

MSQ CORP 215-04 Hempstead Ave Queens Village, NY 11429

IMPORTANT: NEW REMITTANCE INFORMATION

In order to properly credit your account all payments must be made to

Nuaxess Account Services 5/3 (Fifth-Third) Bank Account

REMINDER: Please put invoice number(s) in the memo or notes on all forms of payment to ensure proper credit is applied to your account.

REMIT TO: Nuaxess Account Services:

ACH Routing: #071923909 Wire Routing: #042000314

Account: #7242568934

IF MAILING CHECKS:

Make payable to: Nuaxess Account Services

Mail to: Nuaxess Account Services

Lock Box #235149

PO Box 85149

Chicago, IL 60689-5149

WE NOW OFFER AUTOMATIC PAYMENT PROGRAMS

Contact: billing@mynuaxess.com OR CALL: (844) 999-5777



Account Services

Monthly Statement

MSQ CORP 215-04 Hempstead Ave Queens Village, NY 11429 crzoly@gmail.com Invoice Number: 5123-2205 Invoice Month: MAY Billing Date: 04/15/2022

Payment Due Date: 04/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTAL	Employee & Spouse Only	1	\$78.66	\$78.66
PLATINUM	Employee & Spouse Only	1	\$1,981.00	\$1,981.00
VISION	Employee & Spouse Only	1	\$11.48	\$11.48
			GRAND TOTAL	\$2,071.14

Primary ACH Instructions:

Account Name: Nuaxess Account Services

Bank: 5/3 Bank

Routing Number 071923909 Account Number: 7242568934

Bank Address:

38 Fountain Square Plaza Cincinnati, OH 45263



Account Services

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ZOLY, CRAIG	09/01/2021	DENTAL	ES	\$78.66
ZOLY, CRAIG	09/01/2021	VISION	ES	\$11.48
ZOLY, CRAIG	09/01/2021	PLATINUM	ES	\$1981

Employee Only 0 Employee & Spouse 1 Employee & Children 0 Family 0