBL Policy # _____
New York State Disability Benefits Law Employee Coverage

Dear Policyholder:

The enclosed Form DB829 represents cancellation due to **non-payment of premium** for your New York Disability Law policy. A copy of this form has been filed with the State of New York Workers' Compensation Board Disability Bureau.

If premium is not paid and a reinstatement is not filed with the Workers Compensation Board, you will be considered in non-compliance with the Disability Benefits Law. This is subject to penalty by the Board, and collection action by Standard Security.

If you intend to keep coverage active, premium must be remitted immediately. The policy will then be reinstated with no lapse of coverage.

If you do not intend to renew the coverage, your reason should be reflected in the area below and this form should be returned promptly to our office. This will allow us to update the reason for cancellation and cancel any pending collection actions. The actual date for which you wish the cancellation to be effective should also be noted.

Please check the reason for Cancellation below and fill in the effective date, if coverage was replaced with another carrier, please provide a form DB820 with your response.

____ Out of Business Effective _____

____ Coverage Replaced Effective _____ New Carrier _____

____ No Employees Effective _____ Policy # _____

Authorized Signature _____ Date _____

If you have any questions concerning this matter or if you feel the cancellation has been issued in error, please contact this office upon receipt.

Thank you in advance for your immediate and necessary attention to this matter.

Standard Security Life Insurance Co of NY