



Account Services

Monthly Statement

1030 TIOS CLIFTON
101 CRAWFORDS CORNER ROAD
HOLMDEL, NJ 07733
patricia.h@ttnj.com
noreen@walshbenefits.com

Invoice Number: 5951-2207
Invoice Month: JULY
Billing Date: 06/15/2022
Payment Due Date: 06/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GOLD	Employee Only	2	\$511.89	\$1,023.78
PLATINUM	Employee Only	3	\$612.36	\$1,837.08
			GRAND TOTAL	\$2,860.86

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

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BEDIC, MICHELLE	06/01/2022	GOLD	EE	\$511.89
BLUNT, QUYDASHA	02/01/2022	PLATINUM	EE	\$612.36
CASTILLO, CESAR	02/01/2022	GOLD	EE	\$511.89
MEDINA, ROBERT	02/01/2022	PLATINUM	EE	\$612.36
ORBACH, DAKOTA	02/01/2022	PLATINUM	EE	\$612.36

Employee Only	5
Employee & Spouse	0
Employee & Children	0
Family	0