



## Account Services

### Monthly Statement

0104-SENIOR HELPERS-HUNTSVILLE  
7500 Memorial Parkway SW  
HUNTSVILLE, AL 35802

Invoice Number: 4652-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$0.42**	\$5.25
LIFE	Employee Only	3	\$9.90**	\$21.30
GRAND TOTAL				\$26.55

0104-SENIOR HELPERS-HUNTSVILLE  
7500 Memorial Parkway SW  
HUNTSVILLE, AL 35802

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
COPNEY, CRYSTAL	2022-01-01	ADD		\$4.83
COPNEY, CRYSTAL	2022-01-01	LIFE		\$9.60
TOMLIN, LANA	2022-06-01	LIFE		\$9.90
WILBOURN, HALEY	2022-01-01	ADD		\$0.42
WILBOURN, HALEY	2022-01-01	LIFE		\$1.80

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

0602-SENIOR HELPERS - RANCHO CUCAMONGA

Invoice Number: 5518-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$15.12**	\$15.12
LIFE	Employee Only	1	\$73.20**	\$73.20
GRAND TOTAL				\$88.32

0602-SENIOR HELPERS - RANCHO CUCAMONGA

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SAVAGE WARD, JEANETTE	2022-05-01	ADD		\$15.12
SAVAGE WARD, JEANETTE	2022-05-01	LIFE		\$73.20

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

0654-SENIOR HELPERS - SAN DIEGO  
928 Fort Stockton Drive  
SAN DIEGO, CA 92103

Invoice Number: 4660-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$56.36

0654-SENIOR HELPERS - SAN DIEGO

928 Fort Stockton Drive

SAN DIEGO, CA 92103

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
PURNELL, DEANNE	2019-01-01	GUARDHIGH	EE	\$47.61
PURNELL, DEANNE	2019-01-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

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



**Account Services**  
**Monthly Statement**

0803-SENIOR HELPERS - DENVER  
11658 Huron St  
NORTH GLENN, CO 80234

Invoice Number: 4647-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$0.00**	\$2.10
GRAND TOTAL				\$2.10

0803-SENIOR HELPERS - DENVER

11658 Huron St

NORTH GLENN, CO 80234

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DEMERS, CHRYSTIANE	2022-07-01	ADD		\$2.10

## MEDICAL PLAN COUNTS

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





**Account Services**  
**Monthly Statement**

1002-SENIOR HELPERS - DOVER

Invoice Number: 5633-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$14.73

1002-SENIOR HELPERS - DOVER

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BOYER, CLARICE	2022-07-01	VSP	ES	\$14.73

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

1221-SENIOR HELPERS - SPRING HILL  
246 MARINER BLVD  
SPRING HILL, FL 34609

Invoice Number: 4165-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$1.26**	\$1.26
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$39.45

1221-SENIOR HELPERS - SPRING HILL  
246 MARINER BLVD  
SPRING HILL, FL 34609

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FISCHER, JENNIFER	2022-02-01	GUARDLOW	EE	\$29.44
HUTCHENS, SUSAN	2022-01-01	ADD		\$1.26
HUTCHENS, SUSAN	2022-01-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

1237-SENIOR HELPERS - MIRAMAR  
5830 Sheridan Street  
Hollywood, FL 33021

Invoice Number: 4172-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$89.63

1237-SENIOR HELPERS - MIRAMAR

5830 Sheridan Street

Hollywood, FL 33021

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
WELLINGTON, ANNETTE	2020-01-01	GUARDLOW	EC	\$74.61
WELLINGTON, ANNETTE	2020-01-01	VSP	EC	\$15.02

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

1703-SENIOR HELPERS - ROCKFORD  
129 Phelps Avenue  
ROCKFORD, IL 61108

Invoice Number: 4400-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	4	\$0.42**	\$3.78
GUARDLOW	Employee Only	2	\$29.44	\$58.88
LIFE	Employee Only	5	\$3.30**	\$50.51
VSP	Employee Only	2	\$8.75	\$17.50
VSP	Employee & Spouse Only	1	\$14.81	\$14.81
GRAND TOTAL				\$145.48

1703-SENIOR HELPERS - ROCKFORD  
 129 Phelps Avenue  
 ROCKFORD, IL 61108

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HUBA, IRENE	2022-01-01	ADD		\$2.10
HUBA, IRENE	2022-01-01	GUARDLOW	EE	\$29.44
HUBA, IRENE	2022-01-01	LIFE		\$35.75
HUBA, SHAUN	2022-01-01	LIFE		\$2.40
KRUEGER, JILL	2022-01-01	ADD		\$0.42
KRUEGER, JILL	2022-01-01	GUARDLOW	EE	\$29.44
KRUEGER, JILL	2022-01-01	LIFE		\$1.91
PASCARELLA, SUSAN	2022-01-01	ADD		\$0.84
PASCARELLA, SUSAN	2022-01-01	VSP	EE	\$8.75
PASCARELLA, SUSAN	2022-01-01	LIFE		\$7.15
TERRELL, JACQUELINE	2022-01-01	ADD		\$0.42
TERRELL, JACQUELINE	2022-01-01	VSP	EE	\$8.75
TERRELL, JACQUELINE	2022-01-01	LIFE		\$3.30
WAHL, JOY	2017-01-01	VSP	ES	\$14.81

**MEDICAL PLAN COUNTS**

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





## Account Services

### Monthly Statement

1801-SENIOR HELPERS - INDIANAPOLIS  
6845 Parkdale Place  
INDIANAPOLIS, IN 46254

Invoice Number: 4480-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$0.00**	\$8.40
GUARDLOW	Employee Only	1	\$29.44	\$29.44
LIFE	Employee Only	2	\$19.10**	\$55.40
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$101.99

1801-SENIOR HELPERS - INDIANAPOLIS

6845 Parkdale Place

INDIANAPOLIS, IN 46254

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CAMPBELL, HEATHER	2022-01-01	LIFE		\$19.10
THOMPSON, DAPHANIE	2022-01-01	ADD		\$8.40
THOMPSON, DAPHANIE	2022-03-01	LIFE		\$36.30
WOLFE, TINA	2021-01-01	GUARDLOW	EE	\$29.44
WOLFE, TINA	2021-01-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

1804-SENIOR HELPERS - CROWN POINT  
405 N MAIN ST  
CROWN POINT, IN 46307

Invoice Number: 4483-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
			GRAND TOTAL	\$47.61

1804-SENIOR HELPERS - CROWN POINT  
405 N MAIN ST  
CROWN POINT, IN 46307

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
STUCKERT, MICHAEL	2022-01-01	GUARDHIGH	EE	\$47.61

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

2913C-SENIOR HELPERS - ST. LOUIS  
12300 Old Tesson Road  
SAINT LOUIS, MO 63128

Invoice Number: 4103-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$56.36

2913C-SENIOR HELPERS - ST. LOUIS

12300 Old Tesson Road

SAINT LOUIS, MO 63128

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KOENIGS, SIGRID	2019-01-01	GUARDHIGH	EE	\$47.61
KOENIGS, SIGRID	2019-01-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

3405-SENIOR HELPERS - PARAMUS  
22 Madison Ave  
PARAMUS, NJ 07652

Invoice Number: 4283-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
3405OPENAXESSESEN	Employee & Children	1	\$784.36	\$784.36
3405OPENAXESSPRIME	Employee Only	1	\$628.74	\$628.74
3405OPENAXESSPRIME	Employee & Spouse Only	1	\$1,256.86	\$1,256.86
3405OPENAXESSPRIME	Employee & Children	1	\$1,138.41	\$1,138.41
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee & Spouse Only	1	\$55.54	\$55.54
GUARDLOW	Employee & Children	2	\$74.61	\$149.22
LIFE	Employee Only	1	\$152.00**	\$152.00
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$4,236.22

3405-SENIOR HELPERS - PARAMUS

22 Madison Ave

PARAMUS, NJ 07652

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
EGE, LISA	2021-01-01	3405OPENAXESSPRIME	EE	\$628.74
EGE, LISA	2020-01-01	GUARDHIGH	EE	\$47.61
NICHOLAS, KENNETH	2021-01-01	3405OPENAXESSPRIME	ES	\$1256.86
NICHOLAS, KENNETH	2018-07-01	GUARDLOW	ES	\$55.54
NICHOLAS, KENNETH	2018-12-01	VSP	ES	\$14.73
PANDO, YAMILA	2022-01-01	3405OPENAXESSESEN	EC2	\$784.36
PANDO, YAMILA	2022-01-01	GUARDLOW	EC2	\$74.61
PANDO, YAMILA	2022-01-01	VSP	EE	\$8.75
SUTCLIFFE, KIMLEY	2022-07-01	3405OPENAXESSPRIME	EC2	\$1138.41
SUTCLIFFE, KIMLEY	2022-07-01	LIFE		\$152.00
SUTCLIFFE, KIMLEY	2022-07-01	GUARDLOW	EC2	\$74.61

MEDICAL PLAN COUNTS

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





**Account Services**  
**Monthly Statement**

3411-SENIOR HELPERS - MANALAPAN  
711 TENNENT RD  
Englishtown, NJ 07726

Invoice Number: 4645-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$29.44

3411-SENIOR HELPERS - MANALAPAN

711 TENNENT RD

Englishtown, NJ 07726

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ALVARADO, BRENDA	2019-01-01	GUARDLOW	EE	\$29.44

## MEDICAL PLAN COUNTS

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



**Account Services**  
**Monthly Statement**

3626-SENIOR HELPERS - GARDEN CITY

Invoice Number: 5541-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$29.44

3626-SENIOR HELPERS - GARDEN CITY

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HAASE, EVA	2022-06-01	GUARDLOW	EE	\$29.44

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

3710-SENIOR HELPERS - DUNN  
1104 N. Ellis Avenue  
DUNN, NC 28334

Invoice Number: 4505-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$0.00**	\$2.52
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDLOW	Employee Only	1	\$29.44	\$29.44
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
LIFE	Employee Only	1	\$5.30**	\$15.03
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$330.40

3710-SENIOR HELPERS - DUNN

1104 N. Ellis Avenue

DUNN, NC 28334

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CLEVINGER, CARLA	2022-07-01	ADD		\$2.52
CLEVINGER, CARLA	2022-07-01	LIFE		\$15.03
CLEVINGER, CARLA	2022-07-01	GUARDHIGH	EE	\$47.61
EASON, JENA	2022-01-01	GUARDLOW	EE	\$29.44
EASON, JENA	2022-01-01	VSP	EE	\$8.75
LUCAS, LORI	2021-11-01	GUARDHIGH	ES	\$89.81
WILLIAMS, JEWEL	2022-01-01	GUARDHIGH	EE	\$47.61
YOUNG, ERIN	2022-01-01	GUARDLOW	EC	\$74.61
YOUNG, ERIN	2022-01-01	VSP	EC	\$15.02

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

4223-SENIOR HELPERS - PHILADELPHIA  
7600 Stenton Avenue  
PHILADELPHIA, PA 19118

Invoice Number: 4617-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
LIFE	Employee Only	1	\$10.40**	\$10.40
GRAND TOTAL				\$10.40

4223-SENIOR HELPERS - PHILADELPHIA

7600 Stenton Avenue

PHILADELPHIA, PA 19118

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DUNGEE, SAMANTHA	2020-09-01	LIFE		\$10.40

## MEDICAL PLAN COUNTS

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





## Account Services

### Monthly Statement

4707-SENIOR HELPERS - CHATTANOOGA  
7151 Lee Hwy.  
CHATTANOOGA, TN 37421

Invoice Number: 4744-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$2.10**	\$2.10
LIFE	Employee Only	1	\$12.00**	\$12.00
GRAND TOTAL				\$14.10

4707-SENIOR HELPERS - CHATTANOOGA

7151 Lee Hwy.

CHATTANOOGA, TN 37421

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CASH, HEATHER	2022-01-01	ADD		\$2.10
CASH, HEATHER	2022-01-01	LIFE		\$12.00

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

5307-SENIOR HELPERS - KENT (SEATTLE)  
1101 HARVEY RD NE  
AUBURN, WA 98002

Invoice Number: 4649-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$0.42**	\$0.42
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	3	\$8.75	\$26.25
			GRAND TOTAL	\$103.72

5307-SENIOR HELPERS - KENT (SEATTLE)  
1101 HARVEY RD NE  
AUBURN, WA 98002

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
LADD, TARYN LEIGH	2020-01-01	GUARDLOW	EE	\$29.44
LADD, TARYN LEIGH	2020-01-01	VSP	EE	\$8.75
NYAGA, JOSEPH	2022-03-01	ADD		\$0.42
NYAGA, JOSEPH	2022-03-01	GUARDHIGH	EE	\$47.61
NYAGA, JOSEPH	2022-03-01	VSP	EE	\$8.75
PAUL, EMMANUEL	2019-01-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

5505-SENIOR HELPERS - APPLETON  
2501 S. ONEIDA STREET  
APPLETON, WI 54915

Invoice Number: 4439-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$29.44

5505-SENIOR HELPERS - APPLETON  
2501 S. ONEIDA STREET  
APPLETON, WI 54915

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
PHETSAVANH, SHIANNA	2022-06-01	GUARDLOW	EE	\$29.44

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

5514-SENIOR HELPERS - MADISON  
4726 EAST TOWNE BLVD  
MADISON, WI 53704

Invoice Number: 4448-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$4.20**	\$4.20
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee Only	2	\$29.44	\$58.88
GUARDLOW	Employee & Spouse Only	1	\$55.54	\$55.54
LIFE	Employee Only	3	\$2.70**	\$117.10
VSP	Employee Only	2	\$8.75	\$17.50
GRAND TOTAL				\$300.83

5514-SENIOR HELPERS - MADISON  
 4726 EAST TOWNE BLVD  
 MADISON, WI 53704

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BARBER, CYNTHIA	2022-03-01	LIFE		\$71.50
BEARDER, MICHELLE	2022-01-01	GUARDHIGH	EE	\$47.61
BRUNSELL, APRIL	2020-03-01	GUARDLOW	ES	\$55.54
CALABRESA, BETSY	2022-01-01	GUARDLOW	EE	\$29.44
GOMEZ, EMILY	2020-04-01	GUARDLOW	EE	\$29.44
GOMEZ, EMILY	2020-04-01	VSP	EE	\$8.75
KNIPPEL, KELLY	2022-04-01	LIFE		\$2.70
MARCHANT, BRENDA	2022-01-01	ADD		\$4.20
MARCHANT, BRENDA	2022-01-01	LIFE		\$42.90
TURNER, NAFFIE	2020-04-01	VSP	EE	\$8.75

**MEDICAL PLAN COUNTS**

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





## Account Services

### Monthly Statement

8061-AFC URGENT CARE - CENTRAL NJ  
601 W Union Avenue  
BOUND BROOK, NJ 08805

Invoice Number: 4633-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	14	\$4.20**	\$157.08
AFCCIGNABRONZE	Employee Only	14	\$455.95	\$6,383.30
AFCCIGNABRONZE	Employee & Children	1	\$783.20	\$783.20
AFCCIGNABRONZE	Family	4	\$1,376.00	\$5,504.00
AFCCIGNAGOLD	Employee Only	29	\$560.19	\$16,245.51
AFCCIGNAGOLD	Employee & Spouse Only	2	\$1,317.59	\$2,635.18
AFCCIGNAGOLD	Employee & Children	1	\$1,070.60	\$1,070.60
AFCCIGNAGOLD	Family	4	\$1,878.42	\$7,513.68
AFCCIGNASILVER	Employee Only	9	\$509.26	\$4,583.34
AFCCIGNASILVER	Employee & Children	2	\$973.27	\$1,946.54
AFCCIGNASILVER	Family	2	\$1,707.65	\$3,415.30
GUARDHIGH	Employee Only	28	\$47.61	\$1,333.08
GUARDHIGH	Employee & Spouse Only	3	\$89.81	\$269.43
GUARDHIGH	Employee & Children	3	\$89.81	\$269.43
GUARDHIGH	Family	8	\$160.18	\$1,281.44
GUARDLOW	Employee Only	17	\$29.44	\$500.48
GUARDLOW	Employee & Spouse Only	2	\$55.54	\$111.08
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
GUARDLOW	Family	5	\$100.74	\$503.70
LIFE	Employee Only	23	\$19.10**	\$213.24
VSP	Employee Only	32	\$8.75	\$280.04
VSP	Employee & Spouse Only	7	\$14.73	\$103.11
VSP	Employee & Children	4	\$15.02	\$60.08
VSP	Family	6	\$23.76	\$142.56
GRAND TOTAL				\$55,907.63

8061-AFC URGENT CARE - CENTRAL NJ  
601 W Union Avenue  
BOUND BROOK, NJ 08805

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ALBANESE, JESSICA	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
ALBANESE, JESSICA	2022-01-01	GUARDHIGH	EE	\$47.61
ALBANESE, JESSICA	2022-01-01	VSP	EE	\$8.75
AZCONA, JULI	2022-09-01	LIFE		\$10.80
BENNETT, WILLIAM RODERIC	2022-01-01	AFCCIGNABRONZE	FAM	\$1376.00
BENNETT, WILLIAM RODERIC	2022-01-01	ADD		\$21.00
BENNETT, WILLIAM RODERIC	2022-02-01	GUARDLOW	FAM	\$100.74
BENNETT, WILLIAM RODERIC	2022-02-01	VSP	ES	\$14.73
BENNETT, WILLIAM RODERIC	2022-01-01	LIFE		\$13.05
BESIDA, DENISE	2022-09-01	AFCCIGNAGOLD	EE	\$560.19
BESIDA, DENISE	2022-09-01	LIFE		\$3.82
BESIDA, DENISE	2022-09-01	GUARDHIGH	EE	\$47.61
BESIDA, DENISE	2022-09-01	VSP	EE	\$8.75
BIDO, NORMELIS	2015-11-01	VSP	EE	\$8.79
BLACK, DIETRA	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
BLACK, DIETRA	2022-01-01	GUARDLOW	EE	\$29.44
BLACK, DIETRA	2022-01-01	VSP	EE	\$8.75
BLACK, DIETRA	2022-01-01	LIFE		\$4.94
BORKOWSKI, DOUGLAS	2022-01-01	AFCCIGNASILVER	EC2	\$973.27
BORKOWSKI, DOUGLAS	2022-01-01	GUARDHIGH	FAM	\$160.18
BORKOWSKI, DOUGLAS	2022-01-01	VSP	EC2	\$15.02
BUAYABAN, RYAN	2022-01-01	AFCCIGNABRONZE	EE	\$455.95
BUAYABAN, RYAN	2022-01-01	GUARDHIGH	EE	\$47.61
CALAYAG, KATRINA	2022-09-01	AFCCIGNABRONZE	EE	\$455.95
CALAYAG, KATRINA	2022-09-01	LIFE		\$6.00
CALAYAG, KATRINA	2022-09-01	GUARDHIGH	EE	\$47.61
CALAYAG, KATRINA	2022-09-01	VSP	EE	\$8.75

8061-AFC URGENT CARE - CENTRAL NJ  
601 W Union Avenue  
BOUND BROOK, NJ 08805

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CAMPBELL, JACQUELINE	2022-01-01	LIFE		\$1.60
CAMPBELL, JACQUELINE	2022-01-01	AFCCIGNASILVER	EE	\$509.26
CAMPBELL, JACQUELINE	2022-01-01	GUARDLOW	ES	\$55.54
CAMPBELL, JACQUELINE	2022-01-01	VSP	ES	\$14.73
CAMPBELL, RICHARD	2022-02-01	AFCCIGNAGOLD	FAM	\$1878.42
CAMPBELL, RICHARD	2022-02-01	GUARDLOW	FAM	\$100.74
CAMPBELL, RICHARD	2022-02-01	VSP	FAM	\$23.76
CASTELANO, JOSEPH	2021-01-01	AFCCIGNASILVER	FAM	\$1707.65
CASTELANO, JOSEPH	2018-06-01	GUARDHIGH	FAM	\$160.18
CASTELLANO, CHRISTOPHER	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
CHENEY, DANIEL	2022-07-01	AFCCIGNABRONZE	EE	\$455.95
CHENEY, DANIEL	2022-07-01	GUARDHIGH	EE	\$47.61
CLAYTON, ASHLEY	2022-01-01	AFCCIGNABRONZE	EE	\$455.95
CLAYTON, ASHLEY	2022-01-01	GUARDHIGH	EE	\$47.61
D'AMBRA, ANDREA	2021-11-01	LIFE		\$16.10
D'AMBRA, ANDREA	2021-11-01	AFCCIGNASILVER	EC	\$973.27
D'AMBRA, ANDREA	2021-08-01	GUARDHIGH	EC	\$89.81
D'AMBRA, ANDREA	2021-08-01	VSP	EC	\$15.02
DAMICO, PAUL	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
DAMICO, PAUL	2022-01-01	ADD		\$2.10
DAMICO, PAUL	2022-01-01	GUARDHIGH	EE	\$47.61
DAMICO, PAUL	2022-01-01	VSP	EE	\$8.75
DAMICO, PAUL	2022-09-01	LIFE		\$9.90
DAVIS, BRADLEY	2021-08-01	AFCCIGNAGOLD	EE	\$560.19
DAVIS, BRADLEY	2021-08-01	ADD		\$21.00

