

Standard Security Life Insurance Company  
Administrative Office:  
1700 Market Street, Suite 1200  
Philadelphia, PA 191033938



Check#: 0000000000  
Check Date: 6/9/2023  
Check Amount: \$313.99

NAME  
STREET ADDRESS  
CITY STATE ZIP

CHECK DATE: 6/9/2023 CLAIM#123456 LEAVE TYPE: DBL  
CLAIM DATE: 5/16/2023 PAY PERIOD: 5/23/2023 TO 6/5/2023  
CHECK TOTAL: 2 WEEKS 0 DAYS

**| CLAIM TOTAL: 5 WEEKS 4 DAYS**  
**THE CLAIM TOTAL WILL ALWAYS DISPLAY THE**  
**OVERALL TOTAL AS OF THE DAY YOU DISPLAY THE RECORD**

GROSS: \$340.00  
TAXABLE GROSS: \$340.00  
FICA: \$21.08  
MEDICARE: \$4.93  
NET: \$313.99

| TOTAL GROSS: \$986.00  
| TOTAL TAXABLE GROSS: \$986.00  
| TOTAL FICA: \$61.13  
| TOTAL MEDICARE: \$14.30  
| TOTAL NET: \$910.57

EMPLOYER NAME  
EMPLOYER STREET  
CITY, STATE ZIP

POLICY# P123456-000

## SAMPLE ELECTRONIC DBL PAYMENT RECORD

CLAIMS DEPARTMENT: 800-477-0087  
CLAIMS EMAIL: [claims@sslicny.com](mailto:claims@sslicny.com)

FAX: 585-398-2854  
WEB: [www.sslicny.com](http://www.sslicny.com)

### ALL CLAIM MESSAGES WILL DISPLAY HERE

MESSAGE TO PAYEE

Next check will be mailed Friday June 23, 2023  
You can check your benefit and status online.  
Go to [www.sslicny.com](http://www.sslicny.com).  
Choose "New York State DBL"  
Choose I'm a Claimant. You can register to view  
your benefit information.

PLEASE DETACH BEFORE DEPOSITING CHECK

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Pay Exactly: **\*\* Three Hundred Thirteen and 99/100 -US Dollars \*\***

**Amount**  
**\$\*\*\*\*\*313.99**

VOID AFTER 180 DAYS

TO THE NAME  
ORDER STREET ADDRESS  
OF CITY STATE ZIP

COPY

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Memo: DBL

Authorized Signer