



Account Services

Monthly Statement

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

Invoice Number: 5955-2207
Invoice Month: JULY
Billing Date: 06/15/2022
Payment Due Date: 06/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GOLD	Employee Only	4	\$511.89	\$2,047.56
GOLD	Family	1	\$1,638.03	\$1,638.03
PLATINUM	Employee Only	3	\$612.36	\$1,837.08
PLATINUM	Employee & Spouse Only	3	\$1,347.19	\$4,041.57
PLATINUM	Family	2	\$1,959.55	\$3,919.10
			GRAND TOTAL	\$13,483.34

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
ADAMO, NICOLA	02/01/2022	PLATINUM	FAM	\$1959.55
BONFIGLIO, THOMAS	02/01/2022	PLATINUM	ES	\$1347.19
COSTA, MICHAEL	06/01/2022	GOLD	EE	\$511.89
DIETZ, CHRISTOPHER	02/01/2022	PLATINUM	ES	\$1347.19
DINSE, MICHAEL	06/01/2022	GOLD	EE	\$511.89
GOLDING, THOMAS	02/01/2022	GOLD	EE	\$511.89
HUGG, PATRICIA	02/01/2022	PLATINUM	EE	\$612.36
PERRINO, CHRIS	02/01/2022	PLATINUM	FAM	\$1959.55
SAADEH, SAADEH	02/01/2022	GOLD	FAM	\$1638.03
SALAS, HENRYJHONATAN	02/01/2022	GOLD	EE	\$511.89
SANOK, LAUREN	02/01/2022	PLATINUM	EE	\$612.36
SELCOV, TIMOTHY	02/01/2022	PLATINUM	EE	\$612.36
SPENCE, MICHAEL	02/01/2022	PLATINUM	ES	\$1347.19

Employee Only	7
Employee & Spouse	3
Employee & Children	0
Family	3