8061-AFC URGENT CARE - CENTRAL NJ  
601 W Union Avenue  
BOUND BROOK, NJ 08805

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DAVIS, BRADLEY	2021-08-01	GUARDHIGH	EE	\$47.61
DE JESUS, JEANNETTE	2022-01-01	AFCCIGNABRONZE	EE	\$455.95
DIAS, ALAN	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
DIAS, ALAN	2022-01-01	GUARDHIGH	EE	\$47.61
DOLSON, ERIN	2022-07-01	AFCCIGNAGOLD	EE	\$560.19
DOLSON, ERIN	2022-07-01	ADD		\$0.84
DOLSON, ERIN	2022-07-01	LIFE		\$2.40
DOLSON, ERIN	2022-07-01	GUARDHIGH	EE	\$47.61
DOLSON, ERIN	2022-07-01	VSP	EE	\$8.75
EHRlich, HAROLD	2018-01-01	GUARDLOW	EE	\$29.44
EHRlich, HAROLD	2018-12-01	VSP	EE	\$8.75
ELGRISSEY, ALEXANDRA	2021-01-01	AFCCIGNAGOLD	EE	\$560.19
ELGRISSEY, ALEXANDRA	2022-02-01	GUARDLOW	EE	\$29.44
FALDUTO, RACHEL	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
FOWLER, NATALIE	2022-09-01	AFCCIGNAGOLD	EE	\$560.19
GARCIA, MARIA	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
GARCIA, MARIA	2022-01-01	GUARDHIGH	EE	\$47.61
GARCIA, MARIA	2022-01-01	VSP	EE	\$8.75
GASPAR, BRIAN	2021-06-01	AFCCIGNAGOLD	EE	\$560.19
GASPAR, BRIAN	2021-06-01	GUARDHIGH	EE	\$47.61
GASPAR, BRIAN	2021-06-01	VSP	EE	\$8.75
GREEN, BRIANA	2021-11-01	AFCCIGNASILVER	EE	\$509.26
GREENBERG, JORDAN	2022-04-01	LIFE		\$9.60

8061-AFC URGENT CARE - CENTRAL NJ  
601 W Union Avenue  
BOUND BROOK, NJ 08805

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GUERRERO, PRISCILLA	2022-01-01	AFCCIGNABRONZE	EE	\$455.95
GUERRERO, PRISCILLA	2022-01-01	GUARDLOW	EE	\$29.44
HASAN, IZHAR	2022-01-01	AFCCIGNABRONZE	FAM	\$1376.00
HASAN, IZHAR	2022-01-01	GUARDLOW	FAM	\$100.74
HAVLICEK, MARK	2022-03-01	AFCCIGNAGOLD	EE	\$560.19
HAVLICEK, MARK	2022-03-01	GUARDHIGH	EE	\$47.61
HAVLICEK, MARK	2022-03-01	VSP	EE	\$8.75
HERNANDEZ, ELIZABETH	2022-01-01	GUARDLOW	EE	\$29.44
HERNANDEZ, ELIZABETH	2022-01-01	VSP	EE	\$8.75
HORNAK, BRIAN	2021-09-01	LIFE		\$7.20
HORNAK, BRIAN	2021-10-01	AFCCIGNAGOLD	FAM	\$1878.42
HORNAK, BRIAN	2021-11-01	GUARDLOW	ES	\$55.54
HORNAK, BRIAN	2021-11-01	VSP	ES	\$14.73
HUNT, ERICA	2022-01-01	LIFE		\$8.00
HUNT, ERICA	2022-01-01	ADD		\$4.20
HUNT, ERICA	2022-02-01	GUARDHIGH	EC	\$89.81
HUNT, ERICA	2022-02-01	VSP	EE	\$8.75
IFONO, SIA MMAH	2022-07-01	GUARDHIGH	EE	\$47.61
IFONO, SIA MMAH	2022-07-01	VSP	EE	\$8.75
ILVENTO, CHRISTINA	2021-12-01	AFCCIGNABRONZE	EE	\$455.95
ILVENTO, CHRISTINA	2021-12-01	GUARDLOW	EE	\$29.44
ILVENTO, CHRISTINA	2021-12-01	VSP	EE	\$8.75
JOHNSON, ALICIA	2022-11-01	GUARDHIGH	EE	\$47.61
JOHNSON, ALICIA	2022-11-01	VSP	EE	\$8.75
KELII, CARA	2022-02-01	ADD		\$8.82

8061-AFC URGENT CARE - CENTRAL NJ  
601 W Union Avenue  
BOUND BROOK, NJ 08805

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KELII, CARA	2022-02-01	GUARDHIGH	FAM	\$160.18
KELII, CARA	2022-02-01	VSP	FAM	\$23.76
KELII, CARA	2022-02-01	LIFE		\$16.70
KLEINFELDER, SUSAN	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
LAGUERRE, PHILOMISE	2021-12-01	LIFE		\$1.60
LAGUERRE, PHILOMISE	2021-12-01	AFCCIGNASILVER	EE	\$509.26
LAGUERRE, PHILOMISE	2021-12-01	GUARDHIGH	EE	\$47.61
LAGUERRE, PHILOMISE	2021-12-01	VSP	EE	\$8.75
LANNUTTI, MARIA	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
LEE, JASMINE	2022-01-01	AFCCIGNAGOLD	ES	\$1317.59
LEE, JASMINE	2022-01-01	GUARDHIGH	ES	\$89.81
LEE, JENNY	2022-03-01	VSP	EE	\$8.75
LIMA, VICTORIA	2022-01-01	AFCCIGNABRONZE	EE	\$455.95
LIMA, VICTORIA	2022-01-01	GUARDLOW	EE	\$29.44
LITTON, COREY	2022-01-01	LIFE		\$6.00
LITTON, COREY	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
LITTON, COREY	2022-01-01	ADD		\$4.20
LITTON, COREY	2022-02-01	GUARDLOW	EE	\$29.44
LOPEZ, DANNILIZ	2022-01-01	AFCCIGNABRONZE	EC2	\$783.20
LOPEZ, DANNILIZ	2022-01-01	GUARDLOW	FAM	\$100.74
LOPEZ, JOHN PEDRO	2022-07-01	AFCCIGNAGOLD	FAM	\$1878.42
LOPEZ, JOHN PEDRO	2022-07-01	ADD		\$2.10
LOPEZ, JOHN PEDRO	2022-07-01	LIFE		\$16.50
LOPEZ, JOHN PEDRO	2022-07-01	GUARDHIGH	FAM	\$160.18
LOPEZ, JOHN PEDRO	2022-07-01	VSP	FAM	\$23.76

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CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MASTANTUNO, SAMANTHA	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
MASTANTUNO, SAMANTHA	2022-01-01	GUARDHIGH	EE	\$47.61
MENDOZA, JILLIAN	2022-03-01	GUARDLOW	EE	\$29.44
MENDOZA, JILLIAN	2022-03-01	VSP	EE	\$8.75
MENDOZA, JILLIAN	2022-03-01	AFCCIGNABRONZE	EE	\$455.95
MITCHELL, IAN	2022-09-01	AFCCIGNAGOLD	EE	\$560.19
MITCHELL, IAN	2022-09-01	GUARDHIGH	EE	\$47.61
MITCHELL, IAN	2022-09-01	VSP	EE	\$8.75
MITCHELL, JAMES	2022-10-01	AFCCIGNABRONZE	EE	\$455.95
MITCHELL, JAMES	2022-10-01	ADD		\$21.00
MITCHELL, JAMES	2022-10-01	GUARDLOW	EE	\$29.44
MITCHELL, JAMES	2022-10-01	VSP	EE	\$8.75
MONTGOMERY, KYLE	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
MONTGOMERY, KYLE	2022-02-01	GUARDLOW	EE	\$29.44
MONTGOMERY, KYLE	2022-02-01	VSP	FAM	\$23.76
OTERO, MARYLIN	2021-06-01	AFCCIGNAGOLD	EC	\$1070.60
OTERO, MARYLIN	2021-06-01	GUARDLOW	EC	\$74.61
OTERO, MARYLIN	2021-06-01	VSP	EC	\$15.02
PARANAVITHARANA, SUHEJA	2022-01-01	AFCCIGNASILVER	EE	\$509.26
PARANAVITHARANA, SUHEJA	2022-01-01	ADD		\$6.72
PARANAVITHARANA, SUHEJA	2022-01-01	GUARDHIGH	FAM	\$160.18
PARANAVITHARANA, SUHEJA	2022-01-01	LIFE		\$19.10
PATEL, YATI	2022-01-01	AFCCIGNABRONZE	EE	\$455.95
PATEL, YATI	2022-01-01	GUARDLOW	EE	\$29.44
PATEL, YATI	2022-01-01	VSP	EE	\$8.75

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601 W Union Avenue  
BOUND BROOK, NJ 08805

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
PRICE, MICHAEL	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
PRICE, MICHAEL	2022-02-01	GUARDHIGH	EE	\$47.61
PRICE, MICHAEL	2022-02-01	VSP	EE	\$8.75
PRINGLE, ROBERT	2022-08-01	AFCCIGNAGOLD	EE	\$560.19
PRINGLE, ROBERT	2022-08-01	ADD		\$21.00
PRINGLE, ROBERT	2022-08-01	LIFE		\$10.80
PRINGLE, ROBERT	2022-08-01	GUARDHIGH	EE	\$47.61
PRINGLE, ROBERT	2022-08-01	VSP	EE	\$8.75
RAMADAN, REEM	2022-03-01	AFCCIGNABRONZE	EE	\$455.95
RAMADAN, REEM	2022-03-01	GUARDHIGH	EE	\$47.61
RAMADAN, REEM	2022-03-01	VSP	EE	\$8.75
RANA, MALVIKA	2021-01-01	AFCCIGNAGOLD	EE	\$560.19
RANA, MALVIKA	2021-01-01	GUARDHIGH	ES	\$89.81
RANA, MALVIKA	2021-01-01	VSP	ES	\$14.73
RAZON, RAUL	2022-08-01	LIFE		\$15.03
RAZON, RAUL	2022-08-01	GUARDLOW	EE	\$29.44
RAZON, RAUL	2022-08-01	VSP	EE	\$8.75
RECINOS, LAUREN	2022-10-01	ADD		\$2.10
RECINOS, LAUREN	2022-10-01	LIFE		\$4.40
RECINOS, LAUREN	2022-10-01	VSP	ES	\$14.73
REGENCIA, MARIA	2022-04-01	AFCCIGNASILVER	EE	\$509.26
REGENCIA, MARIA	2022-04-01	GUARDHIGH	EE	\$47.61
REGENCIA, MARIA	2022-04-01	VSP	EE	\$8.75
RUPPERT, MICHAEL	2022-07-01	AFCCIGNAGOLD	EE	\$560.19
RUPPERT, MICHAEL	2022-07-01	ADD		\$21.00



8061-AFC URGENT CARE - CENTRAL NJ  
601 W Union Avenue  
BOUND BROOK, NJ 08805

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
RUPPERT, MICHAEL	2022-07-01	LIFE		\$10.80
RUPPERT, MICHAEL	2022-07-01	GUARDHIGH	EE	\$47.61
RUPPERT, MICHAEL	2022-07-01	VSP	EE	\$8.75
RUTLEDGE, DOUGLAS	2022-01-01	AFCCIGNAGOLD	FAM	\$1878.42
RUTLEDGE, DOUGLAS	2022-02-01	GUARDHIGH	FAM	\$160.18
RUTLEDGE, DOUGLAS	2022-02-01	VSP	ES	\$14.73
RUZHAJI, TIMUR	2022-02-01	AFCCIGNABRONZE	FAM	\$1376.00
RUZHAJI, TIMUR	2022-02-01	GUARDLOW	FAM	\$100.74
RUZHAJI, TIMUR	2022-02-01	VSP	FAM	\$23.76
SANCHEZ, MAURICIO	2021-01-01	AFCCIGNAGOLD	ES	\$1317.59
SANCHEZ, MAURICIO	2021-01-01	GUARDHIGH	ES	\$89.81
SANCHEZ, MAURICIO	2021-01-01	VSP	ES	\$14.73
SIROTOVITZ, MONICA	2022-06-01	AFCCIGNAGOLD	EE	\$560.19
SIROTOVITZ, MONICA	2022-06-01	GUARDHIGH	EE	\$47.61
SIROTOVITZ, MONICA	2022-06-01	VSP	EE	\$8.75
SMITH, ASHLEE	2022-08-01	LIFE		\$4.50
SMITH, ASHLEE	2022-01-01	AFCCIGNABRONZE	EE	\$455.95
SMITH, ASHLEE	2022-01-01	GUARDLOW	EE	\$29.44
SMITH, ROBERT	2022-01-01	AFCCIGNASILVER	EE	\$509.26
SMITH, ROBERT	2022-01-01	VSP	EE	\$8.75
SONDEJ, KRISTY	2022-03-01	AFCCIGNAGOLD	EE	\$560.19
SONDEJ, KRISTY	2022-03-01	GUARDHIGH	EE	\$47.61
SOPER, ROBERT	2021-02-01	ADD		\$21.00
SQUEO, DENISE	2022-05-31	AFCCIGNABRONZE	FAM	\$1376.00
SQUEO, DENISE	2022-05-31	GUARDHIGH	FAM	\$160.18

8061-AFC URGENT CARE - CENTRAL NJ  
601 W Union Avenue  
BOUND BROOK, NJ 08805

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SQUEO, DENISE	2022-05-31	VSP	FAM	\$23.76
THONGVANH ROSS, LANSTRAN	2022-01-01	AFCCIGNASILVER	EE	\$509.26
THONGVANH ROSS, LANSTRAN	2022-01-01	GUARDHIGH	EC	\$89.81
THONGVANH ROSS, LANSTRAN	2022-01-01	VSP	EC	\$15.02
TOBIAS, FRANK	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
TOBIAS, FRANK	2022-01-01	GUARDHIGH	EE	\$47.61
TOBIAS, FRANK	2022-01-01	VSP	EE	\$8.75
TOCK, JASON	2022-01-01	LIFE		\$14.40
TOCK, JASON	2022-01-01	AFCCIGNASILVER	EE	\$509.26
TOCK, JASON	2022-01-01	GUARDLOW	EE	\$29.44
TRIPPEL, SHERYL	2022-01-01	AFCCIGNASILVER	FAM	\$1707.65
TRIPPEL, SHERYL	2022-02-01	GUARDHIGH	FAM	\$160.18
VIDAL BRANCO, CLAUDIA	2022-10-01	AFCCIGNASILVER	EE	\$509.26
VIDAL BRANCO, CLAUDIA	2022-10-01	GUARDLOW	EE	\$29.44
WOLFSON, ANNA	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
WOLFSON, ANNA	2022-01-01	GUARDHIGH	EE	\$47.61
WOLFSON, ANNA	2022-01-01	VSP	EE	\$8.75
WYNN, JAWAUN	2022-10-01	AFCCIGNABRONZE	EE	\$455.95
WYNN, JAWAUN	2022-10-01	GUARDLOW	EE	\$29.44
YENCARELLI, JOYCE	2022-07-01	AFCCIGNAGOLD	EE	\$560.19
YENCARELLI, JOYCE	2022-07-01	GUARDHIGH	EE	\$47.61

8061-AFC URGENT CARE - CENTRAL NJ  
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 BOUND BROOK, NJ 08805

PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MITCHELL, JAMES	2022-10-01	AFCCIGNABRONZE	EE	\$455.95
MITCHELL, JAMES	2022-10-01	ADD		\$21.00
MITCHELL, JAMES	2022-10-01	GUARDLOW	EE	\$29.44
RECINOS, LAUREN	2022-10-01	ADD		\$2.10
RECINOS, LAUREN	2022-10-01	LIFE		\$4.40
RECINOS, LAUREN	2022-10-01	VSP	ES	\$14.73

MEDICAL PLAN COUNTS

Employee Only	52
Employee & Spouse	2
Employee & Children	2
Family	10



## Account Services

### Monthly Statement

8069 - PINECROFT CAPITAL ADVISORS LLC  
3000 Summer Street  
STAMFORD, CT 06905

Invoice Number: 4635-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
AFCCIGNAGOLD	Employee Only	2	\$560.19	\$1,120.38
GUARDLOW	Employee Only	2	\$29.44	\$58.88
			GRAND TOTAL	\$1,179.26

8069 - PINECROFT CAPITAL ADVISORS LLC  
3000 Summer Street  
STAMFORD, CT 06905

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
PALMER, STEPHANIE	2022-01-01	AFCCIGNAGOLD	EE	\$560.19
PALMER, STEPHANIE	2022-01-01	GUARDLOW	EE	\$29.44
RODRIGUEZ, JESSICA	2021-01-01	AFCCIGNAGOLD	EE	\$560.19
RODRIGUEZ, JESSICA	2021-12-01	GUARDLOW	EE	\$29.44

## MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	0
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

8070-AFC URGENT CARE STAMFORD  
3000 Summer Street  
STAMFORD, CT 06905

Invoice Number: 4636-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$4.20**	\$42.42
AFCCIGNAGOLD	Family	1	\$1,878.42	\$1,878.42
GUARDLOW	Family	1	\$100.74	\$100.74
LIFE	Employee Only	1	\$105.38**	\$105.38
			GRAND TOTAL	\$2,126.96

8070-AFC URGENT CARE STAMFORD  
3000 Summer Street  
STAMFORD, CT 06905

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
LAUREN, DAVID	2022-01-01	AFCCIGNAGOLD	FAM	\$1878.42
LAUREN, DAVID	2022-01-01	ADD		\$42.42
LAUREN, DAVID	2022-01-01	GUARDLOW	FAM	\$100.74
LAUREN, DAVID	2022-01-01	LIFE		\$105.38

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

911 RESTORATION OF PORTLAND

Invoice Number: 5519-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee & Children	1	\$47.61	\$89.81
			GRAND TOTAL	\$89.81



911 RESTORATION OF PORTLAND

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CURTIS, JOHNATHON	2022-10-01	GUARDHIGH	EC	\$89.81

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

AAA AIRPORTER SERVICES INC  
87 CRESCENT RD  
NEEDHAM, MA 02494

Invoice Number: 4098-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	10	\$2.10**	\$36.54
GUARDHIGH	Employee Only	10	\$47.61	\$476.10
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDLOW	Employee Only	1	\$29.44	\$29.44
LIFE	Employee Only	8	\$6.00**	\$156.70
VSP	Employee Only	6	\$8.75	\$52.50
			GRAND TOTAL	\$889.72

AAA AIRPORTER SERVICES INC  
87 CRESCENT RD  
NEEDHAM, MA 02494

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ANDERSON, JADA	2022-10-01	ADD		\$0.42
ANDERSON, JADA	2022-10-01	LIFE		\$0.60
ANDERSON, JADA	2022-10-01	GUARDHIGH	EE	\$47.61
ANDERSON, JADA	2022-10-01	VSP	EE	\$8.75
BOYD, JEREMY	2022-09-01	ADD		\$4.20
BOYD, JEREMY	2022-09-01	LIFE		\$8.00
BROOKS, ISIDORE	2022-06-01	GUARDHIGH	EE	\$47.61
BROOKS, ISIDORE	2022-06-01	ADD		\$2.10
COATES, LAWRENCE	2022-04-01	ADD		\$3.36
COATES, LAWRENCE	2022-04-01	GUARDHIGH	ES	\$89.81
COATES, LAWRENCE	2022-04-01	LIFE		\$97.70
ELIJAH, ANTWON	2022-01-01	ADD		\$5.04
ELIJAH, ANTWON	2022-01-01	GUARDHIGH	EE	\$47.61
LEWIS, STEFAN	2022-08-01	GUARDLOW	EE	\$29.44
LEWIS, STEFAN	2022-08-01	VSP	EE	\$8.75
MCADORY, ERIC	2022-01-01	ADD		\$4.20
MCADORY, ERIC	2022-01-01	GUARDHIGH	EE	\$47.61
MCADORY, ERIC	2022-01-01	LIFE		\$7.20
MCKINLEY, LORINZO	2022-09-01	ADD		\$4.20
MCKINLEY, LORINZO	2022-09-01	LIFE		\$10.80
MCKINLEY, LORINZO	2022-09-01	GUARDHIGH	EE	\$47.61
MEYERS, MICHAEL	2022-03-01	ADD		\$2.10
MEYERS, MICHAEL	2022-03-01	GUARDHIGH	EE	\$47.61
MEYERS, MICHAEL	2022-03-01	VSP	EE	\$8.75
MEYERS, MICHAEL	2022-03-01	LIFE		\$14.40
RANDALL, LATONYA	2022-11-01	ADD		\$8.82

AAA AIRPORTER SERVICES INC  
87 CRESCENT RD  
NEEDHAM, MA 02494

## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
RANDALL, LATONYA	2022-11-01	LIFE		\$12.00
RANDALL, LATONYA	2022-11-01	GUARDHIGH	EE	\$47.61
RANDALL, LATONYA	2022-11-01	VSP	EE	\$8.75
SMITH JR, CARL	2022-11-01	GUARDHIGH	EE	\$47.61
WALSH, TRENTON	2022-09-01	GUARDHIGH	EE	\$47.61
WALSH, TRENTON	2022-09-01	VSP	EE	\$8.75
WRIGHT, ADRIAN	2022-07-01	ADD		\$2.10
WRIGHT, ADRIAN	2022-07-01	LIFE		\$6.00
WRIGHT, ADRIAN	2022-07-01	GUARDHIGH	EE	\$47.61
WRIGHT, ADRIAN	2022-07-01	VSP	EE	\$8.75

AAA AIRPORTER SERVICES INC  
87 CRESCENT RD  
NEEDHAM, MA 02494

## PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ANDERSON, JADA	2022-10-01	ADD		\$0.42
ANDERSON, JADA	2022-10-01	LIFE		\$0.60
ANDERSON, JADA	2022-10-01	GUARDHIGH	EE	\$47.61

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

ACE HANDYMAN SERVICES CASPER WY  
253 S LOWELL STREET  
CASPER, WY 82601

Invoice Number: 4712-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
			GRAND TOTAL	\$47.61

ACE HANDYMAN SERVICES CASPER WY  
253 S LOWELL STREET  
CASPER, WY 82601

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
STOYSICH, JOHN	2022-01-01	GUARDHIGH	EE	\$47.61

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

ACE HANDYMAN SERVICES SOUTH CHARLOTTE  
1312 MATTHEWS MINT HILL ROAD  
MATTHEWS, NC 28105

Invoice Number: 4118-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1046OPENAXESSGOLD	Employee Only	1	\$653.81	\$653.81
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$683.25



ACE HANDYMAN SERVICES SOUTH CHARLOTTE  
1312 MATTHEWS MINT HILL ROAD  
MATTHEWS, NC 28105

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
STRANIX, DAVID	2022-01-01	1046OPENAXESSGOLD	EE	\$653.81
STRANIX, DAVID	2022-01-01	GUARDLOW	EE	\$29.44

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

ACE HANDYMAN SERVICES TWIN CITIES  
6224 HALIFAX AVENUE S  
EDINA, MN 55424

Invoice Number: 4707-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$12.60**	\$12.60
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$101.94

