

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



Check#: 0000000000
Check Date: 10/16/2023
Check Amount: \$1,661.98

NAME
STREET ADDRESS
CITY STATE ZIP

CHECK DATE: 10/16/2023 CLAIM#123456 LEAVE TYPE: BONDING
CLAIM DATE: 9/18/2023 PAY PERIOD: 9/18/2023 TO 10/15/2023
CHECK TOTAL: 4 WEEKS 0 DAYS

| CLAIM TOTAL: 4 WEEKS 0 DAYS
**THE CLAIM TOTAL WILL ALWAYS DISPLAY THE
OVERALL TOTAL AS OF THE DAY YOU DISPLAY THE RECORD**

GROSS: \$1,846.64 | CLAIM TOTAL GROSS: \$1,846.64
FEDERAL: \$184.66 | CLAIM TOTAL FEDERAL: \$184.66
NET: \$1,661.98 | CLAIM TOTAL NET: \$1,661.98

EMPLOYER NAME
EMPLOYER STREET
CITY, STATE ZIP

POLICY# 123456-000

SAMPLE ELECTRONIC PFL PAYMENT RECORD

CLAIMS DEPARTMENT: 800-477-0087 FAX: 585-398-2854
CLAIMS EMAIL: claims@sslicny.com WEB: www.sslicny.com

ALL CLAIM MESSAGES WILL DISPLAY HERE

MESSAGE TO PAYEE

Your next benefit will be issued Monday October 30, 2023
Your weekly PFL Benefit Rate is: \$461.66
Your rate is 67% of your average weekly wage based
on the eight weeks prior to your leave date. Your rate
cannot exceed \$1,131.08 per New York State Law.
Our address: P. O. Box 25339 Farmington, NY 14425
Benefits are issued bi-weekly

PLEASE DETACH BEFORE DEPOSITING CHECK

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Check Date: 10/16/2023
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Pay Exactly: ** One Thousand Six Hundred Sixty One and 98/100 -US Dollars **

Amount
\$*****1,661.98

VOID AFTER 180 DAYS

TO THE NAME
ORDER STREET ADDRESS
OF CITY STATE ZIP

COPY

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Memo: PFL

Authorized Signer