

FTO GROUP LLC DBA ACTION STAFFING GROUP 1145 Elizabeth Ave Elizabeth, NJ

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

FTO GROUP LLC DBA ACTION STAFFING GROUP 1145 Elizabeth Ave Elizabeth, NJ

pwagih@actionstaffing-group.com rmatusz@actionstaffing-group.com Invoice Number: 5853-2205
Invoice Month: MAY
Billing Date: 04/15/2022
Payment Due Date: 04/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTALGUARD	Employee Only	10	\$38.75	\$387.50
DENTALGUARD	Employee & Spouse Only	1	\$78.66	\$78.66
DENTALGUARD	Family	1	\$137.71	\$137.71
GOLD-C	Employee Only	1	\$494.60	\$494.60
GOLD-M	Employee Only	2	\$674.67	\$1,349.34
GOLD-W	Employee Only	1	\$417.70	\$417.70
PLATINUM	Employee Only	1	\$1,064.18	\$1,064.18
PLATINUM-W	Employee Only	1	\$1,774.23	\$1,774.23
VSP CHOICE	Employee Only	8	\$6.82	\$54.56
VSP CHOICE	Employee & Spouse Only	1	\$11.48	\$11.48
VSP CHOICE	Family	1	\$18.53	\$18.53
			CD AND TOTAL	Φ5 700 40

GRAND TOTAL \$5,788.49

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

FTO GROUP LLC DBA ACTION STAFFING GROUP 1145 Elizabeth Ave Elizabeth, NJ

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
COLLAZO, VICTOR	01/01/2022	DENTALGUARD	EE	\$38.75
COLWELL, SAHEED	01/01/2021	DENTALGUARD	EE	\$38.75
COLWELL, SAHEED	01/01/2021	GOLD-C	EE	\$494.60
DIAZ, JESENIA	02/01/2022	DENTALGUARD	EE	\$38.75
DIAZ, JESENIA	02/01/2022	VSP CHOICE	EE	\$6.82
JETER, ERICA	02/01/2022	DENTALGUARD	EE	\$38.75
JETER, ERICA	02/01/2022	VSP CHOICE	EE	\$6.82
MATUSZ, RAYMOND	01/01/2021	VSP CHOICE	EE	\$6.82
MATUSZ, RAYMOND	01/01/2021	GOLD-M	EE	\$674.67
MORALES, EDWIN	04/01/2021	DENTALGUARD	EE	\$38.75
MORALES, EDWIN	04/01/2021	VSP CHOICE	EE	\$6.82
MORALES, EDWIN	04/01/2021	PLATINUM	EE	\$1064.18
SHANE, RALPH	03/01/2022	DENTALGUARD	FAM	\$137.71
SHANE, RALPH	03/01/2022	VSP CHOICE	FAM	\$18.53
THOMPSON, KELLY	04/01/2021	DENTALGUARD	EE	\$38.75
THOMPSON, KELLY	04/01/2021	VSP CHOICE	EE	\$6.82
TRUJILLO, YAILEEN	01/01/2021	DENTALGUARD	EE	\$38.75
TRUJILLO, YAILEEN	01/01/2021	VSP CHOICE	EE	\$6.82
VARGAS, ALEJANDRA	04/01/2021	DENTALGUARD	EE	\$38.75
WAGIH, PATRICIA	01/01/2021	DENTALGUARD	EE	\$38.75
WAGIH, PATRICIA	01/01/2021	VSP CHOICE	EE	\$6.82
WAGIH, PATRICIA	01/01/2021	GOLD-W	EE	\$417.70
WEISS, MARK	03/01/2022	DENTALGUARD	ES	\$78.66



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CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
WEISS, MARK	03/01/2022		ES	\$11.48
WEISS, MARK	03/01/2022		EE	\$1774.23
WIEN, ELIOT	01/01/202	1 VSP CHOICE	RD EE	\$38.75
WIEN, ELIOT	01/01/202		EE	\$6.82
WIEN, ELIOT	01/01/202		EE	\$674.67

Employee Only 6 Employee & Spouse 0 Employee & Children 0 Family 0