ACE HANDYMAN SERVICES TWIN CITIES  
6224 HALIFAX AVENUE S  
EDINA, MN 55424

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ALLEN, JASON	2020-09-01	GUARDLOW	EC	\$74.61
LANKFARD, ANTHONY	2022-01-01	ADD		\$12.60
LANKFARD, ANTHONY	2022-01-01	VSP	ES	\$14.73

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

ACME HOTEL COMPANY  
15 E OHIO STREET  
CHICAGO, IL 60611

Invoice Number: 4135-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1130OPENAXESSPRIME	Employee Only	1	\$653.75	\$653.75
GUARDHIGH	Employee Only	5	\$47.61	\$238.05
GUARDLOW	Employee Only	2	\$29.44	\$58.88
VSP	Employee Only	3	\$8.75	\$26.25
			GRAND TOTAL	\$976.93

ACME HOTEL COMPANY  
15 E OHIO STREET  
CHICAGO, IL 60611

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CUNNINGHAM, JENNIFER	2022-01-01	1130OPENAXESSPRIME	EE	\$653.75
CUNNINGHAM, JENNIFER	2022-01-01	GUARDHIGH	EE	\$47.61
DAVIS-MCCALL, MICHELLE	2020-01-01	GUARDHIGH	EE	\$47.61
MANRIQUEZ, PEDRO	2020-01-01	GUARDHIGH	EE	\$47.61
MARBAN, MARIA	2022-01-01	GUARDLOW	EE	\$29.44
MARBAN, MARIA	2022-01-01	VSP	EE	\$8.75
RESENDIZ, ALICIA	2020-01-01	GUARDHIGH	EE	\$47.61
RICHARDSON, VALAIDA	2022-01-01	GUARDHIGH	EE	\$47.61
RICHARDSON, VALAIDA	2022-01-01	VSP	EE	\$8.75
WASHINGTON, JEROME	2022-01-01	GUARDLOW	EE	\$29.44
WASHINGTON, JEROME	2022-01-01	VSP	EE	\$8.75

**MEDICAL PLAN COUNTS**

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



## Account Services

### Monthly Statement

AFC URGENT CARE - EDGEWATER, MD  
3059 SOLOMONS ISLAND RD  
EDGEWATER, MD 21037

Invoice Number: 4304-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	3	\$2.52**	\$15.54
GUARDHIGH	Employee Only	3	\$0.00	\$142.83
GUARDLOW	Employee Only	1	\$29.44	\$29.44
LIFE	Employee Only	3	\$3.00**	\$30.56
VSP	Employee Only	2	\$8.75	\$17.50
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$250.89

AFC URGENT CARE - EDGEWATER, MD  
 3059 SOLOMONS ISLAND RD  
 EDGEWATER, MD 21037

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GARBLA, DECONTEE	2022-08-01	GUARDHIGH	EE	\$47.61
NEAL, TERITA	2022-11-01	ADD		\$2.52
NEAL, TERITA	2022-11-01	LIFE		\$11.46
NEAL, TERITA	2022-11-01	GUARDHIGH	EE	\$47.61
NEAL, TERITA	2022-11-01	VSP	EE	\$8.75
REYES, DIANE	2022-09-01	GUARDHIGH	EE	\$47.61
RYDER, TIFFANY	2022-10-01	ADD		\$10.50
RYDER, TIFFANY	2022-10-01	LIFE		\$16.10
RYDER, TIFFANY	2022-10-01	VSP	EC	\$15.02
WARE, KAITLYN	2022-01-01	ADD		\$2.52
WARE, KAITLYN	2022-01-01	GUARDLOW	EE	\$29.44
WARE, KAITLYN	2022-01-01	VSP	EE	\$8.75
WARE, KAITLYN	2022-01-01	LIFE		\$3.00

**MEDICAL PLAN COUNTS**

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



**Account Services**  
**Monthly Statement**

AIDEN BY BEST WESTERN AT DENVER WEST

Invoice Number: 5812-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$8.75



AIDEN BY BEST WESTERN AT DENVER WEST

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ESTRADA, WILLIE JAMES	2022-10-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

ALEXIUS SOLUTIONS  
250 FILLMORE ST SUITE 150  
DENVER, CO 80206

Invoice Number: 4267-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1501OPENAXESSGOLD	Employee Only	1	\$588.43	\$588.43
1501OPENAXESSILVE	Family	1	\$1,480.09	\$1,480.09
ADD	Employee Only	1	\$21.00**	\$21.00
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Family	1	\$100.74	\$100.74
			GRAND TOTAL	\$2,237.87

ALEXIUS SOLUTIONS  
250 FILLMORE ST SUITE 150  
DENVER, CO 80206

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ELSON, ANDREW	2022-01-01	1501OPENAXESSILVE	FAM	\$1480.09
ELSON, ANDREW	2022-01-01	GUARDLOW	FAM	\$100.74
TYRA, KENNETH	2022-01-01	1501OPENAXESSGOLD	EE	\$588.43
TYRA, KENNETH	2022-01-01	ADD		\$21.00
TYRA, KENNETH	2022-01-01	GUARDHIGH	EE	\$47.61

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

ALLIANCE ABA, LLC  
17932 S FRALEY BLVD #300  
DUMFRIES, VA 22026

Invoice Number: 4129-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$21.42**	\$21.42
GUARDLOW	Employee Only	1	\$29.44	\$29.44
LIFE	Employee Only	1	\$8.90**	\$8.90
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$68.51

ALLIANCE ABA, LLC  
17932 S FRALEY BLVD #300  
DUMFRIES, VA 22026

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FERREIRA, AMANDA	2021-07-01	ADD		\$21.42
FERREIRA, AMANDA	2021-07-01	GUARDLOW	EE	\$29.44
FERREIRA, AMANDA	2021-07-01	VSP	EE	\$8.75
FERREIRA, AMANDA	2021-07-01	LIFE		\$8.90

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

ALMITA PILING  
2000 S COLORADO BLVD TOWER ONE, SUITE 200  
DENVER, CO 80222

Invoice Number: 4203-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$142.16

ALMITA PILING  
2000 S COLORADO BLVD TOWER ONE, SUITE 200  
DENVER, CO 80222

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HARPER, JESSICA	2022-02-01	GUARDHIGH	EE	\$47.61
HARPER, JESSICA	2020-04-01	VSP	EE	\$8.75
LLOYD, AUSTIN	2022-02-01	GUARDLOW	EE	\$29.44
LLOYD, AUSTIN	2022-01-01	VSP	EE	\$8.75
LOWRY, SAMUEL	2022-01-01	GUARDHIGH	EE	\$47.61

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

AMADA LANIER  
3785 ROLLING CREEK DRIVE  
BUFORD, GA 30519

Invoice Number: 4670-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Family	1	\$100.74	\$100.74
			GRAND TOTAL	\$100.74



AMADA LANIER  
3785 ROLLING CREEK DRIVE  
BUFORD, GA 30519

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HARPOLE, BARBARA	2022-01-01	GUARDLOW	FAM	\$100.74

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

AMADA MID-MARYLAND  
5100 BUCKEYSTOWN PIKE  
FREDERICK, MD 21704

Invoice Number: 4667-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$4.20**	\$6.30
GUARDLOW	Employee Only	3	\$29.44	\$88.32
GUARDLOW	Family	1	\$100.74	\$100.74
VSP	Employee Only	3	\$8.75	\$26.25
VSP	Family	1	\$23.76	\$23.76
GRAND TOTAL				\$283.56

AMADA MID-MARYLAND  
5100 BUCKEYSTOWN PIKE  
FREDERICK, MD 21704

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FRIZZELL, RICHARD	2020-04-01	GUARDLOW	FAM	\$100.74
FRIZZELL, RICHARD	2019-12-01	VSP	FAM	\$23.76
INGE, STEPHANIE	2022-10-01	GUARDLOW	EE	\$29.44
INGE, STEPHANIE	2022-10-01	VSP	EE	\$8.75
LEMON, NICOLE	2022-08-01	ADD		\$6.30
NWOKOYE, ANGELA	2022-11-01	GUARDLOW	EE	\$29.44
NWOKOYE, ANGELA	2022-11-01	VSP	EE	\$8.75
VALENZUELA, ALICIA	2022-11-01	GUARDLOW	EE	\$29.44
VALENZUELA, ALICIA	2022-11-01	VSP	EE	\$8.75

AMADA MID-MARYLAND  
5100 BUCKEYSTOWN PIKE  
FREDERICK, MD 21704

## PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
INGE, STEPHANIE	2022-10-01	GUARDLOW	EE	\$29.44
INGE, STEPHANIE	2022-10-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

AMADA MONUMENT  
755 COLORADO 105  
PALMER LAKE, CO 80133

Invoice Number: 4640-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	4	\$1.26**	\$22.89
GUARDHIGH	Employee Only	7	\$47.61	\$333.27
GUARDHIGH	Employee & Children	2	\$89.81	\$207.80
GUARDLOW	Employee Only	5	\$29.44	\$147.20
LIFE	Employee Only	1	\$5.85**	\$9.20
VSP	Employee Only	9	\$8.75	\$78.75
			GRAND TOTAL	\$869.54

AMADA MONUMENT  
755 COLORADO 105  
PALMER LAKE, CO 80133

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BAEZ, RACHELLE	2021-09-01	GUARDLOW	EE	\$29.44
BAEZ, RACHELLE	2021-09-01	VSP	EE	\$8.75
BOWMAN, VIRGINIA	2022-10-01	ADD		\$14.07
BUTLER, JERRY	2022-07-01	GUARDLOW	EE	\$29.44
BUTLER, JERRY	2022-07-01	VSP	EE	\$8.75
CURTIS, HEATHER	2021-01-01	GUARDHIGH	EC	\$89.81
FRISBIE, BEVERLY	2022-01-01	ADD		\$0.42
GUNN, JANUARY	2022-03-01	GUARDHIGH	EE	\$47.61
JOHNSON, LACEY	2022-10-01	GUARDHIGH	EE	\$47.61
JOHNSON, LACEY	2022-10-01	VSP	EE	\$8.75
KRUEGER, KAILEE	2022-09-01	ADD		\$3.78
KRUEGER, KAILEE	2022-09-01	GUARDHIGH	EE	\$47.61
KRUEGER, KAILEE	2022-09-01	VSP	EE	\$8.75
LA LONDE, ARIANNA	2022-09-01	GUARDHIGH	EE	\$47.61
LA LONDE, ARIANNA	2022-09-01	VSP	EE	\$8.75
MARTIN, NICOLE	2022-01-01	GUARDLOW	EE	\$29.44
MCGLEISH, MARGARET	2022-01-01	LIFE		\$9.20
MOSLEY, LASHAWN	2022-10-01	ADD		\$4.62
MOSLEY, LASHAWN	2022-10-01	GUARDHIGH	EC2	\$117.99
PORTER RAMSAY, KARESA	2022-01-01	GUARDLOW	EE	\$29.44
SAWYER, ALLISON	2022-01-01	GUARDHIGH	EE	\$47.61
SAWYER, ALLISON	2022-01-01	VSP	EE	\$8.75
VARGAS, LIANA	01/01/2021	GUARDLOW	EE	\$29.44

AMADA MONUMENT  
755 COLORADO 105  
PALMER LAKE, CO 80133

## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
VARGAS, LIANA	01/01/2021	VSP	EE	\$8.75
WINTER, EMILY	2022-08-01	GUARDHIGH	EE	\$47.61
WINTER, EMILY	2022-08-01	VSP	EE	\$8.75
ZEROBNICK, LOUIS	2022-08-01	VSP	EE	\$8.75
ZEROBNICK, LOUIS	2022-08-01	GUARDHIGH	EE	\$47.61

AMADA MONUMENT  
755 COLORADO 105  
PALMER LAKE, CO 80133

## PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BOWMAN, VIRGINIA	2022-10-01	ADD		\$14.07
ZEROBNICK, LOUIS	2022-08-01	VSP	EE	\$8.75
ZEROBNICK, LOUIS	2022-08-01	GUARDHIGH	EE	\$47.61

## MEDICAL PLAN COUNTS

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





## Account Services

### Monthly Statement

AMADA NORTHERN NEVADA  
985 Damonte Ranch Pkwy Suite 320  
RENO, NV 89521

Invoice Number: 4671-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	3	\$47.61	\$142.83
GUARDHIGH	Employee & Children	2	\$89.81	\$179.62
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee & Children	2	\$74.61	\$149.22
VSP	Employee Only	2	\$8.75	\$17.50
VSP	Employee & Children	2	\$15.02	\$30.04
			GRAND TOTAL	\$754.00

AMADA NORTHERN NEVADA  
985 Damonte Ranch Pkwy Suite 320  
RENO, NV 89521

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DEGUZMAN, TAMARA	2020-01-01	GUARDHIGH	EE	\$47.61
DEGUZMAN, TAMARA	2020-02-01	VSP	EE	\$8.75
DENIGRIS, VICTOR	2019-01-01	GUARDHIGH	FAM	\$160.18
FIGUEROA-MEJIA, JOSELINE	2022-10-01	GUARDLOW	EC	\$74.61
HART, RYAN	2021-03-01	GUARDLOW	EC2	\$74.61
HART, RYAN	2021-03-01	VSP	EC2	\$15.02
HEAVEY, JAN	2020-01-01	GUARDHIGH	EE	\$47.61
LEBLANC, CARLY	2020-11-01	GUARDHIGH	EC	\$89.81
MARSHALL, MILES	2022-03-01	VSP	EE	\$8.75
MILLER, JUSTIN	2020-11-01	GUARDHIGH	EC	\$89.81
MILLER, JUSTIN	2020-01-01	VSP	EC	\$15.02
POWERS, EILEEN	2020-01-01	GUARDHIGH	EE	\$47.61

AMADA NORTHERN NEVADA  
985 Damonte Ranch Pkwy Suite 320  
RENO, NV 89521

## PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FIGUEROA-MEJIA, JOSELINE	2022-10-01	GUARDLOW	EC	\$74.61

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

AMADA OCEANSIDE  
2124 S. EL CAMINO REAL  
OCEANSIDE, CA 92054

Invoice Number: 4650-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	4	\$8.40**	\$16.80
GUARDHIGH	Employee Only	6	\$47.61	\$285.66
GUARDHIGH	Employee & Spouse Only	2	\$89.81	\$179.62
GUARDHIGH	Employee & Children	1	\$117.99	\$117.99
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee Only	5	\$29.44	\$147.20
GUARDLOW	Employee & Children	2	\$74.61	\$149.22
LIFE	Employee Only	4	\$3.60**	\$37.98
VSP	Employee Only	9	\$8.75	\$78.75
VSP	Employee & Spouse Only	2	\$14.73	\$29.46
VSP	Employee & Children	2	\$15.02	\$30.04
VSP	Family	1	\$23.76	\$23.76
GRAND TOTAL				\$1,344.04

AMADA OCEANSIDE  
2124 S. EL CAMINO REAL  
OCEANSIDE, CA 92054

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
AMBROSE, SANDY	2022-10-01	GUARDLOW	EE	\$29.44
AMBROSE, SANDY	2022-10-01	VSP	EE	\$8.75
BAILEY, DAWN	2022-09-01	VSP	EE	\$8.75
BAILEY, DAWN	2022-09-01	GUARDLOW	EE	\$29.44
BRIGANTE, SAMANTHA	2022-01-01	ADD		\$4.20
BRIGANTE, SAMANTHA	2022-01-01	GUARDHIGH	EE	\$47.61
BRIGANTE, SAMANTHA	2022-01-01	VSP	EE	\$8.75
BURROUGH, CHERIE	2022-01-01	GUARDHIGH	EC2	\$117.99
BURROUGH, CHERIE	2022-01-01	VSP	EC2	\$15.02
BURROUGH, CHERIE	2022-01-01	LIFE		\$13.70
BURROUGH, JONATHAN	2022-01-01	GUARDHIGH	EE	\$47.61
BURROUGH, JONATHAN	2022-01-01	LIFE		\$14.40
CAFFEE, FRANCISCA	2022-09-01	GUARDHIGH	EE	\$47.61
CANONIZADO, EDGAR	2022-01-01	VSP	ES	\$14.73
CRUZ, ANNA	2022-08-01	GUARDHIGH	ES	\$89.81
CRUZ, ANNA	2022-08-01	VSP	ES	\$14.73
DIAZ, HOPE	2022-09-01	ADD		\$2.10
DIAZ, HOPE	2022-09-01	GUARDHIGH	EE	\$47.61
DIAZ, HOPE	2022-09-01	VSP	EE	\$8.75
EHLERS, FRED	2022-01-01	ADD		\$8.40
EHLERS, FRED	2022-01-01	GUARDHIGH	ES	\$89.81
EHLERS, JANICE	2019-01-01	VSP	EE	\$8.75
FALCON, CHRISTINA	2020-01-01	GUARDHIGH	FAM	\$160.18
FALCON, CHRISTINA	2020-01-01	VSP	FAM	\$23.76
FIGUEROA, NATALIA	2020-01-01	GUARDLOW	EE	\$29.44

AMADA OCEANSIDE  
2124 S. EL CAMINO REAL  
OCEANSIDE, CA 92054

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FLORES, DANIELLE	2020-01-01	GUARDLOW	EE	\$29.44
JARINA, JUDYBEL	2022-01-01	GUARDLOW	EC2	\$74.61
JARINA, JUDYBEL	2022-01-01	VSP	EE	\$8.75
LEULU, DONNA	2022-10-01	LIFE		\$1.58
LEULU, DONNA	2022-10-01	GUARDHIGH	EE	\$47.61
MUNOZ, LORENA	2017-12-01	GUARDHIGH	EE	\$47.61
MUNOZ, LORENA	2018-12-01	VSP	EE	\$8.75
PINUELAS, NARIANNA	2022-11-01	ADD		\$2.10
PINUELAS, NARIANNA	2022-11-01	LIFE		\$8.30
PINUELAS, NARIANNA	2022-11-01	GUARDLOW	EC	\$74.61
PINUELAS, NARIANNA	2022-11-01	VSP	EC	\$15.02
RITENHOUR, KATHALEEN	2021-01-01	VSP	EE	\$8.75
SAKHA, FARIDA	2020-01-01	GUARDLOW	EE	\$29.44
SCHOLL, OFELIA	2022-08-01	VSP	EE	\$8.75

AMADA OCEANSIDE  
2124 S. EL CAMINO REAL  
OCEANSIDE, CA 92054

## PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
AMBROSE, SANDY	2022-10-01	GUARDLOW	EE	\$29.44
BAILEY, DAWN	2022-09-01	VSP	EE	\$8.75
LEULU, DONNA	2022-10-01	LIFE		\$1.58
LEULU, DONNA	2022-10-01	GUARDHIGH	EE	\$47.61

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

AMADA SENIOR CARE JACKSON MS  
1867 CRANE RIDGE DRIVE  
JACKSON, MS 39216

Invoice Number: 4643-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$8.75



AMADA SENIOR CARE JACKSON MS  
1867 CRANE RIDGE DRIVE  
JACKSON, MS 39216

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MCAVOY, PAMELA	2022-03-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

ARCULUS HOLDINGS  
309 Pierce St  
SOMERSET, NJ 08873

Invoice Number: 4430-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1748OPENAXESSBRONZ	Employee Only	1	\$536.10	\$536.10
1748OPENAXESSCOPPE	Employee Only	1	\$495.83	\$495.83
1748OPENAXESSCOPPE	Family	1	\$1,419.92	\$1,419.92
1748OPENAXESSSILVE	Employee Only	2	\$603.00	\$1,206.00
1748OPENAXESSSILVE	Employee & Spouse Only	3	\$1,206.00	\$3,618.00
1748OPENAXESSSILVE	Employee & Children	1	\$1,206.00	\$1,206.00
1748OPENAXESSSILVE	Family	5	\$1,809.00	\$9,045.00
ADD	Employee Only	7	\$2.10**	\$179.34
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Employee & Spouse Only	3	\$89.81	\$269.43
GUARDHIGH	Family	5	\$160.18	\$800.90
GUARDLOW	Employee Only	2	\$29.44	\$58.88
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
GUARDLOW	Family	1	\$100.74	\$100.74
LIFE	Employee Only	8	\$19.10**	\$266.80
VSP	Employee Only	4	\$8.75	\$35.00
VSP	Employee & Spouse Only	3	\$14.73	\$44.19
VSP	Employee & Children	1	\$15.02	\$15.02
VSP	Family	4	\$23.76	\$95.04
			GRAND TOTAL	\$19,514.41

ARCULUS HOLDINGS  
309 Pierce St  
SOMERSET, NJ 08873

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BAILEY, MATTHEW	2022-04-01	ADD		\$42.00
BAILEY, MATTHEW	2022-04-01	GUARDHIGH	ES	\$89.81
BAILEY, MATTHEW	2022-04-01	1748OPENAXESSILVE	ES	\$1206.00
BAILEY, MATTHEW	2022-04-01	VSP	ES	\$14.73
BASSERI, AFSHIN	2022-01-01	GUARDHIGH	FAM	\$160.18
BASSERI, AFSHIN	2022-01-01	1748OPENAXESSCOPPE	FAM	\$1419.92
BASSERI, AFSHIN	2022-01-01	VSP	FAM	\$23.76
BASSERI, AFSHIN	2022-01-01	LIFE		\$19.80
CHEN, CHIH-EN	2022-02-01	GUARDHIGH	ES	\$89.81
CHEN, CHIH-EN	2022-02-01	1748OPENAXESSILVE	ES	\$1206.00
CHEN, CHIH-EN	2022-02-01	VSP	ES	\$14.73
D'ELETTO, THOMAS	2022-01-01	ADD		\$10.08
D'ELETTO, THOMAS	2022-01-01	1748OPENAXESSILVE	FAM	\$1809.00
D'ELETTO, THOMAS	2022-01-01	LIFE		\$47.85
FAHY, JOSEPH	2022-01-01	GUARDHIGH	ES	\$89.81
FAHY, JOSEPH	2022-01-01	1748OPENAXESSILVE	ES	\$1206.00
FAHY, JOSEPH	2022-01-01	VSP	ES	\$14.73
FORTIN, KYLE	2022-01-01	ADD		\$42.42
FORTIN, KYLE	2022-01-01	GUARDHIGH	FAM	\$160.18
FORTIN, KYLE	2022-01-01	1748OPENAXESSILVE	FAM	\$1809.00
FORTIN, KYLE	2022-01-01	VSP	FAM	\$23.76
FORTIN, KYLE	2022-01-01	LIFE		\$73.33
GOLDSTEIN, ARDEN	2022-04-01	ADD		\$8.82
GOLDSTEIN, ARDEN	2022-04-01	GUARDHIGH	FAM	\$160.18
GOLDSTEIN, ARDEN	2022-04-01	VSP	EC	\$15.02
LANZILLI, LAWRENCE	2022-01-01	GUARDHIGH	FAM	\$160.18
LANZILLI, LAWRENCE	2022-01-01	1748OPENAXESSILVE	FAM	\$1809.00
LANZILLI, LAWRENCE	2022-01-01	VSP	FAM	\$23.76

