

Standard Security Life Insurance Company of New York
OKLAHOMA CONFIRMATION OF SOURCE OF PAYMENT

CASE NUMBER _____

Applicants using a business check as their form of premium payment to establish health insurance coverage for themselves and/or their dependents must adhere to the following three factors.

I hereby certify that:

1. My premiums are being paid by me as a personal expense; and
2. Neither my employer nor the employer of my dependants are paying any part of the premium either directly or indirectly through wage adjustments or otherwise; and
3. To my knowledge, my employer will not treat or represent this health plan as an employer-sponsored health insurance plan for any purpose, including a business tax deduction.

I understand and acknowledge that I must submit a personal check if the business check that I previously submitted does not satisfy all three of the factors listed above, or I will not be eligible for coverage under the health plan for which I have applied.

Applicant Name (please print)

Applicant Signature

Date