



CLAIM NO. 08700317

DATE 03/17/2017

131109353

CLAIMANT NICOLE MOLLICK-POLASKI

POLICY NO. D52481

62-22/311

POLICY HOLDER PLAINEDGE PUBLIC LIBRARY

NOT VALID AFTER 60 DAYS

PAY TO THE ORDER OF PLAINEDGE PUBLIC LIBRARY

CHECK AMOUNT \$195.50

THE SUM 195 DOLS 50 CTS

Wells Fargo Bank, NA. PLAINEDGE PUBLIC LIBRARY 1060 HICKSVILLE RD MASSAPEQUA, NY 11758

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

WARNING: THE REVERSE SIDE OF THIS CHECK LISTS ALL SAFETY FEATURES USED.

131109353 0311002251 2079951059799

Keep This For Your Records

Payment Details:

Check Date: 03/17/2017
Check Number: 131109353
Claim Number: 08700317
Policy Number: D52481

Remarks:

Important Notice:

- The tax information must be reported on year-end w-2 forms.
In accordance with the Internal Revenue Code, disability payments made in the first six (6) months following the month in which the disability occurred are subject to FICA withholding (IRC, Sec. 3121).
This tax has been deducted from your payment in compliance with this law.

Explanation of Benefits:

This Policy contains a (7) day waiting period. Onset of Disability is: 03/03/2017

Table with 2 columns: DBL BENEFITS, 1.0 WEEKS @ 195.50 PER WEEK, 03/10/2017 - 03/16/2017 \$ 195.50, TAXABLE PORTION TO CLAIMANT \$0.00



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