ARCULUS HOLDINGS  
309 Pierce St  
SOMERSET, NJ 08873

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
LAWINSKI, JENNIFER	2022-05-01	LIFE		\$22.92
LYONS, CYNTHIA	2022-01-01	GUARDHIGH	FAM	\$160.18
LYONS, CYNTHIA	2022-01-01	1748OPENAXESSILVE	FAM	\$1809.00
LYONS, CYNTHIA	2022-01-01	VSP	FAM	\$23.76
LYONS, CYNTHIA	2022-06-01	LIFE		\$27.70
MARTINEZ, JEFFREY	2022-04-01	ADD		\$34.02
MARTINEZ, JEFFREY	2022-04-01	GUARDLOW	FAM	\$100.74
MARTINEZ, JEFFREY	2022-04-01	1748OPENAXESSILVE	FAM	\$1809.00
MARTINEZ, JEFFREY	2022-04-01	LIFE		\$19.10
MULLEN, JENNIFER	2022-01-01	ADD		\$21.00
MULLEN, JENNIFER	2022-01-01	GUARDLOW	EC	\$74.61
MULLEN, JENNIFER	2022-01-01	1748OPENAXESSILVE	EC	\$1206.00
MULLEN, JENNIFER	2022-01-01	VSP	EE	\$8.75
MULLEN, JENNIFER	2022-01-01	LIFE		\$39.60
OSTROM, JOHN	2022-08-01	ADD		\$21.00
OSTROM, JOHN	2022-08-01	LIFE		\$16.50
OSTROM, JOHN	2022-08-01	GUARDHIGH	EE	\$47.61
OSTROM, JOHN	2022-08-01	1748OPENAXESSILVE	EE	\$603.00
OSTROM, JOHN	2022-08-01	VSP	EE	\$8.75
RIEGEL, GEOFFREY	2022-01-01	GUARDLOW	EE	\$29.44
RIEGEL, GEOFFREY	2022-01-01	1748OPENAXESSILVE	EE	\$603.00
RIEGEL, GEOFFREY	2022-01-01	VSP	EE	\$8.75
RYAN, BENJAMIN	2022-04-01	1748OPENAXESSBRONZ	EE	\$536.10
VAUDRIEN, MORGAN	2022-04-01	GUARDLOW	EE	\$29.44
VAUDRIEN, MORGAN	2022-04-01	1748OPENAXESSCOPPE	EE	\$495.83

ARCULUS HOLDINGS  
309 Pierce St  
SOMERSET, NJ 08873

## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
VAUDRIEN, MORGAN	2022-04-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

Employee Only	4
Employee & Spouse	3
Employee & Children	1
Family	6



## Account Services

### Monthly Statement

ASSISTED LIVING LOCATORS  
16731 ROSA LANE  
SOUTHGATE, MI 48195

Invoice Number: 4698-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$2.10**	\$2.10
GRAND TOTAL				\$2.10

## ASSISTED LIVING LOCATORS

16731 ROSA LANE  
SOUTHGATE, MI 48195

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MARENGERE, CAROLYN	2022-01-01	ADD		\$2.10

## MEDICAL PLAN COUNTS

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



**Account Services**  
**Monthly Statement**

ATH GROUP, LLC

Invoice Number: 6027-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
2044OPENAXESSGOLD	Employee Only	1	\$776.66	\$776.66
			GRAND TOTAL	\$1,553.32



ATH GROUP, LLC

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HARARY, ABRAHAM	2022-08-01	2044OPENAXESSGOLD	EE	\$776.66

ATH GROUP, LLC

,

## PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HARARY, ABRAHAM	2022-08-01	2044OPENAXESSGOLD	EE	\$776.66

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

ATSUMI & SAKAI NEW YORK

Invoice Number: 5547-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1907OPENAXESSBRONZ	Employee Only	1	\$536.10	\$536.10
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$574.29

ATSUMI &amp; SAKAI NEW YORK

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KATSUMI, MASANARI	2022-02-01	GUARDLOW	EE	\$29.44
KATSUMI, MASANARI	2022-03-01	1907OPENAXESSBRONZ	EE	\$536.10
KATSUMI, MASANARI	2022-02-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

AVANCER HOMES  
350 SYCAMORE ROAD  
GENOA, IL 60135

Invoice Number: 4677-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	3	\$21.42**	\$28.14
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee Only	1	\$29.44	\$29.44
GUARDLOW	Employee & Children	4	\$74.61	\$298.44
LIFE	Employee Only	1	\$14.30**	\$12.50
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Employee & Children	3	\$15.02	\$45.06
			GRAND TOTAL	\$469.94

AVANCER HOMES  
350 SYCAMORE ROAD  
GENOA, IL 60135

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BATES, TEKOLIA	2019-01-01	ADD		\$21.42
BATES, TEKOLIA	2019-01-01	GUARDLOW	EC2	\$74.61
BATES, TEKOLIA	2022-09-01	LIFE		\$12.50
GRAZIANO, ASHLEY	2020-04-01	GUARDHIGH	EE	\$47.61
GRAZIANO, ASHLEY	2020-04-01	VSP	EE	\$8.75
HARRIS, TANETTE	2019-01-01	GUARDLOW	EC2	\$74.61
HARRIS, TANETTE	2019-01-01	VSP	EC2	\$15.02
MOORE, TANYA	2019-01-01	ADD		\$5.46
MOORE, TANYA	2018-01-01	GUARDLOW	EC2	\$74.61
MOORE, TANYA	2018-12-01	VSP	EC2	\$15.02
PALMER, COURTENAY	2022-09-01	ADD		\$1.26
WILLIAMS, DAMONTAE	2020-09-01	GUARDLOW	EC	\$74.61
WILLIAMS, DAMONTAE	2020-09-01	VSP	EC	\$15.02
WRIGHT, KIERYN	2022-01-01	GUARDLOW	EE	\$29.44

**MEDICAL PLAN COUNTS**

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



## Account Services

### Monthly Statement

BANYAN LIVING OHIO, LLC

Invoice Number: 5988-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1986OPENAXESSBRONZ	Employee Only	1	\$0.00	\$604.62
1986OPENAXESSBRONZ	Employee & Spouse Only	1	\$0.00	\$1,300.07
1986OPENAXESSCOPPE	Employee Only	7	\$544.16	\$3,809.12
1986OPENAXESSCOPPE	Employee & Children	1	\$544.16	\$1,061.14
1986OPENAXESSGOLD	Employee Only	12	\$738.98	\$8,867.76
1986OPENAXESSPLATI	Employee Only	4	\$0.00	\$3,251.52
1986OPENAXESSSILVE	Employee Only	3	\$0.00	\$2,015.40
ADD	Employee Only	10	\$1.68**	\$63.00
GUARDHIGH	Employee Only	10	\$47.61	\$476.10
GUARDHIGH	Employee & Children	1	\$47.61	\$89.81
GUARDHIGH	Family	1	\$0.00	\$160.18
GUARDLOW	Employee Only	9	\$29.44	\$264.96
GUARDLOW	Employee & Spouse Only	1	\$29.44	\$55.54
GUARDLOW	Employee & Children	2	\$29.44	\$149.22
LIFE	Employee Only	13	\$2.40**	\$172.00
VSP	Employee Only	18	\$8.75	\$157.50
VSP	Employee & Spouse Only	3	\$8.75	\$44.19
VSP	Employee & Children	1	\$8.75	\$15.02
VSP	Family	1	\$0.00	\$23.76
			GRAND TOTAL	\$23,223.72

BANYAN LIVING OHIO, LLC

,

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ALHEIT, DAVID	2022-07-01	GUARDLOW	EC2	\$74.61
ALHEIT, DAVID	2022-07-01	VSP	EE	\$8.75
ALHEIT, DAVID	2022-07-01	1986OPENAXESSCOPPE	EE	\$544.16
ARNOLD, TIM	2022-07-01	GUARDLOW	ES	\$55.54
ARNOLD, TIM	2022-07-01	VSP	ES	\$14.73
ASHCRAFT, HALEIGH	2022-07-01	ADD		\$21.00
ASHCRAFT, HALEIGH	2022-07-01	LIFE		\$11.70
ASHCRAFT, HALEIGH	2022-07-01	GUARDHIGH	FAM	\$160.18
ASHCRAFT, HALEIGH	2022-07-01	VSP	ES	\$14.73
BRYNER, MARK	2022-07-01	1986OPENAXESSGOLD	EE	\$738.98
BRYNER, MARK	2022-07-01	LIFE		\$9.60
BRYNER, MARK	2022-07-01	GUARDHIGH	EE	\$47.61
CASDORPH, LINDSEY	2022-09-01	LIFE		\$8.00
CASDORPH, LINDSEY	2022-07-01	GUARDLOW	EE	\$29.44
CASDORPH, LINDSEY	2022-07-01	VSP	EE	\$8.75
CASDORPH, LINDSEY	2022-07-01	1986OPENAXESSCOPPE	EE	\$544.16
CONNER, JOHN	2022-07-01	1986OPENAXESSGOLD	EE	\$738.98
CONNER, JOHN	2022-07-01	ADD		\$12.60
CONNER, JOHN	2022-07-01	GUARDHIGH	EE	\$47.61
CONNER, JOHN	2022-07-01	VSP	EE	\$8.75
DAVIS, ALFONSO	2022-07-01	ADD		\$0.42
DAVIS, ALFONSO	2022-07-01	LIFE		\$39.60
DAVIS, ALFONSO	2022-07-01	GUARDHIGH	EE	\$47.61
DAVIS, ALFONSO	2022-07-01	VSP	EE	\$8.75
DAVIS, ALFONSO	2022-07-01	1986OPENAXESSGOLD	EE	\$738.98
DE MENEZES, JOSIMAR	2022-07-01	1986OPENAXESSCOPPE	EE	\$544.16
EICKHOLT, JOSHUA	2022-10-01	GUARDHIGH	EE	\$47.61



BANYAN LIVING OHIO, LLC

,

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FERRELL, JAMES	2022-07-01	1986OPENAXESSPLATI	EE	\$812.88
FERRELL, JAMES	2022-07-01	GUARDHIGH	EE	\$47.61
FERRELL, JAMES	2022-07-01	VSP	EE	\$8.75
GRAEHLING, ROCKWELL	2022-07-01	1986OPENAXESSILVE	EE	\$671.80
HILL, LAURA	2022-07-01	LIFE		\$1.91
HILL, LAURA	2022-07-01	GUARDLOW	EC2	\$74.61
HILL, LAURA	2022-07-01	VSP	EC2	\$15.02
HILL, LAURA	2022-07-01	1986OPENAXESSCOPPE	EC2	\$1061.14
HINDS, KYLI	2022-07-01	GUARDLOW	EE	\$29.44
HINDS, KYLI	2022-07-01	VSP	EE	\$8.75
JOHNSTONE, TAYLER	2022-07-01	ADD		\$0.84
JOHNSTONE, TAYLER	2022-07-01	GUARDHIGH	EE	\$47.61
JOHNSTONE, TAYLER	2022-07-01	VSP	EE	\$8.75
JOHNSTONE, TAYLER	2022-07-01	1986OPENAXESSGOLD	EE	\$738.98
KIDD, RICHARD	2022-07-01	ADD		\$10.92
KIDD, RICHARD	2022-07-01	LIFE		\$42.95
KIDD, RICHARD	2022-07-01	VSP	FAM	\$23.76
LAB, MICHAEL	2022-07-01	1986OPENAXESSCOPPE	EE	\$544.16
LAUTZENHEISER, CHLOE	2022-07-01	GUARDLOW	EE	\$29.44
LAUTZENHEISER, CHLOE	2022-07-01	VSP	EE	\$8.75
LAUTZENHEISER, CHLOE	2022-07-01	1986OPENAXESSGOLD	EE	\$738.98
MOORE, KAITLIN	2022-07-01	GUARDLOW	EE	\$29.44
MOORE, KAITLIN	2022-07-01	VSP	EE	\$8.75
MOORE, KAITLIN	2022-07-01	1986OPENAXESSILVE	EE	\$671.80
MURESAN, SEBASTIAN	2022-08-01	1986OPENAXESSGOLD	EE	\$738.98

BANYAN LIVING OHIO, LLC

,

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
PAYNE, MARIAH	2022-07-01	1986OPENAXESSCOPPE	EE	\$544.16
PAYNE, MARIAH	2022-07-01	GUARDLOW	EE	\$29.44
PAYNE, MARIAH	2022-07-01	VSP	EE	\$8.75
PHILLIPPOU, PHILLIP	2022-07-01	1986OPENAXESSBRONZ	ES	\$1300.07
PREDMETSKY, AMY	2022-07-01	LIFE		\$1.91
PREDMETSKY, AMY	2022-07-01	GUARDLOW	EE	\$29.44
PREDMETSKY, AMY	2022-07-01	VSP	EE	\$8.75
PREDMETSKY, AMY	2022-07-01	1986OPENAXESSILVE	EE	\$671.80
PUSCAS, MARIA	2022-10-01	1986OPENAXESSBRONZ	EE	\$604.62
PUSCAS, MARIA	2022-10-01	GUARDLOW	EE	\$29.44
PUSCAS, MARIA	2022-10-01	VSP	EE	\$8.75
REID, NATHANIEL	2022-07-01	GUARDLOW	EE	\$29.44
REID, NATHANIEL	2022-07-01	VSP	EE	\$8.75
REID, NATHANIEL	2022-07-01	1986OPENAXESSGOLD	EE	\$738.98
RUBY, MAKELA	2022-07-01	1986OPENAXESSGOLD	EE	\$738.98
SNAY, TODD	2022-07-01	1986OPENAXESSPLATI	EE	\$812.88
SPASIC, ASHTON	2022-07-01	1986OPENAXESSGOLD	EE	\$738.98
STOVALL, ASIA	2022-07-01	LIFE		\$8.00
STOVALL, ASIA	2022-07-01	GUARDHIGH	EC	\$89.81
STOVALL, ASIA	2022-07-01	1986OPENAXESSCOPPE	EE	\$544.16
TRIFU, CLAUDIA	2022-07-01	ADD		\$4.20
TRIFU, CLAUDIA	2022-07-01	LIFE		\$4.50
TRIFU, CLAUDIA	2022-07-01	GUARDHIGH	EE	\$47.61
TRIFU, CLAUDIA	2022-07-01	VSP	EE	\$8.75

BANYAN LIVING OHIO, LLC

,

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
TRIFU, CLAUDIA	2022-07-01	1986OPENAXESSPLATI	EE	\$812.88
TRIFU, ETHENIEL	2022-07-01	ADD		\$4.20
TRIFU, ETHENIEL	2022-07-01	LIFE		\$4.50
TRIFU, ETHENIEL	2022-07-01	GUARDHIGH	EE	\$47.61
TRIFU, ETHENIEL	2022-07-01	VSP	EE	\$8.75
TRIFU, ETHENIEL	2022-07-01	1986OPENAXESSPLATI	EE	\$812.88
TRUEX, EMILY	2022-07-01	ADD		\$2.10
TRUEX, EMILY	2022-07-01	LIFE		\$13.05
TRUEX, EMILY	2022-07-01	VSP	ES	\$14.73
WEHR, ASHLEY	2022-07-01	GUARDHIGH	EE	\$47.61
WEHR, ASHLEY	2022-07-01	VSP	EE	\$8.75
WEHR, ASHLEY	2022-07-01	1986OPENAXESSGOLD	EE	\$738.98
WELLS, JOSEPH	2022-07-01	1986OPENAXESSCOPPE	EE	\$544.16
WHITE, ALYSSA	2022-07-01	ADD		\$1.68
WHITE, ALYSSA	2022-07-01	LIFE		\$2.40
WHITE, ALYSSA	2022-07-01	GUARDLOW	EE	\$29.44
WHITE, ALYSSA	2022-07-01	VSP	EE	\$8.75
WHITE, ALYSSA	2022-07-01	1986OPENAXESSGOLD	EE	\$738.98
WILLS-MCCRARY, JOEY	2022-07-01	1986OPENAXESSGOLD	EE	\$738.98
WILLS-MCCRARY, JOEY	2022-07-01	ADD		\$5.04
WILLS-MCCRARY, JOEY	2022-09-01	LIFE		\$23.88
WILLS-MCCRARY, JOEY	2022-07-01	GUARDHIGH	EE	\$47.61
WILLS-MCCRARY, JOEY	2022-07-01	VSP	EE	\$8.75

BANYAN LIVING OHIO, LLC

,

## PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
PUSCAS, MARIA	2022-10-01	1986OPENAXESSBRONZ	EE	\$604.62
PUSCAS, MARIA	2022-10-01	GUARDLOW	EE	\$29.44
PUSCAS, MARIA	2022-10-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

BEACON OF HOPE HOSPICE OF IOWA, INC.  
1020 W 35TH ST  
DAVENPORT, IA 52806

Invoice Number: 4675-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
LIFE	Employee Only	1	\$41.25**	\$2.40
GRAND TOTAL				\$31.84

BEACON OF HOPE HOSPICE OF IOWA, INC.  
1020 W 35TH ST  
DAVENPORT, IA 52806

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
JONES, MICHAEL	2022-10-01	LIFE		\$2.40
JONES, MICHAEL	2022-10-01	GUARDLOW	EE	\$29.44

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

BEACON OF HOPE HOSPICE OF MISSOURI, INC.  
1201 C SOUTH BROADWAY  
OAK GROVE, MO 64075

Invoice Number: 4676-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$14.73

BEACON OF HOPE HOSPICE OF MISSOURI, INC.  
1201 C SOUTH BROADWAY  
OAK GROVE, MO 64075

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DAVENPORT, JULIE	2022-01-01	VSP	ES	\$14.73

## MEDICAL PLAN COUNTS

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





## Account Services

### Monthly Statement

BEST WESTERN - PHOENIX

Invoice Number: 5810-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$4.20**	\$4.20
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
VSP	Employee Only	2	\$8.75	\$17.50
VSP	Employee & Children	1	\$15.02	\$15.02
VSP	Family	1	\$0.00	\$23.76
			GRAND TOTAL	\$108.09

BEST WESTERN - PHOENIX

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
AVINA, RHANDY	2022-09-01	VSP	FAM	\$23.76
CRUZ, MARIA	2022-07-01	GUARDHIGH	EE	\$47.61
CRUZ, MARIA	2022-07-01	VSP	EC2	\$15.02
ESPINOZA, LORELEI	2022-05-01	VSP	EE	\$8.75
GAZON, CRYSTAL	2022-05-01	ADD		\$4.20
GAZON, CRYSTAL	2022-05-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

BEST WESTERN INN

Invoice Number: 5848-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$0.42**	\$0.42
GUARDLOW	Employee Only	1	\$29.44	\$29.44
LIFE	Employee Only	1	\$14.82**	\$14.82
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$53.43

BEST WESTERN INN

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ALLEN, TERESA	2022-06-01	ADD		\$0.42
ALLEN, TERESA	2022-06-01	LIFE		\$14.82
ALLEN, TERESA	2022-06-01	GUARDLOW	EE	\$29.44
ALLEN, TERESA	2022-06-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

BEST WESTERN PLUS FRONTIER  
8101 HUTCHINS DR  
CHEYENNE, WY 82007

Invoice Number: 4422-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GRAND TOTAL				\$0.00

BEST WESTERN PLUS FRONTIER  
8101 HUTCHINS DR  
CHEYENNE, WY 82007

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

BEST WESTERN PLUS HAWTHORNE TERRACE  
3434 N BROADWAY AVE  
CHICAGO, IL 60657

Invoice Number: 4134-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1130OPENAXESSPRIME	Employee Only	6	\$653.75	\$3,922.50
ADD	Employee Only	3	\$1.68**	\$20.16
GUARDHIGH	Employee Only	4	\$47.61	\$190.44
LIFE	Employee Only	4	\$9.60**	\$78.83
VSP	Employee Only	5	\$8.75	\$43.75
			GRAND TOTAL	\$4,255.68

BEST WESTERN PLUS HAWTHORNE TERRACE  
3434 N BROADWAY AVE  
CHICAGO, IL 60657

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ARGUDO, ANNA	2022-01-01	1130OPENAXESSPRIME	EE	\$653.75
ARGUDO, ANNA	2022-01-01	ADD		\$8.40
ARGUDO, ANNA	2022-01-01	VSP	EE	\$8.75
ARGUDO, ANNA	2022-01-01	LIFE		\$39.60
ASMAL, ROSA	2022-01-01	1130OPENAXESSPRIME	EE	\$653.75
OCAMPO, ESMERALDA	2022-01-01	1130OPENAXESSPRIME	EE	\$653.75
PINEDA, CARLOS	2022-01-01	1130OPENAXESSPRIME	EE	\$653.75
PINEDA, CARLOS	2022-01-01	GUARDHIGH	EE	\$47.61
PINEDA, CARLOS	2022-01-01	VSP	EE	\$8.75
PINEDA, CARLOS	2022-05-01	LIFE		\$15.28
ROUSE, RHONDA	2022-01-01	ADD		\$1.68
ROUSE, RHONDA	2022-01-01	GUARDHIGH	EE	\$47.61
ROUSE, RHONDA	2022-01-01	VSP	EE	\$8.75
ROUSE, RHONDA	2022-01-01	LIFE		\$9.55
VAZQUEZ, AZUCENA	2022-01-01	1130OPENAXESSPRIME	EE	\$653.75
VAZQUEZ, AZUCENA	2022-01-01	ADD		\$10.08
VAZQUEZ, AZUCENA	2022-01-01	GUARDHIGH	EE	\$47.61
VAZQUEZ, AZUCENA	2022-01-01	VSP	EE	\$8.75
VAZQUEZ, AZUCENA	2022-01-01	LIFE		\$14.40
VAZQUEZ, MELENY	2022-01-01	1130OPENAXESSPRIME	EE	\$653.75
VAZQUEZ, MELENY	2022-01-01	GUARDHIGH	EE	\$47.61
VAZQUEZ, MELENY	2022-01-01	VSP	EE	\$8.75

**MEDICAL PLAN COUNTS**

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





## Account Services

### Monthly Statement

BEST WESTERN REGENCY INN

Invoice Number: 6169-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
			GRAND TOTAL	\$47.61

BEST WESTERN REGENCY INN

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DILLEY, BRANDON	2022-10-01	GUARDHIGH	EE	\$47.61

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

BEST WESTERN RIVERSIDE INN

Invoice Number: 5883-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
LIFE	Employee Only	1	\$7.20**	\$7.20
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$111.17

BEST WESTERN RIVERSIDE INN

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SANCHEZ, DARIAN	2022-10-01	LIFE		\$7.20
SANCHEZ, DARIAN	2022-10-01	GUARDHIGH	EE	\$47.61
SANCHEZ, DARIAN	2022-10-01	VSP	EE	\$8.75
WILLIAMS, DANICA	2022-04-01	GUARDHIGH	EE	\$47.61

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

BEST WESTERN UNIVERSITY INN URBANA

Invoice Number: 5676-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$112.72

BEST WESTERN UNIVERSITY INN URBANA

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BARREN, GARY	2022-10-01	GUARDHIGH	EE	\$47.61
BARREN, GARY	2022-10-01	VSP	EE	\$8.75

BEST WESTERN UNIVERSITY INN URBANA

,

## PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BARREN, GARY	2022-10-01	GUARDHIGH	EE	\$47.61
BARREN, GARY	2022-10-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

BIG HIT EVENTS  
681 Degraw St Apt. 2  
BROOKLYN, NY 11217

Invoice Number: 4282-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1531OPENAXESSGOLD	Employee & Spouse Only	1	\$1,307.62	\$1,307.62
			GRAND TOTAL	\$1,307.62



## BIG HIT EVENTS

681 Degraw St Apt. 2  
BROOKLYN, NY 11217

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
TAKSLER, SARA	2020-12-01	1531OPENAXESSGOLD	ES	\$1307.62

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

BIN THERE USA, LLC  
1209 N ORANGE STREET  
WILMINGTON, DE 19801

Invoice Number: 4169-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
VSP	Employee & Spouse Only	1	\$15.67	\$15.67
			GRAND TOTAL	\$15.67

BIN THERE USA, LLC  
1209 N ORANGE STREET  
WILMINGTON, DE 19801

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
YON, GREGORY	2013-08-01	VSP	ES	\$15.67

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

BIONAP USA INC.  
420 COLUMBUS AVE STE 304  
VALHALLA, NY 10595

Invoice Number: 4417-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1732OPENAXESSGOLD	Employee Only	1	\$653.81	\$653.81
1732OPENAXESSGOLD	Employee & Spouse Only	1	\$1,307.62	\$1,307.62
1732OPENAXESSILVE	Employee Only	1	\$548.18	\$548.18
ADD	Employee Only	1	\$2.10**	\$2.10
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$2,838.38

BIONAP USA INC.  
420 COLUMBUS AVE STE 304  
VALHALLA, NY 10595

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BLACKWOOD, JODI-ANN	2021-12-01	GUARDHIGH	FAM	\$160.18
BLACKWOOD, JODI-ANN	2021-12-01	1732OPENAXESSILVE	EE	\$548.18
BLACKWOOD, JODI-ANN	2021-12-01	VSP	FAM	\$23.76
RIS, TYLER	2022-01-01	GUARDHIGH	ES	\$89.81
RIS, TYLER	2022-01-01	1732OPENAXESSGOLD	ES	\$1307.62
RIS, TYLER	2022-01-01	VSP	ES	\$14.73
STRAGAPEDE, MARINO	2021-09-01	ADD		\$2.10
STRAGAPEDE, MARINO	2021-09-01	GUARDLOW	EE	\$29.44
STRAGAPEDE, MARINO	2021-08-01	1732OPENAXESSGOLD	EE	\$653.81
STRAGAPEDE, MARINO	2021-09-01	VSP	EE	\$8.75

**MEDICAL PLAN COUNTS**

Employee Only	2
Employee & Spouse	1
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

BLUE CRAB BREWING, INC.  
8251 TELEGRAPH ROAD  
ODENTON, MD 21113

Invoice Number: 4658-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$6.30**	\$6.30
LIFE	Employee Only	1	\$10.80**	\$10.80
GRAND TOTAL				\$17.10

BLUE CRAB BREWING, INC.  
8251 TELEGRAPH ROAD  
ODENTON, MD 21113

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SHAMAN, GIANMARCO	2022-07-01	ADD		\$6.30
SHAMAN, GIANMARCO	2022-07-01	LIFE		\$10.80

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

BLUEFROG PLUMBING & DRAIN - WEST HOUSTON  
22003 Chesterwick Dr  
KATY, TX 77450

Invoice Number: 4276-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0834OPENAXESSBRONZ	Employee Only	1	\$0.00	\$438.62
0834OPENAXESSCOPPE	Family	1	\$1,161.76	\$1,161.76
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee Only	1	\$0.00	\$29.44
VSP	Family	1	\$23.76	\$23.76
GRAND TOTAL				\$1,813.76



BLUEFROG PLUMBING & DRAIN - WEST HOUSTON  
22003 Chesterwick Dr  
KATY, TX 77450

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FRISCO, CHRISTOPHER	2021-04-01	0834OPENAXESSCOPPE	FAM	\$1161.76
FRISCO, CHRISTOPHER	2021-04-01	GUARDHIGH	FAM	\$160.18
FRISCO, CHRISTOPHER	2021-04-01	VSP	FAM	\$23.76
MANNING, CHRITOPHER	2022-11-01	0834OPENAXESSBRONZ	EE	\$438.62
MANNING, CHRITOPHER	2022-11-01	GUARDLOW	EE	\$29.44

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

BRAINBOX CONSULTING NORTH AMERICA, LLC

Invoice Number: 6082-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
2080OPENAXESS	SCOPPE Employee & Children	1	\$980.63	\$980.63
			GRAND TOTAL	\$1,961.26

BRAINBOX CONSULTING NORTH AMERICA, LLC

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
JONES, JAIME	2022-09-01	20800OPENAXESSCOPPE EC		\$980.63

BRAINBOX CONSULTING NORTH AMERICA, LLC

,

## PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
JONES, JAIME	2022-09-01	2080OPENAXESSCOPPE EC		\$980.63

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

BUDGET BLINDS OF CAPE CORAL  
12431 MCGREGOR BLVD  
FORT MYERS, FL 33919

Invoice Number: 4551-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1897OPENAXESSBRONZ	Employee Only	1	\$536.10	\$536.10
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee Only	1	\$0.00	\$29.44
VSP	Employee Only	3	\$8.75	\$26.25
			GRAND TOTAL	\$639.40

BUDGET BLINDS OF CAPE CORAL  
12431 MCGREGOR BLVD  
FORT MYERS, FL 33919

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FRANKE, BRIAN	2022-09-01	GUARDLOW	EE	\$29.44
FRANKE, BRIAN	2022-09-01	VSP	EE	\$8.75
GARCIA, KENNETH	2022-01-01	VSP	EE	\$8.75
LAWRENCE, MICHELLE	2022-04-04	1897OPENAXESSBRONZ	EE	\$536.10
LAWRENCE, MICHELLE	2022-04-04	VSP	EE	\$8.75
LAWRENCE, MICHELLE	2022-04-04	GUARDHIGH	EE	\$47.61

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

BUDGET BLINDS OF CREVE COEUR  
11628 Old Ballas Rd Ste 338  
CREVE COEUR, MO 63141

Invoice Number: 4299-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$4.20**	\$4.20
GUARDLOW	Family	1	\$100.74	\$100.74
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$128.70

## BUDGET BLINDS OF CREVE COEUR

11628 Old Ballas Rd Ste 338

CREVE COEUR, MO 63141

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
VANCIL, DANIELLE	2022-08-14	ADD		\$4.20
VANCIL, DANIELLE	2022-08-14	GUARDLOW	FAM	\$100.74
VANCIL, DANIELLE	2022-08-14	VSP	FAM	\$23.76

## MEDICAL PLAN COUNTS

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





## Account Services

### Monthly Statement

BUDGET BLINDS OF SAN LEANDRO  
900 DOOLITTLE DRIVE #2A  
SAN LEANDRO, CA 94577

Invoice Number: 4280-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1526OPENAXESSGOLD	Employee & Spouse Only	1	\$1,307.62	\$1,307.62
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
LIFE	Employee Only	1	\$3.21**	\$14.85
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$1,427.01

BUDGET BLINDS OF SAN LEANDRO  
900 DOOLITTLE DRIVE #2A  
SAN LEANDRO, CA 94577

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
TAYLOR, LEA	2022-01-01	1526OPENAXESSGOLD	ES	\$1307.62
TAYLOR, LEA	2022-01-01	GUARDHIGH	ES	\$89.81
TAYLOR, LEA	2022-01-01	VSP	ES	\$14.73
TAYLOR, LEA	2022-01-01	LIFE		\$14.85

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

BUDGET BLINDS OF SOUTH BEND AND MISHAWAKA

Invoice Number: 5703-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
LIFE	Employee Only	1	\$6.75**	\$6.75
GRAND TOTAL				\$6.75

BUDGET BLINDS OF SOUTH BEND AND MISHAWAKA

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
PRICE, STEPHANIE	2022-04-01	LIFE		\$6.75

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

BUDGET BLINDS OF STEAMBOAT  
2550 South Copper Frontage Rd.  
STEAMBOAT SPRINGS, CO 80487

Invoice Number: 4108-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Family	1	\$160.18	\$160.18
LIFE	Employee Only	1	\$41.30**	\$22.92
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$191.85

## BUDGET BLINDS OF STEAMBOAT

2550 South Copper Frontage Rd.

STEAMBOAT SPRINGS, CO 80487

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BURDICK, SHAUN	2022-01-01	VSP	EE	\$8.75
BURDICK, SHAUN	2022-01-01	LIFE		\$22.92
COXON, KRISTI	2022-01-01	GUARDHIGH	FAM	\$160.18

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

BUILDING KIDZ OF WEST HAYWARD  
4492 HEADEN WAY  
SANTA CLARA, CA 95054

Invoice Number: 4087-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$2.10**	\$2.10
GUARDHIGH	Employee & Children	1	\$0.00	\$89.81
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
VSP	Employee & Children	2	\$15.02	\$30.04
			GRAND TOTAL	\$196.56

BUILDING KIDZ OF WEST HAYWARD  
4492 HEADEN WAY  
SANTA CLARA, CA 95054

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
AVALOS, ANABEL	2022-11-01	GUARDHIGH	EC	\$89.81
AVALOS, ANABEL	2022-11-01	VSP	EC	\$15.02
HEARD, LATRELL	2022-01-01	ADD		\$2.10
HEARD, LATRELL	2022-01-01	GUARDLOW	EC	\$74.61
HEARD, LATRELL	2022-01-01	VSP	EC	\$15.02

## MEDICAL PLAN COUNTS

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





## Account Services

### Monthly Statement

BUILDING KIDZ SCHOOL OF SAN CARLOS  
1633 LAUREL STREET  
SAN CARLOS, CA 94070

Invoice Number: 4213-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1401OPENAXESSPLATI	Employee Only	1	\$862.95	\$862.95
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$1,005.11

BUILDING KIDZ SCHOOL OF SAN CARLOS  
1633 LAUREL STREET  
SAN CARLOS, CA 94070

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FRIEDLIN, LINDA	2022-01-01	GUARDHIGH	EE	\$47.61
FRIEDLIN, LINDA	2022-01-01	VSP	EE	\$8.75
FRIEDLIN, LINDA	2022-04-01	1401OPENAXESSPLATI	EE	\$862.95
SMITH, JESSICA	2022-05-01	GUARDLOW	EE	\$29.44
SMITH, JESSICA	2022-05-01	VSP	EE	\$8.75
SMITH, NICHOLAS EDGAR CLAY	2022-01-01	GUARDHIGH	EE	\$47.61

## MEDICAL PLAN COUNTS

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



**Account Services**  
**Monthly Statement**

CADEN CONCEPTS  
13412 VENTURA BLVD.  
SHERMAN OAKS, CA 91423

Invoice Number: 4665-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
			GRAND TOTAL	\$47.61

CADEN CONCEPTS  
13412 VENTURA BLVD.  
SHERMAN OAKS, CA 91423

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SALAS, SIERRA	2021-02-01	GUARDHIGH	EE	\$47.61

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

CAIR MANAGEMENT LLC  
1633 Broadway Fl 7  
NEW YORK, NY 10019

Invoice Number: 4332-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1609OPENAXESSGOLD	Employee Only	1	\$653.81	\$653.81
1609OPENAXESSGOLD	Family	1	\$1,961.43	\$1,961.43
ADD	Employee Only	1	\$10.50**	\$10.50
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Family	1	\$160.18	\$160.18
LIFE	Employee Only	1	\$87.50**	\$87.50
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$2,953.54

CAIR MANAGEMENT LLC

1633 Broadway Fl 7

NEW YORK, NY 10019

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
PETERSEN, DONALD	2021-03-01	1609OPENAXESSGOLD	FAM	\$1961.43
PETERSEN, DONALD	2021-04-01	ADD		\$10.50
PETERSEN, DONALD	2021-11-01	GUARDHIGH	FAM	\$160.18
PETERSEN, DONALD	2021-11-01	VSP	FAM	\$23.76
PETERSEN, DONALD	2021-04-01	LIFE		\$87.50
VEGA, ROBERT	2021-03-01	1609OPENAXESSGOLD	EE	\$653.81
VEGA, ROBERT	2021-11-01	GUARDHIGH	EE	\$47.61
VEGA, ROBERT	2021-11-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

CANAL WORKS ADVERTISING, LLC  
FOUR NESHAMINY INTERPLEX, STE 202  
TREVOSE, PA 19053

Invoice Number: 4155-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1182OPENAXESSGOLD	Employee & Spouse Only	1	\$1,267.06	\$1,267.06
1182OPENAXESSILVE	Employee Only	1	\$559.14	\$559.14
ADD	Employee Only	1	\$9.24**	\$9.24
CANALWORKSADD	Employee Only	6	\$0.65	\$9.08
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDLOW	Employee & Spouse Only	1	\$55.54	\$55.54
LIFE	Employee Only	3	\$48.00**	\$133.95
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$2,162.31

CANAL WORKS ADVERTISING, LLC  
 FOUR NESHAMINY INTERPLEX, STE 202  
 TREVOSSE, PA 19053

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BASGIL, JOSEPH	2020-01-01	LIFE		\$48.00
BILENKO, LILYA	2022-08-01	CANALWORKSADD		\$1.72
CROWLEY, CHRISTINE E	2022-01-01	CANALWORKSADD		\$1.66
CROWLEY, CHRISTINE E	2022-01-01	1182OPENAXESSGOLD	ES	\$1267.06
CROWLEY, CHRISTINE E	2022-01-01	VSP	ES	\$14.73
GIRTY II, JOHN J	2022-08-01	CANALWORKSADD		\$2.46
GIRTY II, JOHN J	2019-02-01	GUARDLOW	ES	\$55.54
GIUSTI, KRISTIN D	2022-08-01	CANALWORKSADD		\$0.67
GIUSTI, KRISTIN D	2022-01-01	ADD		\$9.24
GIUSTI, KRISTIN D	2022-01-01	GUARDHIGH	ES	\$89.81
GIUSTI, KRISTIN D	2022-01-01	VSP	FAM	\$23.76
GIUSTI, KRISTIN D	2022-01-01	LIFE		\$10.80
KURLYUK, BARBARA	2022-08-01	CANALWORKSADD		\$1.41
LEIGHTON, CAROL	2022-01-01	LIFE		\$75.15
PERILLI, MARISA L	2022-01-01	CANALWORKSADD		\$1.16
PERILLI, MARISA L	2022-01-01	1182OPENAXESSILVE	EE	\$559.14

**MEDICAL PLAN COUNTS**

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





## Account Services

### Monthly Statement

CAREMAX SENIOR SOLUTIONS  
2585 E PERRIN AVE  
FRESNO, CA 93720

Invoice Number: 4746-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$4.20**	\$6.30
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee & Children	1	\$0.00	\$74.61
LIFE	Employee Only	1	\$4.20**	\$25.58
VSP	Employee & Children	1	\$0.00	\$15.02
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$305.45

CAREMAX SENIOR SOLUTIONS  
2585 E PERRIN AVE  
FRESNO, CA 93720

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HUTTER, TAMMY	2022-01-01	ADD		\$6.30
HUTTER, TAMMY	2022-01-01	GUARDHIGH	FAM	\$160.18
HUTTER, TAMMY	2022-01-01	VSP	FAM	\$23.76
HUTTER, TAMMY	2022-01-01	LIFE		\$25.58
YBARRA, STACY	2022-08-01	GUARDLOW	EC	\$74.61
YBARRA, STACY	2022-08-01	VSP	EC	\$15.02

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

CARING HANDS DUNDALK MD  
49-61 SHIPPING PLACE  
DUNDALK, MD 21222

Invoice Number: 4608-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0448OPENAXESSPLATI	Family	1	\$0.00	\$2,589.09
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee Only	1	\$29.44	\$29.44
GUARDLOW	Family	1	\$100.74	\$100.74
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$2,974.30

CARING HANDS DUNDALK MD  
49-61 SHIPPING PLACE  
DUNDALK, MD 21222

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FINNEY, LAKESHA	2019-02-01	GUARDLOW	EE	\$29.44
KARGMAN, DIMITRY	2022-04-01	GUARDHIGH	FAM	\$160.18
KARGMAN, DIMITRY	2022-04-01	VSP	FAM	\$23.76
KARGMAN, DIMITRY	04/01/2022	0448OPENAXESSPLATI	FAM	\$2589.09
KARGMAN, LARISA	2018-03-01	GUARDHIGH	EE	\$47.61
KLEIN, MILANA	2018-01-01	GUARDLOW	FAM	\$100.74
MOYD, RICKY	2019-02-01	VSP	ES	\$14.73
THOMPSON, MARY	2019-02-01	VSP	EE	\$8.75

**MEDICAL PLAN COUNTS**

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



## Account Services

### Monthly Statement

CARING HANDS OF GREATER BALTIMORE MD  
49-61 SHIPPING PLACE  
DUNDALK, MD 21222

Invoice Number: 4610-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
LIFE	Employee Only	1	\$49.40**	\$49.40
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$87.59

CARING HANDS OF GREATER BALTIMORE MD  
49-61 SHIPPING PLACE  
DUNDALK, MD 21222

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CAMPBELL, ARCHIE	2019-02-01	GUARDLOW	EE	\$29.44
CAMPBELL, ARCHIE	2019-02-01	VSP	EE	\$8.75
CAMPBELL, ARCHIE	2021-01-01	LIFE		\$49.40

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

CARING TRANSITIONS OF CARLSBAD-LA JOLLA  
5651 PALMER WAY  
CARLSBAD, CA 92010

Invoice Number: 4696-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$21.00**	\$21.00
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$50.44

CARING TRANSITIONS OF CARLSBAD-LA JOLLA  
5651 PALMER WAY  
CARLSBAD, CA 92010

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
LESICKO, DAWN	2019-01-01	ADD		\$21.00
LESICKO, DAWN	2018-03-01	GUARDLOW	EE	\$29.44

## MEDICAL PLAN COUNTS

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





## Account Services

### Monthly Statement

CARING TRANSITIONS OF DENTON AND COLLIN COUNTIES  
1201 CHANDLER CIRCLE  
PROSPER, TX 75078

Invoice Number: 4690-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$31.50**	\$31.50
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Employee & Spouse Only	2	\$89.81	\$179.62
LIFE	Employee Only	1	\$103.68**	\$103.68
VSP	Employee & Spouse Only	2	\$14.73	\$29.46
			GRAND TOTAL	\$391.87

CARING TRANSITIONS OF DENTON AND COLLIN COUNTIES  
1201 CHANDLER CIRCLE  
PROSPER, TX 75078

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DOW, MARYA	2021-01-01	GUARDHIGH	EE	\$47.61
NEWTON, CHARLES	2022-01-01	GUARDHIGH	ES	\$89.81
NEWTON, CHARLES	2022-01-01	VSP	ES	\$14.73
NORRIS, REX	2022-01-01	ADD		\$31.50
NORRIS, REX	2022-01-01	GUARDHIGH	ES	\$89.81
NORRIS, REX	2022-01-01	VSP	ES	\$14.73
NORRIS, REX	2022-01-01	LIFE		\$103.68

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

CHAOS INTELLIGENCE INC  
640 N Wells St Apt 1313  
CHICAGO, IL 60654

Invoice Number: 4360-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1653OPENAXESSBRONZ	Employee Only	1	\$487.36	\$487.36
			GRAND TOTAL	\$487.36

CHAOS INTELLIGENCE INC  
640 N Wells St Apt 1313  
CHICAGO, IL 60654

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FICHO, BRIAN	2021-04-01	1653OPENAXESSBRONZ EE		\$487.36

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

CIELO24  
1221 STATE STREET  
SANTA BARBARA, CA 93101

Invoice Number: 4248-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1465OPENACESSGOLD	Family	1	\$1,161.52	\$1,161.52
1465OPENAXESSPLATI	Employee Only	5	\$484.50	\$2,422.50
1465OPENAXESSPLATI	Family	2	\$1,222.65	\$2,445.30
ADD	Employee Only	1	\$1.68**	\$1.68
GUARDHIGH	Employee Only	4	\$47.61	\$190.44
GUARDHIGH	Employee & Children	1	\$89.81	\$89.81
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
GUARDLOW	Family	1	\$100.74	\$100.74
VSP	Employee Only	4	\$8.75	\$35.00
VSP	Employee & Children	1	\$15.02	\$15.02
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$6,560.38

CIELO24  
1221 STATE STREET  
SANTA BARBARA, CA 93101

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
AGUIRRE, CYNTHIA	2021-12-01	GUARDLOW	EC2	\$74.61
ESQUEDA, LIZZETTE	2022-01-01	1465OPENAXESSPLATI	FAM	\$1222.65
ESQUEDA, LIZZETTE	2022-01-01	ADD		\$1.68
ESQUEDA, LIZZETTE	2022-01-01	GUARDHIGH	EC	\$89.81
ESQUEDA, LIZZETTE	2021-12-01	VSP	EC	\$15.02
HAERING, DAVID	2020-10-01	1465OPENAXESSPLATI	EE	\$484.50
HAERING, DAVID	2021-12-01	GUARDHIGH	EE	\$47.61
HAERING, DAVID	2021-12-01	VSP	EE	\$8.75
MCALLISTER, KYLE	2020-10-01	1465OPENAXESSPLATI	EE	\$484.50
MCALLISTER, KYLE	2021-12-01	GUARDHIGH	EE	\$47.61
MCALLISTER, KYLE	2021-12-01	VSP	EE	\$8.75
NAFT, JASON	2022-04-01	1465OPENAXESSPLATI	FAM	\$1222.65
NAFT, JASON	2022-04-01	GUARDLOW	FAM	\$100.74
NAFT, JASON	2022-04-01	VSP	FAM	\$23.76
PARK, MITCHELL	2022-01-01	1465OPENAXESSPLATI	EE	\$484.50
SAMARASINGHE, KRISTI	2021-08-01	1465OPENACESSGOLD	FAM	\$1161.52
SAMARASINGHE, KRISTI	2021-12-01	VSP	EE	\$8.75
SOTTAK, CARA	2020-10-01	1465OPENAXESSPLATI	EE	\$484.50
SOTTAK, CARA	2021-12-01	GUARDHIGH	EE	\$47.61
SOTTAK, CARA	2021-12-01	VSP	EE	\$8.75
STEWART, NICOLE	2022-01-01	1465OPENAXESSPLATI	EE	\$484.50
STEWART, NICOLE	2022-01-01	GUARDHIGH	EE	\$47.61

**MEDICAL PLAN COUNTS**

Employee Only	5
Employee & Spouse	0
Employee & Children	0
Family	3



## Account Services

### Monthly Statement

CLARITY COMMUNICATION ADVISORS, INC.  
2 CORPORATE DRIVE  
SOUTHFIELD, MI 48076

Invoice Number: 4577-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	8	\$0.42**	\$103.32
GUARDHIGH	Employee Only	5	\$47.61	\$239.52
GUARDHIGH	Employee & Spouse Only	2	\$89.81	\$179.62
GUARDHIGH	Employee & Children	1	\$117.99	\$117.99
GUARDLOW	Employee Only	6	\$29.44	\$176.64
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
GUARDLOW	Family	1	\$100.74	\$100.74
LIFE	Employee Only	10	\$6.00**	\$186.33
VSP	Employee Only	2	\$8.75	\$17.50
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
VSP	Employee & Children	1	\$15.02	\$15.02
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$1,249.78

CLARITY COMMUNICATION ADVISORS, INC.  
2 CORPORATE DRIVE  
SOUTHFIELD, MI 48076

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ARENS, TIMOTHY	2022-01-01	ADD		\$21.00
ARENS, TIMOTHY	2022-01-01	GUARDHIGH	EE	\$47.61
CLATTERBAUGH, MELISA	2022-01-01	GUARDLOW	EE	\$29.44
DAVIS, LAURIE	2022-01-01	ADD		\$8.40
DAVIS, LAURIE	2022-01-01	GUARDHIGH	EE	\$47.61
DAVIS, LAURIE	2022-01-01	LIFE		\$8.25
HERNDON, JENNY	2022-08-01	ADD		\$42.42
HERNDON, JENNY	2022-08-01	LIFE		\$29.40
KENYON, ADAM	2019-01-01	GUARDHIGH	EE	\$47.61
LAPARL, DANNY	2022-01-01	ADD		\$6.30
LAPARL, DANNY	2022-01-01	VSP	FAM	\$23.76
LAPARL, DANNY	2022-05-01	LIFE		\$14.40
LOOMIS, VICKI	2022-01-01	ADD		\$5.04
MCBRIDE, JAMES	2022-01-01	ADD		\$11.34
MCBRIDE, JAMES	2022-01-01	GUARDLOW	EE	\$29.44
MCBRIDE, JAMES	2022-01-01	VSP	EE	\$8.75
MCBRIDE, JAMES	2022-06-01	LIFE		\$19.10
MCDERMOTT, JOHN	2022-05-01	LIFE		\$41.25
MCDERMOTT, JOHN	2022-05-01	GUARDHIGH	ES	\$89.81
MORIARTY, SEAN	2022-07-01	ADD		\$8.40
MORIARTY, SEAN	2022-07-01	LIFE		\$14.40
POGUE, CHRISTIAN	2022-01-01	GUARDHIGH	EE	\$47.61
RAPHAEL, MARY	2021-01-01	GUARDLOW	EE	\$29.44
RUNYAN, JASON	2022-01-01	LIFE		\$25.58



CLARITY COMMUNICATION ADVISORS, INC.  
2 CORPORATE DRIVE  
SOUTHFIELD, MI 48076

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SADIK, ERIC	2015-12-01	GUARDHIGH	EE	\$49.08
SADIK, ERIC	2017-12-01	GUARDLOW	EE	\$29.44
SPINELLI, STEVEN	2022-01-01	GUARDLOW	EE	\$29.44
SPINELLI, STEVEN	2022-01-01	VSP	EE	\$8.75
STAPLE, LOU ANNE	2022-01-01	GUARDHIGH	ES	\$89.81
STAPLE, LOU ANNE	2022-01-01	VSP	ES	\$14.73
TOBOLSKI, MARTHA	2021-08-01	GUARDLOW	FAM	\$100.74
VASQUEZ, MARIO	2022-01-01	GUARDLOW	EE	\$29.44
WILLIAMS, TRACY	2022-06-01	ADD		\$0.42
WILLIAMS, TRACY	2022-07-01	LIFE		\$9.55
WILLIAMS, TRACY	2022-06-01	GUARDHIGH	EC2	\$117.99
WILLIAMS, TRACY	2022-06-01	VSP	EC2	\$15.02
WILLIAMS, VICTORIA	2022-01-01	LIFE		\$10.70
WILLIAMS, VICTORIA	2022-01-01	GUARDLOW	EC	\$74.61
WILLIAMS, VICTORIA	2022-10-01	LIFE		\$13.70

MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

CLEAN AIR LAWN CARE  
PO BOX 2087  
FORT COLLINS, CO 80522

Invoice Number: 4731-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0932OPENAXESSGOLD	Employee Only	3	\$443.53	\$1,330.59
ADD	Employee Only	3	\$1.68**	\$26.88
GUARDLOW	Employee Only	3	\$29.44	\$88.32
LIFE	Employee Only	1	\$7.64**	\$165.00
VSP	Employee Only	2	\$8.75	\$17.50
GRAND TOTAL				\$1,628.29

CLEAN AIR LAWN CARE  
PO BOX 2087  
FORT COLLINS, CO 80522

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DRABEK, CHRISTOPHER	2022-08-01	0932OPENAXESSGOLD	EE	\$443.53
DRABEK, CHRISTOPHER	2022-08-01	ADD		\$4.20
DRABEK, CHRISTOPHER	2022-08-01	GUARDLOW	EE	\$29.44
DRABEK, CHRISTOPHER	2022-08-01	VSP	EE	\$8.75
GIARD, KELLY	2022-01-01	0932OPENAXESSGOLD	EE	\$443.53
GIARD, KELLY	2022-01-01	ADD		\$21.00
GIARD, KELLY	2022-01-01	GUARDLOW	EE	\$29.44
GIARD, KELLY	2022-01-01	LIFE		\$165.00
MARTIN, DAWN	2022-01-01	0932OPENAXESSGOLD	EE	\$443.53
MARTIN, DAWN	2022-01-01	ADD		\$1.68
MARTIN, DAWN	2022-01-01	GUARDLOW	EE	\$29.44
MARTIN, DAWN	2022-01-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

CLEAN AIR LAWN CARE MARIETTA  
2705 Constant Lndg  
MARIETTA, GA 30066

Invoice Number: 4410-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1718OPENAXESSGOLD	Employee Only	1	\$653.81	\$653.81
1718OPENAXESSGOLD	Family	1	\$1,961.43	\$1,961.43
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
			GRAND TOTAL	\$2,662.85

CLEAN AIR LAWN CARE MARIETTA  
2705 Constant Lndg  
MARIETTA, GA 30066

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DOUGLAS, DERRICK	2022-07-01	GUARDHIGH	EE	\$47.61
DOUGLAS, DERRICK	2022-07-01	1718OPENAXESSGOLD	EE	\$653.81
WIERSMA, SETH	2021-07-01	1718OPENAXESSGOLD	FAM	\$1961.43

## MEDICAL PLAN COUNTS

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



**Account Services**  
**Monthly Statement**

CLOVR LIFE SPA APPLE VALLEY MN  
15730 EMPEROR AVE  
APPLE VALLEY, MN 55124

Invoice Number: 4114-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
			GRAND TOTAL	\$47.61

CLOVR LIFE SPA APPLE VALLEY MN  
15730 EMPEROR AVE  
APPLE VALLEY, MN 55124

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
RADCLIFFE, DENISE	2021-06-01	GUARDHIGH	EE	\$47.61

## MEDICAL PLAN COUNTS

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



**Account Services**  
**Monthly Statement**

COBALT WORKSPACE

Invoice Number: 5659-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$8.75



## COBALT WORKSPACE

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CROSS, BRANDY	2022-05-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

COMFORT INN & SUITES CAMBRIDGE  
2936 OCEAN GATEWAY  
CAMBRIDGE, MD 21613

Invoice Number: 4736-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$29.44

COMFORT INN & SUITES CAMBRIDGE  
2936 OCEAN GATEWAY  
CAMBRIDGE, MD 21613

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SMITH, GRETCHEN	2019-02-01	GUARDLOW	EE	\$29.44

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

COMFORT INN & SUITES DOWNTOWN ALBUQUERQUE

Invoice Number: 5829-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$2.10**	\$2.73
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
LIFE	Employee Only	2	\$45.09**	\$46.89
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$111.96

COMFORT INN &amp; SUITES DOWNTOWN ALBUQUERQUE

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
RASCON, IRMA	2022-05-01	ADD		\$2.10
RASCON, IRMA	2022-05-01	LIFE		\$45.09
SMITH, ELIZABETH	2022-08-01	ADD		\$0.63
SMITH, ELIZABETH	2022-08-01	LIFE		\$1.80
SMITH, ELIZABETH	2022-08-01	GUARDHIGH	EE	\$47.61
SMITH, ELIZABETH	2022-08-01	VSP	ES	\$14.73

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

COMFORT INN CHESTERTOWN  
150 SCHEELER ROAD  
CHESTERTOWN, MD 21620

Invoice Number: 4735-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$38.19

COMFORT INN CHESTERTOWN  
150 SCHEELER ROAD  
CHESTERTOWN, MD 21620

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
WARREN, DAVON	2022-05-01	GUARDLOW	EE	\$29.44
WARREN, DAVON	2022-05-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

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



**Account Services**  
**Monthly Statement**

COMFORT INN MECHANICSBURG  
1012 WESLEY DRIVE  
MECHANICSBURG, PA 17055

Invoice Number: 4740-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$29.44



COMFORT INN MECHANICSBURG  
1012 WESLEY DRIVE  
MECHANICSBURG, PA 17055

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
PRIAR, LEE	2022-01-01	GUARDLOW	EE	\$29.44

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

COMFORT INN SANTA ROSA

Invoice Number: 5830-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$2.10**	\$2.10
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
LIFE	Employee Only	1	\$4.50**	\$4.50
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$62.96

COMFORT INN SANTA ROSA

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GRIEGO, JASON	2022-09-01	ADD		\$2.10
GRIEGO, JASON	2022-09-01	LIFE		\$4.50
GRIEGO, JASON	2022-09-01	GUARDHIGH	EE	\$47.61
GRIEGO, JASON	2022-09-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

COMFORT KEEPERS OREGON  
555 MARTIN LUTHER KING BLVD  
PORTLAND, OR 97214

Invoice Number: 4082-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
LIFE	Employee Only	1	\$29.64**	\$30.06
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$74.23

COMFORT KEEPERS OREGON  
555 MARTIN LUTHER KING BLVD  
PORTLAND, OR 97214

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
STINEFORD, BERNARD	2022-09-01	LIFE		\$30.06
STINEFORD, BERNARD	2022-09-01	GUARDLOW	EE	\$29.44
STINEFORD, BERNARD	2022-09-01	VSP	ES	\$14.73

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

**COMMUNITY SETTLEMENTS**

340 East Patrick Street  
FREDERICK, MD 21701

Invoice Number: 4312-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1583OPENAXESSGOLD	Employee Only	1	\$719.19	\$719.19
1583OPENAXESSGOLD	Family	1	\$2,157.57	\$2,157.57
GUARDLOW	Employee Only	1	\$0.00	\$29.44
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$2,923.70

**COMMUNITY SETTLEMENTS**

340 East Patrick Street  
FREDERICK, MD 21701

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BURHANS, KATHRYN	2022-04-01	1583OPENAXESSGOLD	FAM	\$2157.57
GONZALEZ, GISELLE	2022-11-01	GUARDLOW	EE	\$29.44
GONZALEZ, GISELLE	2022-11-01	VSP	EE	\$8.75
WILLETT, CATHY	2022-01-01	VSP	EE	\$8.75
WILLETT, CATHY	2022-04-01	1583OPENAXESSGOLD	EE	\$719.19

**MEDICAL PLAN COUNTS**

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



**Account Services**  
**Monthly Statement**

CONGRESSIONAL INSURANCE  
12505 PARK POTOMAC AVE  
POTOMAC, MD 20854

Invoice Number: 4176-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$8.75



CONGRESSIONAL INSURANCE  
12505 PARK POTOMAC AVE  
POTOMAC, MD 20854

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
VASQUEZ, CONSUELO	2019-01-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

CONSOLIDATED PACKAGING GROUP

Invoice Number: 5764-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1926OPENAXESSGOLD	Employee Only	17	\$854.13	\$14,520.21
1926OPENAXESSGOLD	Employee & Spouse Only	7	\$1,760.69	\$12,324.83
1926OPENAXESSGOLD	Employee & Children	7	\$1,595.85	\$11,170.95
1926OPENAXESSGOLD	Family	1	\$2,502.41	\$2,502.41
1926OPENAXESSPLATI	Employee Only	4	\$936.54	\$3,746.16
1926OPENAXESSPLATI	Employee & Spouse Only	2	\$1,933.76	\$3,867.52
1926OPENAXESSPLATI	Family	1	\$2,749.65	\$2,749.65
1926OPENAXESSSILVE	Employee Only	17	\$779.21	\$13,246.57
1926OPENAXESSSILVE	Employee & Spouse Only	4	\$1,603.35	\$6,413.40
1926OPENAXESSSILVE	Employee & Children	2	\$1,453.50	\$2,907.00
1926OPENAXESSSILVE	Family	2	\$2,277.64	\$4,555.28
ADD	Employee Only	20	\$2.52**	\$138.81
GUARDHIGH	Employee Only	21	\$47.61	\$999.81
GUARDHIGH	Employee & Spouse Only	12	\$89.81	\$1,077.72
GUARDHIGH	Employee & Children	1	\$117.99	\$117.99
GUARDHIGH	Family	4	\$160.18	\$640.72
GUARDLOW	Employee Only	17	\$29.44	\$500.48
GUARDLOW	Employee & Spouse Only	3	\$55.54	\$166.62
GUARDLOW	Employee & Children	4	\$74.61	\$298.44
GUARDLOW	Family	4	\$100.74	\$402.96
LIFE	Employee Only	19	\$10.10**	\$383.12
VSP	Employee Only	32	\$8.75	\$280.00
VSP	Employee & Spouse Only	14	\$14.73	\$206.22
VSP	Employee & Children	6	\$15.02	\$90.12
VSP	Family	5	\$23.76	\$118.80
			GRAND TOTAL	\$84,408.97

**CONSOLIDATED PACKAGING GROUP**

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**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ACKER, SAMANTHA	2022-03-01	GUARDHIGH	EE	\$47.61
ACKER, SAMANTHA	2022-03-01	1926OPENAXESSILVE	EE	\$779.21
ACKER, SAMANTHA	2022-03-01	VSP	EE	\$8.75
ANDERSON, KYE	2022-03-01	GUARDLOW	EC	\$74.61
ANDERSON, KYE	2022-03-01	1926OPENAXESSGOLD	EC	\$1595.85
ANDERSON, KYE	2022-03-01	VSP	EC	\$15.02
ARNOLD, MARK	2022-03-01	GUARDHIGH	EE	\$47.61
ARNOLD, MARK	2022-03-01	1926OPENAXESSGOLD	EE	\$854.13
ARNOLD, MARK	2022-03-01	VSP	EE	\$8.75
ARROYO, ELESVAN	2022-03-01	GUARDLOW	EE	\$29.44
ARROYO, ELESVAN	2022-03-01	1926OPENAXESSILVE	EE	\$779.21
ARROYO, ELESVAN	2022-03-01	VSP	EE	\$8.75
ARROYO, ELESVAN	2022-03-01	ADD		\$0.42
ARROYO, ELESVAN	2022-03-01	LIFE		\$0.80
BARTLEY, KEN	2022-03-01	GUARDHIGH	FAM	\$160.18
BARTLEY, KEN	2022-03-01	1926OPENAXESSGOLD	FAM	\$2502.41
BARTLEY, KEN	2022-03-01	VSP	FAM	\$23.76
BEEBE, TINA	2022-03-01	GUARDLOW	EE	\$29.44
BEEBE, TINA	2022-03-01	1926OPENAXESSGOLD	EE	\$854.13
BEEBE, TINA	2022-03-01	VSP	EE	\$8.75
BELLMAN, GREGORY	2022-03-01	GUARDHIGH	EE	\$47.61
BELLMAN, GREGORY	2022-03-01	1926OPENAXESSPLATI	EE	\$936.54
BELLMAN, GREGORY	2022-03-01	VSP	EE	\$8.75
BOWLING, LESTER	2022-03-01	GUARDHIGH	ES	\$89.81
BOWLING, LESTER	2022-03-01	1926OPENAXESSGOLD	EE	\$854.13
BOWLING, LESTER	2022-03-01	VSP	ES	\$14.73
BOWLING, LESTER	2022-03-01	ADD		\$4.20
BOWLING, LESTER	2022-03-01	LIFE		\$47.85

**CONSOLIDATED PACKAGING GROUP**

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**CURRENT MONTH ENROLLMENT (CONTINUED)**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BROADNAX, CHASITY	2022-03-01	GUARDHIGH	EE	\$47.61
BROADNAX, CHASITY	2022-03-01	1926OPENAXESSILVE	EE	\$779.21
BROADNAX, CHASITY	2022-03-01	VSP	EE	\$8.75
BRONSTON, DEBRA	2022-03-01	GUARDLOW	EE	\$29.44
BRONSTON, DEBRA	2022-03-01	1926OPENAXESSILVE	EE	\$779.21
BRONSTON, DEBRA	2022-03-01	VSP	EE	\$8.75
CABALLERO, ANGEL	2022-03-01	GUARDLOW	EE	\$29.44
CABALLERO, ANGEL	2022-03-01	VSP	EE	\$8.75
CARMICHAEL, RYAN	2022-03-01	GUARDLOW	FAM	\$100.74
CARMICHAEL, RYAN	2022-03-01	1926OPENAXESSILVE	FAM	\$2277.64
CARMICHAEL, RYAN	2022-03-01	VSP	FAM	\$23.76
CARRARO, ANDREW	2022-10-01	GUARDHIGH	EE	\$47.61
CARRARO, ANDREW	2022-10-01	1926OPENAXESSPLATI	EE	\$936.54
CASON, PHILLIP	2022-03-01	GUARDHIGH	ES	\$89.81
CASON, PHILLIP	2022-03-01	1926OPENAXESSGOLD	ES	\$1760.69
CASON, PHILLIP	2022-03-01	VSP	ES	\$14.73
COLE, JAMES	2022-03-01	GUARDLOW	ES	\$55.54
COLE, JAMES	2022-03-01	1926OPENAXESSGOLD	ES	\$1760.69
COLE, JAMES	2022-03-01	VSP	ES	\$14.73
CROCKATT, LAURA	2022-09-01	GUARDHIGH	EE	\$47.61
CROCKATT, LAURA	2022-09-01	1926OPENAXESSGOLD	EE	\$854.13
CROCKATT, LAURA	2022-09-01	VSP	EE	\$8.75
DETRO, AMELIA	2022-06-08	GUARDHIGH	FAM	\$160.18
DETRO, AMELIA	2022-06-08	1926OPENAXESSGOLD	EC2	\$1595.85
DETRO, AMELIA	2022-06-08	VSP	FAM	\$23.76

**CONSOLIDATED PACKAGING GROUP**

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**CURRENT MONTH ENROLLMENT (CONTINUED)**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DETRO, JAMIE	2022-05-21	1926OPENAXESSSILVE	ES	\$1603.35
DETRO, JAMIE	2022-05-21	GUARDHIGH	ES	\$89.81
DETRO, JAMIE	2022-05-21	VSP	ES	\$14.73
DETRO, TAMMY	2022-08-29	GUARDHIGH	EE	\$47.61
DETRO, TAMMY	2022-08-29	1926OPENAXESSGOLD	EC2	\$1595.85
DETRO, TAMMY	2022-08-29	VSP	EE	\$8.75
DETRO, TAMMY	2022-03-01	ADD		\$10.92
DETRO, TAMMY	2022-03-01	LIFE		\$9.88
DONA, MARTHA	2022-03-01	GUARDLOW	EE	\$29.44
DONA, MARTHA	2022-03-01	1926OPENAXESSSILVE	EE	\$779.21
DONA, MARTHA	2022-03-01	VSP	EE	\$8.75
DORRIS, LAURA	2022-10-01	GUARDHIGH	EE	\$47.61
DORRIS, LAURA	2022-10-01	1926OPENAXESSSILVE	EE	\$779.21
DORRIS, LAURA	2022-10-01	VSP	EE	\$8.75
DOWNEY, BRANDY	2022-03-01	ADD		\$0.42
DOWNEY, BRANDY	2022-03-01	LIFE		\$2.56
DOWNEY, BRANDY	2022-03-01	GUARDLOW	FAM	\$100.74
DOWNEY, BRANDY	2022-03-01	VSP	EC2	\$15.02
DROUANT, FREDERICK	2022-11-01	ADD		\$5.04
DROUANT, FREDERICK	2022-11-01	LIFE		\$39.60
EDMISTEN, NICHOLAS	2022-03-01	GUARDLOW	EC2	\$74.61
EDMISTEN, NICHOLAS	2022-03-01	1926OPENAXESSGOLD	EC2	\$1595.85
ELAM, DONALD	2022-03-01	1926OPENAXESSSILVE	EE	\$779.21
ERNST, BRADY	2022-03-01	GUARDHIGH	EE	\$47.61
ERNST, BRADY	2022-03-01	1926OPENAXESSSILVE	EE	\$779.21

**CONSOLIDATED PACKAGING GROUP**

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**CURRENT MONTH ENROLLMENT (CONTINUED)**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FISCHER, MICHAEL	2022-03-01	1926OPENAXESSILVE	EE	\$779.21
FOSTER, FRANK	2022-03-01	GUARDLOW	EE	\$29.44
FOSTER, FRANK	2022-03-01	VSP	EE	\$8.75
FRANK, JASON	2022-06-01	ADD		\$2.52
FRANK, JASON	2022-06-01	LIFE		\$10.10
FRANK, JASON	2022-06-01	GUARDHIGH	EC2	\$117.99
FRANK, JASON	2022-06-01	1926OPENAXESSGOLD	EC2	\$1595.85
FRANK, JASON	2022-06-01	VSP	EC2	\$15.02
GODBEY, TERRY	2022-03-01	GUARDLOW	EE	\$29.44
GODBEY, TERRY	2022-03-01	1926OPENAXESSGOLD	EE	\$854.13
GONZALEZ, JORGE	2022-03-01	ADD		\$4.20
GONZALEZ, JORGE	2022-03-01	LIFE		\$59.28
GONZALEZ, JORGE	2022-03-01	GUARDHIGH	EE	\$47.61
GONZALEZ, JORGE	2022-03-01	1926OPENAXESSPLATI	EE	\$936.54
GONZALEZ, JORGE	2022-03-01	VSP	EE	\$8.75
GRAHAM, CLEON	2022-03-01	ADD		\$0.42
GRAHAM, CLEON	2022-03-01	LIFE		\$1.91
GRAHAM, CLEON	2022-03-01	GUARDLOW	FAM	\$100.74
GRAHAM, CLEON	2022-03-01	1926OPENAXESSGOLD	EC2	\$1595.85
GRAHAM, CLEON	2022-03-01	VSP	EC2	\$15.02
GREELY, PATRICK	2022-03-01	GUARDLOW	FAM	\$100.74
GREELY, PATRICK	2022-03-01	1926OPENAXESSILVE	EC2	\$1453.50
GREELY, PATRICK	2022-03-01	VSP	ES	\$14.73
GREENBERG, EVAN	2022-09-01	GUARDHIGH	EE	\$47.61
GREENBERG, EVAN	2022-09-01	1926OPENAXESSGOLD	EE	\$854.13

**CONSOLIDATED PACKAGING GROUP**

,

**CURRENT MONTH ENROLLMENT (CONTINUED)**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GREENBERG, EVAN	2022-09-01	VSP	EE	\$8.75
HAGAMAN, KELLY	2022-03-01	ADD		\$2.52
HAGAMAN, KELLY	2022-03-01	GUARDLOW	ES	\$55.54
HAGAMAN, KELLY	2022-03-01	1926OPENAXESSILVE	ES	\$1603.35
HAGAMAN, KELLY	2022-03-01	VSP	ES	\$14.73
HENRICHSON, NANCY	2022-04-01	ADD		\$10.50
HERRINGTON, STEPHEN	2022-07-21	1926OPENAXESSILVE	ES	\$1603.35
HERRINGTON, STEPHEN	2022-07-21	ADD		\$8.40
HERRINGTON, STEPHEN	2022-03-01	LIFE		\$24.70
HERRINGTON, STEPHEN	2022-07-21	GUARDLOW	ES	\$55.54
HERRINGTON, STEPHEN	2022-07-21	VSP	ES	\$14.73
HOLLENDER, BERL	2022-03-01	GUARDHIGH	EE	\$47.61
JACK, SUZANNE	2022-03-01	ADD		\$33.60
JACK, SUZANNE	2022-09-01	LIFE		\$53.63
JACK, SUZANNE	2022-03-01	GUARDHIGH	ES	\$89.81
JACK, SUZANNE	2022-03-01	1926OPENAXESSPLATI	ES	\$1933.76
JACK, SUZANNE	2022-03-01	VSP	ES	\$14.73
JONES, TIM	2022-03-01	GUARDLOW	EE	\$29.44
JONES, TIM	2022-03-01	1926OPENAXESSGOLD	EE	\$854.13
JONES, TIM	2022-03-01	VSP	EE	\$8.75
KAUFMAN, GARY	2022-03-01	1926OPENAXESSPLATI	FAM	\$2749.65
KAUFMAN, GARY	2022-03-01	GUARDHIGH	FAM	\$160.18
KAUFMAN, GARY	2022-03-01	VSP	FAM	\$23.76
KLAUSING, ANTHONY	2022-03-01	ADD		\$4.20
KLAUSING, ANTHONY	2022-03-01	LIFE		\$39.52

**CONSOLIDATED PACKAGING GROUP**

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**CURRENT MONTH ENROLLMENT (CONTINUED)**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KLENKE, KELLY	2022-03-01	GUARDHIGH	EE	\$47.61
KLENKE, KELLY	2022-03-01	1926OPENAXESSILVE	EE	\$779.21
KLENKE, KELLY	2022-03-01	VSP	EE	\$8.75
KNUCKLES, ARTHUR	2022-03-01	GUARDLOW	EE	\$29.44
KNUCKLES, ARTHUR	2022-03-01	1926OPENAXESSGOLD	EE	\$854.13
KNUCKLES, ARTHUR	2022-03-01	VSP	EE	\$8.75
KOLB, KAYE	2022-03-01	GUARDLOW	EE	\$29.44
KOLB, KAYE	2022-03-01	1926OPENAXESSGOLD	ES	\$1760.69
KOLB, KAYE	2022-03-01	VSP	EE	\$8.75
KUHLMANN, BUDDY	2022-03-01	GUARDLOW	EE	\$29.44
KUHLMANN, BUDDY	2022-03-01	1926OPENAXESSILVE	EE	\$779.21
KUHLMANN, BUDDY	2022-03-01	VSP	EE	\$8.75
KUMPULA, SUSAN	2022-03-01	ADD		\$10.50
KUMPULA, SUSAN	2022-03-01	GUARDHIGH	EE	\$47.61
KUMPULA, SUSAN	2022-03-01	1926OPENAXESSPLATI	EE	\$936.54
KUMPULA, SUSAN	2022-03-01	VSP	EE	\$8.75
KUSZYNSKI, ANDREW	2022-03-01	1926OPENAXESSGOLD	EE	\$854.13
KUSZYNSKI, ANDREW	2022-03-01	ADD		\$8.40
KUSZYNSKI, ANDREW	2022-03-01	GUARDHIGH	ES	\$89.81
KUSZYNSKI, ANDREW	2022-03-01	VSP	ES	\$14.73
LEETH, PAUL	2022-03-01	GUARDHIGH	EE	\$47.61
LEETH, PAUL	2022-03-01	1926OPENAXESSGOLD	EE	\$854.13
LEETH, PAUL	2022-03-01	VSP	ES	\$14.73
LINGREL, CODY	2022-03-01	GUARDHIGH	EE	\$47.61
LINGREL, CODY	2022-03-01	1926OPENAXESSGOLD	EE	\$854.13



**CONSOLIDATED PACKAGING GROUP**

,

**CURRENT MONTH ENROLLMENT (CONTINUED)**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
LINGREL, CODY	2022-03-01	VSP	EE	\$8.75
MANN, ABRAHAM	2022-03-01	GUARDHIGH	ES	\$89.81
MANN, ABRAHAM	2022-03-01	1926OPENAXESSPLATI	ES	\$1933.76
MCCOY, JESSICA	2022-03-01	ADD		\$5.04
MCCOY, JESSICA	2022-03-01	LIFE		\$14.40
MCCOY, JESSICA	2022-03-01	GUARDLOW	EE	\$29.44
MCCOY, JESSICA	2022-03-01	1926OPENAXESSSILVE	EE	\$779.21
MCCOY, JESSICA	2022-03-01	VSP	EE	\$8.75
MEJIA, JOSE	2022-03-01	1926OPENAXESSSILVE	EE	\$779.21
MERIDETH, LONNIE	2022-03-01	ADD		\$8.40
MERIDETH, LONNIE	2022-03-01	LIFE		\$24.70
MERIDETH, LONNIE	2022-03-01	GUARDHIGH	ES	\$89.81
MERIDETH, LONNIE	2022-03-01	1926OPENAXESSSILVE	ES	\$1603.35
MERIDETH, LONNIE	2022-03-01	VSP	ES	\$14.73
MESSALA, ELMOSTAFA	2022-03-01	GUARDLOW	EE	\$29.44
MESSALA, ELMOSTAFA	2022-03-01	1926OPENAXESSSILVE	EE	\$779.21
MESSALA, ELMOSTAFA	2022-03-01	VSP	EE	\$8.75
NELSON, JASON	2022-03-01	GUARDLOW	EE	\$29.44
NELSON, JASON	2022-03-01	1926OPENAXESSSILVE	EE	\$779.21
NELSON, JASON	2022-03-01	VSP	EE	\$8.75
NORTON I, TRENT	2022-05-01	GUARDHIGH	FAM	\$160.18
NORTON I, TRENT	2022-05-01	1926OPENAXESSSILVE	FAM	\$2277.64
NORTON I, TRENT	2022-05-01	VSP	FAM	\$23.76
OMBA, CHRISTIAN	2022-07-01	GUARDLOW	EE	\$29.44
OMBA, CHRISTIAN	2022-07-01	VSP	EE	\$8.75

**CONSOLIDATED PACKAGING GROUP**

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**CURRENT MONTH ENROLLMENT (CONTINUED)**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
PACE SCOTT, SARYAH	2022-03-01	LIFE		\$6.00
PALMER, JUSTIN	2022-10-01	ADD		\$14.28
PALMER, JUSTIN	2022-10-01	LIFE		\$10.80
PALMER, JUSTIN	2022-10-01	GUARDHIGH	EE	\$47.61
PALMER, JUSTIN	2022-10-01	1926OPENAXESSGOLD	EE	\$854.13
PARSONS, JAMES	2022-03-01	1926OPENAXESSGOLD	EE	\$854.13
PARSONS, JAMES	2022-03-01	VSP	EE	\$8.75
PINON, BRAIEN	2022-03-01	GUARDHIGH	EE	\$47.61
PINON, BRAIEN	2022-03-01	1926OPENAXESSILVE	EE	\$779.21
ROPER, JARRELL	2022-03-01	GUARDLOW	EE	\$29.44
ROPER, JARRELL	2022-03-01	1926OPENAXESSGOLD	EE	\$854.13
SCHIPPERS, CAROLYN	2022-03-01	GUARDLOW	EC	\$74.61
SCHIPPERS, CAROLYN	2022-03-01	1926OPENAXESSGOLD	EC	\$1595.85
SCHIPPERS, CAROLYN	2022-03-01	VSP	EC	\$15.02
SHIELDS, PARIS	2022-03-01	ADD		\$0.63
SHIELDS, PARIS	2022-03-01	LIFE		\$1.80
SHIELDS, PARIS	2022-03-01	GUARDHIGH	ES	\$89.81
SHIELDS, PARIS	2022-03-01	1926OPENAXESSGOLD	ES	\$1760.69
SHIELDS, PARIS	2022-03-01	VSP	EE	\$8.75
SPERRY, AIMEE	2022-03-01	GUARDHIGH	EE	\$47.61
SPERRY, AIMEE	2022-03-01	1926OPENAXESSGOLD	EE	\$854.13
SPERRY, AIMEE	2022-03-01	VSP	EE	\$8.75
STICKROD, ROBERT	2022-03-01	ADD		\$4.20
STICKROD, ROBERT	2022-03-01	LIFE		\$11.25
STICKROD, ROBERT	2022-03-01	GUARDHIGH	ES	\$89.81

**CONSOLIDATED PACKAGING GROUP**

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**CURRENT MONTH ENROLLMENT (CONTINUED)**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
STICKROD, ROBERT	2022-03-01	1926OPENAXESSGOLD	ES	\$1760.69
STICKROD, ROBERT	2022-03-01	VSP	ES	\$14.73
SYLLA, FANTA	2022-03-01	GUARDLOW	EC	\$74.61
SYLLA, FANTA	2022-03-01	1926OPENAXESSSILVE	EC	\$1453.50
SYLLA, FANTA	2022-03-01	VSP	EC	\$15.02
THRUSH, ALICE	2022-03-01	GUARDLOW	EE	\$29.44
THRUSH, ALICE	2022-03-01	1926OPENAXESSGOLD	EE	\$854.13
THRUSH, ALICE	2022-03-01	VSP	EE	\$8.75
TOMEI, MARIO	2022-03-01	GUARDHIGH	ES	\$89.81
TOMEI, MARIO	2022-03-01	1926OPENAXESSGOLD	ES	\$1760.69
TOMEI, MARIO	2022-03-01	VSP	ES	\$14.73
WALDMAN, ANDREW	2022-03-01	LIFE		\$17.19
WALDMAN, ANDREW	2022-03-01	GUARDHIGH	EE	\$47.61
WALDMAN, ANDREW	2022-03-01	1926OPENAXESSGOLD	EE	\$854.13
WALDMAN, ANDREW	2022-03-01	VSP	EE	\$8.75
WEINBERGER, MOSHE	2022-07-01	GUARDHIGH	ES	\$89.81
WILLIAMS, DARLENE	2022-03-01	LIFE		\$7.15
WILLIAMS, DARLENE	2022-03-01	GUARDHIGH	EE	\$47.61
WILLIAMS, DARLENE	2022-03-01	1926OPENAXESSSILVE	EE	\$779.21
WILLIAMS, DARLENE	2022-03-01	VSP	EE	\$8.75
WITTE, WILLAM	2022-03-01	GUARDHIGH	ES	\$89.81
WITTE, WILLAM	2022-03-01	1926OPENAXESSGOLD	ES	\$1760.69
WITTE, WILLAM	2022-03-01	VSP	ES	\$14.73

## CONSOLIDATED PACKAGING GROUP

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## PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GREENBERG, EVAN	2022-09-01	GUARDHIGH	EE	\$47.61
GREENBERG, EVAN	2022-09-01	1926OPENAXESSGOLD	EE	\$854.13
GREENBERG, EVAN	2022-09-01	VSP	EE	\$8.75
PALMER, JUSTIN	2022-10-01	ADD		\$14.28
PALMER, JUSTIN	2022-10-01	LIFE		\$10.80
PALMER, JUSTIN	2022-10-01	GUARDHIGH	EE	\$47.61

## MEDICAL PLAN COUNTS

Employee Only	38
Employee & Spouse	13
Employee & Children	3
Family	4



## Account Services

### Monthly Statement

CORSTONE CAPITAL  
6707 DEMOCRACY BLVD. SUITE 905  
BETHESDA, MD 20817

Invoice Number: 4693-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDHIGH	Family	1	\$160.18	\$160.18
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$312.33

CORSTONE CAPITAL  
6707 DEMOCRACY BLVD. SUITE 905  
BETHESDA, MD 20817

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HAWK, ALBERT	2022-01-01	GUARDHIGH	ES	\$89.81
HAWK, ALBERT	2022-01-01	VSP	ES	\$14.73
MERCADER PEREZ, MYRIAM	2022-01-01	GUARDHIGH	FAM	\$160.18
SIPES, LAURIE	2022-01-01	GUARDHIGH	EE	\$47.61

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

CREWMEUP  
530 7TH AVENUE  
NEW YORK, NY 10018

Invoice Number: 4235-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1439CIGNAPREMIUM	Employee Only	2	\$500.00	\$1,000.00
1439CIGNAPRIME	Employee Only	1	\$574.63	\$574.63
1439GUARDIANDENTAL	Employee Only	2	\$38.75	\$77.50
			GRAND TOTAL	\$1,652.13

CREWMEUP  
530 7TH AVENUE  
NEW YORK, NY 10018

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FRIEDMAN, JOSHUA	2020-12-01	1439CIGNAPREMIUM	EE	\$500.00
NACHAMPASSAK, VORAVONG	2020-12-01	1439CIGNAPREMIUM	EE	\$500.00
NACHAMPASSAK, VORAVONG	2020-12-01	1439GUARDIANDENTALEE		\$38.75
STOKES, JENNIFER	2021-04-01	1439CIGNAPRIME	EE	\$574.63
STOKES, JENNIFER	2021-04-01	1439GUARDIANDENTALEE		\$38.75

## MEDICAL PLAN COUNTS

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





## Account Services

### Monthly Statement

CRITICAL SLEEP OF NJ LLC

Invoice Number: 5890-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1969OPENAXESSPLATI	Employee & Spouse Only	1	\$1,726.05	\$1,726.05
			GRAND TOTAL	\$3,452.10

CRITICAL SLEEP OF NJ LLC

,

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FINKEL, RICHARD	2022-04-01	1969OPENAXESSPLATI	ES	\$1726.05

CRITICAL SLEEP OF NJ LLC

,

PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FINKEL, RICHARD	2022-04-01	1969OPENAXESSPLATI	ES	\$1726.05

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

CTRUST STAFFING  
2143 HURLEY WAY  
SACRAMENTO, CA 95825

Invoice Number: 4234-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1438OPENAXESSBRONZ	Employee & Children	1	\$888.23	\$888.23
1438OPENAXESSCOPPE	Employee Only	1	\$360.60	\$360.60
1438OXCOPPEROWNERSE	Employee Only	1	\$360.60	\$360.60
			GRAND TOTAL	\$1,609.43

CTRUST STAFFING  
2143 HURLEY WAY  
SACRAMENTO, CA 95825

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MONTEZ, JOHN	2022-02-01	1438OPENAXESSBRONZ EC		\$888.23
QUIROZ, ERIKA	2021-02-01	1438OPENAXESSCOPPE EE		\$360.60
QUIROZ, ERIKA	2021-02-01	1438OXCOPPEROWNERSEE		\$360.60

## MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	0
Employee & Children	1
Family	0



## Account Services

### Monthly Statement

DATA CONNECXION  
13501 Katy Fwy # 3120  
HOUSTON, TX 77079

Invoice Number: 4498-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1830OPENAXESSBRONZ	Employee Only	1	\$536.10	\$536.10
1830OPENAXESSGOLD	Employee Only	1	\$719.19	\$719.19
1830OPENAXESSPLATI	Family	2	\$2,589.09	\$5,178.18
1830OPENAXESSSILVE	Employee Only	1	\$603.00	\$603.00
			GRAND TOTAL	\$7,036.47

## DATA CONNECXION

13501 Katy Fwy # 3120

HOUSTON, TX 77079

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CLARK, COURTNEY	2021-12-01	1830OPENAXESSPLATI	FAM	\$2589.09
GHANCHI, NIDA	2022-02-01	1830OPENAXESSPLATI	FAM	\$2589.09
HILLIER, CARTER	2022-04-01	1830OPENAXESSBRONZ	EE	\$536.10
LE, MINDY	2022-03-01	1830OPENAXESSSILVE	EE	\$603.00
MARTINEZ, ADRIANA	2022-02-01	1830OPENAXESSGOLD	EE	\$719.19

## MEDICAL PLAN COUNTS

Employee Only	3
Employee & Spouse	0
Employee & Children	0
Family	2



**Account Services**  
**Monthly Statement**

DAVID S. WEISS, MD

Invoice Number: 5546-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1903OPENAXESSPLATI	Employee Only	1	\$862.95	\$862.95
ADD	Employee Only	1	\$4.20**	\$4.20
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
LIFE	Employee Only	1	\$19.76**	\$19.76
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$943.27



DAVID S. WEISS, MD

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KORTRIGHT, RUTH	2022-02-01	ADD		\$4.20
KORTRIGHT, RUTH	2022-02-01	GUARDHIGH	EE	\$47.61
KORTRIGHT, RUTH	2022-02-01	1903OPENAXESSPLATI	EE	\$862.95
KORTRIGHT, RUTH	2022-02-01	VSP	EE	\$8.75
KORTRIGHT, RUTH	2022-02-01	LIFE		\$19.76

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

DEW WEALTH MANAGEMENT LLC

Invoice Number: 5846-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$4.20**	\$12.60
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee Only	1	\$29.44	\$29.44
LIFE	Employee Only	3	\$9.60**	\$23.20
VSP	Employee Only	2	\$14.73	\$17.50
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$207.84

DEW WEALTH MANAGEMENT LLC

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DAVIS, LAURA	2022-09-01	VSP	ES	\$14.73
MCWHORTER, ASHLEY	2022-10-01	LIFE		\$6.40
MCWHORTER, ASHLEY	2022-10-01	GUARDHIGH	EE	\$47.61
MCWHORTER, ASHLEY	2022-10-01	VSP	EE	\$8.75
SCHANAFELT, ROBYN	2022-09-01	ADD		\$8.40
STOBB, BRYAN	2022-07-01	ADD		\$4.20
STOBB, BRYAN	2022-07-01	LIFE		\$9.60
TINGLE, DREW	2022-09-01	GUARDLOW	EE	\$29.44
TINGLE, DREW	2022-09-01	VSP	EE	\$8.75
WEAVER, PRESTON	2022-07-01	LIFE		\$7.20

DEW WEALTH MANAGEMENT LLC

,

## PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MCWHORTER, ASHLEY	2022-10-01	LIFE		\$6.40
MCWHORTER, ASHLEY	2022-10-01	GUARDHIGH	EE	\$47.61
MCWHORTER, ASHLEY	2022-10-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

DOOR RENEW OF SPRINGFIELD

Invoice Number: 6042-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$17.50

DOOR RENEW OF SPRINGFIELD

,

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BURNHAM, MICHAEL	2022-09-01	VSP	EE	\$8.75

DOOR RENEW OF SPRINGFIELD

,

PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BURNHAM, MICHAEL	2022-09-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

DTX DIGITAL TRANSFORMATION  
43661 Catton Pl  
ASHBURN, VA 20147

Invoice Number: 4424-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1740OPENAXESSBRONZ	Employee & Children	1	\$986.92	\$986.92
1740OPENAXESSCOPPE	Employee Only	2	\$450.75	\$901.50
1740OPENAXESSGOLD	Employee Only	2	\$653.81	\$1,307.62
ADD	Employee Only	1	\$4.20**	\$4.20
GUARDHIGH	Employee & Children	1	\$117.99	\$117.99
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee Only	3	\$29.44	\$88.32
LIFE	Employee Only	3	\$0.60**	\$41.46
VSP	Employee Only	4	\$8.75	\$35.00
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$3,658.21



## DTX DIGITAL TRANSFORMATION

43661 Catton Pl

ASHBURN, VA 20147

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
AZHAR, SAKINA	2021-09-01	GUARDHIGH	EC2	\$117.99
AZHAR, SAKINA	2021-09-01	1740OPENAXESSBRONZ	EC2	\$986.92
AZHAR, SAKINA	2021-09-01	VSP	EC2	\$15.02
BYRD, TIMOTHY	2022-06-01	ADD		\$4.20
BYRD, TIMOTHY	2022-06-01	LIFE		\$19.10
BYRD, TIMOTHY	2022-06-01	GUARDLOW	EE	\$29.44
BYRD, TIMOTHY	2022-06-01	1740OPENAXESSGOLD	EE	\$653.81
BYRD, TIMOTHY	2022-06-01	VSP	EE	\$8.75
JOHNSON, LECIA	2022-05-01	LIFE		\$21.76
JOHNSON, LECIA	2022-05-01	GUARDHIGH	FAM	\$160.18
JOHNSON, LECIA	2022-05-01	1740OPENAXESSCOPPE	EE	\$450.75
JOHNSON, LECIA	2022-05-01	VSP	EE	\$8.75
MAHDI, AHMED	2022-01-01	GUARDLOW	EE	\$29.44
MAHDI, AHMED	2022-01-01	1740OPENAXESSGOLD	EE	\$653.81
MAHDI, AHMED	2022-01-01	VSP	EE	\$8.75
WILLIAMS, TREY	2022-08-01	LIFE		\$0.60
WILLIAMS, TREY	2022-08-01	GUARDLOW	EE	\$29.44
WILLIAMS, TREY	2022-08-01	1740OPENAXESSCOPPE	EE	\$450.75
WILLIAMS, TREY	2022-08-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

Employee Only	4
Employee & Spouse	0
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

EASY REST ADJUSTABLE SLEEP SYSTEM  
1401 EDGEWOOD ST  
BALTIMORE, MD 21227

Invoice Number: 4161-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1182OPENAXESSGOLD	Employee Only	7	\$633.54	\$4,434.78
1182OPENAXESSGOLD	Employee & Spouse Only	1	\$1,267.06	\$1,267.06
1182OPENAXESSILVE	Employee Only	2	\$559.14	\$1,118.28
ADD	Employee Only	2	\$12.68**	\$10.92
CANALWORKSADD	Employee Only	28	\$0.95	\$29.56
GUARDHIGH	Employee Only	4	\$47.61	\$190.44
GUARDHIGH	Family	2	\$160.18	\$320.36
GUARDLOW	Employee Only	7	\$29.44	\$206.08
GUARDLOW	Employee & Spouse Only	1	\$55.54	\$55.54
LIFE	Employee Only	5	\$13.20**	\$96.95
VSP	Employee Only	2	\$8.75	\$17.50
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$7,824.83

EASY REST ADJUSTABLE SLEEP SYSTEM  
1401 EDGEWOOD ST  
BALTIMORE, MD 21227

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ABBOTT, JEFFERY	2022-08-01	CANALWORKSADD		\$0.88
ANDERSON, LEIGH	2022-08-01	CANALWORKSADD		\$1.37
ANDERSON, LEIGH	2022-01-01	1182OPENAXESSGOLD	EE	\$633.54
ANDERSON, LEIGH	2022-01-01	GUARDLOW	EE	\$29.44
ANDERSON, LEIGH	2022-01-01	VSP	EC	\$15.02
COMAN, DEBORAH	2022-08-01	CANALWORKSADD		\$1.64
COMAN, DEBORAH	2019-02-01	GUARDLOW	ES	\$55.54
COMAN, DEBORAH	2019-02-01	VSP	ES	\$14.73
ELLIOTT, WENDY	2022-10-01	CANALWORKSADD		\$0.76
ELLIOTT, WENDY	2022-08-01	CANALWORKSADD		\$0.71
EMRICK, CHAD	2022-01-01	LIFE		\$49.55
EMRICK, CHAD	2022-08-01	CANALWORKSADD		\$1.76
EMRICK, CHAD	2022-01-01	1182OPENAXESSGOLD	ES	\$1267.06
EMRICK, CHAD	2022-01-01	ADD		\$6.72
EMRICK, CHAD	2022-01-01	GUARDHIGH	FAM	\$160.18
FARMER, JAMES	2020-01-01	LIFE		\$14.40
FARMER, JAMES	2022-08-01	CANALWORKSADD		\$1.16
FARMER, JAMES	2019-02-01	GUARDHIGH	EE	\$47.61
GAMBLE, TERRY	2022-08-01	CANALWORKSADD		\$1.07
GAMBLE, TERRY	2022-01-01	1182OPENAXESSGOLD	EE	\$633.54
GAMBLE, TERRY	2022-01-01	ADD		\$4.20
GAMMON, TREVOR D	2022-08-01	CANALWORKSADD		\$0.97
GAMMON, TREVOR D	2022-01-01	1182OPENAXESSGOLD	EE	\$633.54
GREEN, YAITZA	2022-01-01	GUARDLOW	EE	\$29.44
GREGORY, DONNA	2022-10-01	CANALWORKSADD		\$0.98
GREGORY, DONNA	2022-10-01	CANALWORKSADD		\$0.82

EASY REST ADJUSTABLE SLEEP SYSTEM  
1401 EDGEWOOD ST  
BALTIMORE, MD 21227

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GREMPER, ELIZABETH	2022-04-30	1182OPENAXESSILVE	EE	\$559.14
GREMPER, ELIZABETH	2022-05-01	LIFE		\$9.00
GREMPER, ELIZABETH	2022-04-30	GUARDLOW	EE	\$29.44
HANSEN, BRADLEY	2022-08-01	CANALWORKSADD		\$0.80
HANSEN, BRADLEY	2022-01-01	1182OPENAXESSGOLD	EE	\$633.54
HANSEN, BRADLEY	2022-01-01	GUARDLOW	EE	\$29.44
HEATH, JEREMY J	2022-10-01	GUARDHIGH	EE	\$47.61
MAGHARI, MOHAMED	2022-08-01	CANALWORKSADD		\$3.15
MAGHARI, MOHAMED	2019-02-01	GUARDHIGH	FAM	\$160.18
MOORE, REGINA	2022-09-01	CANALWORKSADD		\$0.71
NEIDHARDT, STEPHANIE	2022-10-01	CANALWORKSADD		\$0.80
NEIDHARDT, STEPHANIE	2022-10-01	CANALWORKSADD		\$0.67
PARKER, DA'SHAWN	2022-08-01	CANALWORKSADD		\$0.76
RIBIS, RUTH	2022-08-01	CANALWORKSADD		\$1.62
RIBIS, RUTH	2022-01-01	1182OPENAXESSGOLD	EE	\$633.54
ROBINSON, LEONETTE	2022-08-01	CANALWORKSADD		\$0.71
ROBINSON, LEONETTE	2022-05-01	LIFE		\$13.20
ROBINSON, LEONETTE	2022-05-01	GUARDHIGH	EE	\$47.61
ROBINSON, LEONETTE	2022-05-01	VSP	EE	\$8.75
SCOTT, GARY	2022-08-01	CANALWORKSADD		\$0.84
SCOTT, GARY	2019-02-01	GUARDHIGH	EE	\$47.61
SIMMONS, WILLIAM	2022-08-01	CANALWORKSADD		\$0.88
SIMMONS, WILLIAM	2022-01-01	1182OPENAXESSGOLD	EE	\$633.54

EASY REST ADJUSTABLE SLEEP SYSTEM  
1401 EDGEWOOD ST  
BALTIMORE, MD 21227

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SMITH, FLORENCE	2022-08-01	CANALWORKSADD		\$0.59
SMITH, FLORENCE	2019-02-01	GUARDLOW	EE	\$29.44
STAVOLA, DANIELLE	2022-08-01	CANALWORKSADD		\$1.01
STAVOLA, DANIELLE	2022-01-01	1182OPENAXESSILVE	EE	\$559.14
STAVOLA, DANIELLE	2022-01-01	GUARDLOW	EE	\$29.44
STEWART, GREGORY A	2022-08-01	CANALWORKSADD		\$0.97
STEWART, GREGORY A	2022-10-01	CANALWORKSADD		\$1.05
VENZKE, ALICIA	2022-08-01	CANALWORKSADD		\$0.71
WALKER, KIMBERLY	2022-08-01	CANALWORKSADD		\$0.80
WORTHINGTON, DWAYNE V	2022-08-01	CANALWORKSADD		\$1.37
WORTHINGTON, DWAYNE V	2022-01-01	1182OPENAXESSGOLD	EE	\$633.54
WORTHINGTON, DWAYNE V	2021-01-01	GUARDLOW	EE	\$29.44
WORTHINGTON, DWAYNE V	2021-01-01	VSP	EE	\$8.75
WORTHINGTON, DWAYNE V	2021-11-01	LIFE		\$10.80

EASY REST ADJUSTABLE SLEEP SYSTEM  
1401 EDGEWOOD ST  
BALTIMORE, MD 21227

## PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HEATH, JEREMY J	2022-10-01	GUARDHIGH	EE	\$47.61

## MEDICAL PLAN COUNTS

Employee Only	9
Employee & Spouse	1
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

ECONO LODGE PUEBLO CO

Invoice Number: 5660-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$17.50

ECONO LODGE PUEBLO CO

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DARRIS, VICKIE	2022-10-01	VSP	EE	\$8.75



ECONO LODGE PUEBLO CO

,

PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DARRIS, VICKIE	2022-10-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

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



**Account Services**  
**Monthly Statement**

ELEV8 LODGING  
5100 Eden Ave Ste 102B  
EDINA, MN 55436

Invoice Number: 4451-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$8.75

ELEV8 LODGING  
5100 Eden Ave Ste 102B  
EDINA, MN 55436

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
PRUETT, TROY	2022-01-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

ELITE AUTO BODY - GAMBRILLS  
738 STATE ROUTE 3 S #B  
GAMBRILLS, MD 21054

Invoice Number: 4570-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$14.73

ELITE AUTO BODY - GAMBRILLS  
738 STATE ROUTE 3 S #B  
GAMBRILLS, MD 21054

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HORN, MICHAEL	2022-06-01	VSP	ES	\$14.73

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

ELITE AUTO BODY, INC - ANNAPOLIS  
1791 VIRGINIA STREET  
ANNAPOLIS, MD 21401

Invoice Number: 4569-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
VSP	Employee Only	1	\$8.75	\$8.75
GRAND TOTAL				\$103.97

ELITE AUTO BODY, INC - ANNAPOLIS  
1791 VIRGINIA STREET  
ANNAPOLIS, MD 21401

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BANDY, REID	2017-12-01	GUARDHIGH	EE	\$47.61
HILL, THOMAS	2017-12-01	GUARDHIGH	EE	\$47.61
HILL, THOMAS	2018-12-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

ELITE HOTEL GROUP  
5928 TWIN COVES  
DALLAS, TX 75248

Invoice Number: 4373-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1667OPENAXESSILVE	Employee Only	1	\$531.73	\$531.73
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$561.17



ELITE HOTEL GROUP  
5928 TWIN COVES  
DALLAS, TX 75248

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KRAMER, ALEX	2021-12-01	GUARDLOW	EE	\$29.44
KRAMER, ALEX	2021-05-01	1667OPENAXESSILVE	EE	\$531.73

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

ELLIOT MANAGEMENT SERVICES CO  
108 W PACIFIC ST  
SEDALIA, MO 65301

Invoice Number: 4477-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1798OPENAXESSGOLD	Employee Only	4	\$0.00	\$0.00
1798OPENAXESSGOLD	Employee & Spouse Only	1	\$0.00	\$1,244.18
1798OPENAXESSPLATI	Employee Only	1	\$657.25	\$657.25
1798OPENAXESSPLATI	Employee & Children	1	\$1,316.28	\$1,316.28
ADD	Employee Only	2	\$2.10**	\$23.10
GUARDLOW	Employee Only	2	\$29.44	\$58.88
LIFE	Employee Only	2	\$35.75**	\$42.95
VSP	Employee Only	3	\$8.75	\$26.25
			GRAND TOTAL	\$3,368.89

ELLIOT MANAGEMENT SERVICES CO  
108 W PACIFIC ST  
SEDALIA, MO 65301

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BENBROOK, SCOTT	2022-01-01	1798OPENAXESSPLATI	EC2	\$1316.28
BRESHEARS, LOU	2021-12-01	ADD		\$2.10
BRESHEARS, LOU	2021-12-01	GUARDLOW	EE	\$29.44
BRESHEARS, LOU	2022-01-01	1798OPENAXESSPLATI	EE	\$657.25
BRESHEARS, LOU	2021-12-01	VSP	EE	\$8.75
BRESHEARS, LOU	2021-12-01	LIFE		\$35.75
BUNKER, WILLIAM	2022-01-01	1798OPENAXESSGOLD	EE	\$0.00
QUATTLEBAUM, MARK	2022-01-01	1798OPENAXESSGOLD	EE	\$0.00
SWEARINGEN, ELIZABETH	2022-01-01	1798OPENAXESSGOLD	EE	\$0.00
SWEARINGEN, ELIZABETH	2021-12-01	VSP	EE	\$8.75
SWEARINGEN, GLEN	2021-12-01	ADD		\$21.00
SWEARINGEN, GLEN	2021-12-01	GUARDLOW	EE	\$29.44
SWEARINGEN, GLEN	2022-01-01	1798OPENAXESSGOLD	EE	\$0.00
SWEARINGEN, GLEN	2021-12-01	VSP	EE	\$8.75
SWEARINGEN, GLEN	2021-12-01	LIFE		\$7.20
SWEARINGEN, JOHN	2022-08-01	1798OPENAXESSGOLD	ES	\$1244.18

**MEDICAL PLAN COUNTS**

Employee Only	5
Employee & Spouse	1
Employee & Children	0
Family	0



**Account Services**  
**Monthly Statement**

EMEDICAL FUSION, LLC  
4502 HIGHLAND GREN CT  
ALEXANDRIA, VA 22312

Invoice Number: 4574-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
LIFE	Employee Only	1	\$85.80**	\$85.80
GRAND TOTAL				\$85.80

EMEDICAL FUSION, LLC  
4502 HIGHLAND GREN CT  
ALEXANDRIA, VA 22312

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ETHERLY, ANDRE	2019-01-01	LIFE		\$85.80

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

EMPOWERS AFRICA

Invoice Number: 5767-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1931OPENAXESSPLATI	Employee Only	1	\$1,225.50	\$1,225.50
VSP	Employee Only	1	\$8.75	\$8.75
GRAND TOTAL				\$1,234.25

EMPOWERS AFRICA

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DERELIEVA, NADIA	2022-03-01	1931OPENAXESSPLATI	EE	\$1225.50
DERELIEVA, NADIA	2022-03-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

EQUARIAN CAPITAL MANAGEMENT

Invoice Number: 6019-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
2043OPENAXESSPLATI	Family	1	\$0.00	\$2,795.95
			GRAND TOTAL	\$5,591.90



EQUARIAN CAPITAL MANAGEMENT

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BLEICHER, DANIEL	2022-08-01	2043OPENAXESSPLATI	FAM	\$2795.95

EQUARIAN CAPITAL MANAGEMENT

,

PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BLEICHER, DANIEL	2022-08-01	2043OPENAXESSPLATI	FAM	\$2795.95

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

FAIRFIELD INN & SUITES SLIPPERY ROCK  
1000 UNIVERSITY PARKWAY  
SLIPPERY ROCK, PA 16057

Invoice Number: 4741-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$1.26**	\$1.26
GUARDHIGH	Employee & Children	1	\$117.99	\$117.99
GUARDLOW	Employee Only	2	\$29.44	\$58.88
NEEMAOPENAXESSESSE	Employee Only	1	\$489.70	\$489.70
NEEMAOPENAXESSPRIME	Employee & Children	1	\$1,255.22	\$1,255.22
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$1,938.07

FAIRFIELD INN & SUITES SLIPPERY ROCK  
1000 UNIVERSITY PARKWAY  
SLIPPERY ROCK, PA 16057

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FOSTER, THOMAS	2022-01-01	GUARDLOW	EE	\$29.44
MCQUEENEY, JARAD	2020-10-01	NEEMAOPENAXESSESSEEE		\$489.70
MCQUEENEY, JARAD	2021-01-01	ADD		\$1.26
MCQUEENEY, JARAD	2021-01-01	GUARDLOW	EE	\$29.44
TORVIK, CAROL	2022-01-01	NEEMAOPENAXESSPRIMEC2		\$1255.22
TORVIK, CAROL	2022-01-01	GUARDHIGH	EC2	\$117.99
TORVIK, CAROL	2022-01-01	VSP	EC2	\$15.02

**MEDICAL PLAN COUNTS**

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



## Account Services

### Monthly Statement

FAIRMONT INSURANCE BROKERS, LTD  
1600 60th St  
BROOKLYN, NY 11204

Invoice Number: 4521-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1861OPENAXESSGOLD	Employee Only	4	\$719.19	\$2,876.76
1861OPENAXESSPLATI	Employee Only	15	\$863.03	\$12,945.45
1861OPENAXESSPLATI	Employee & Spouse Only	2	\$1,726.05	\$3,452.10
1861OPENAXESSPLATI	Family	4	\$2,589.08	\$10,356.32
1861OPENAXESSSILVE	Employee Only	21	\$640.26	\$13,445.46
1861OPENAXESSSILVE	Employee & Spouse Only	5	\$1,289.33	\$6,446.65
1861OPENAXESSSILVE	Family	4	\$1,835.92	\$7,343.68
ADD	Employee Only	12	\$6.30**	\$89.67
GUARDHIGH	Employee Only	14	\$47.61	\$666.54
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDHIGH	Family	5	\$160.18	\$800.90
GUARDLOW	Employee Only	6	\$29.44	\$176.64
GUARDLOW	Employee & Spouse Only	3	\$55.54	\$166.62
GUARDLOW	Family	1	\$100.74	\$100.74
LIFE	Employee Only	18	\$11.70**	\$318.54
VSP	Employee Only	14	\$8.75	\$122.50
VSP	Employee & Spouse Only	4	\$14.73	\$58.92
VSP	Family	3	\$23.76	\$71.28
			GRAND TOTAL	\$59,528.58

FAIRMONT INSURANCE BROKERS, LTD  
1600 60th St  
BROOKLYN, NY 11204

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ASHKENAZI, SHERYL	2022-01-01	1861OPENAXESSILVE	EE	\$640.26
BILLE, JO ANN	2022-01-01	LIFE		\$6.00
BILLE, JO ANN	2022-01-01	GUARDHIGH	EE	\$47.61
BILLE, JO ANN	2022-01-01	1861OPENAXESSPLATI	EE	\$863.03
BROWN, DEBRA	2022-03-01	GUARDLOW	EE	\$29.44
BROWN, DEBRA	2022-03-01	1861OPENAXESSPLATI	EE	\$863.03
BROWN, DEBRA	2022-03-01	VSP	EE	\$8.75
CIOFALO, NICOLE	2022-01-01	GUARDLOW	EE	\$29.44
COHEN, CHEDVAH	2022-01-01	GUARDLOW	EE	\$29.44
COHEN, CHEDVAH	2022-01-01	1861OPENAXESSILVE	EE	\$640.26
COHEN, FAIGEL	2022-07-01	1861OPENAXESSILVE	EE	\$640.26
COHEN, FAIGEL	2022-07-01	VSP	FAM	\$23.76
DENBURG, SHAI	2022-01-01	1861OPENAXESSPLATI	FAM	\$2589.08
DEUTSCH, MOSHE	2022-01-01	GUARDHIGH	FAM	\$160.18
DEUTSCH, MOSHE	2022-01-01	1861OPENAXESSILVE	ES	\$1289.33
DRATLER, YOSEF	2022-09-01	1861OPENAXESSPLATI	FAM	\$2589.08
ENGLAND, FRANCESCA	2022-11-01	ADD		\$6.30
ENGLAND, FRANCESCA	2022-11-01	LIFE		\$14.40
FREILICH, NAOMI	2022-01-01	1861OPENAXESSPLATI	EE	\$863.03
FRIED, HANNAH	2022-01-01	GUARDHIGH	EE	\$47.61
FRIED, HANNAH	2022-01-01	1861OPENAXESSILVE	EE	\$640.26
GAGAIEV, RIVKA	2022-01-01	1861OPENAXESSPLATI	EE	\$863.03
GOLDSTEIN, RIVKA	2022-06-01	ADD		\$6.30

FAIRMONT INSURANCE BROKERS, LTD  
1600 60th St  
BROOKLYN, NY 11204

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GOLDSTEIN, RIVKA	2022-06-01	LIFE		\$11.70
GOLDSTEIN, RIVKA	2022-06-01	GUARDLOW	ES	\$55.54
GOLDSTEIN, RIVKA	2022-06-01	1861OPENAXESSPLATI	ES	\$1726.05
GOLDSTEIN, RIVKA	2022-06-01	VSP	ES	\$14.73
GOTTESMAN, SHEVY	2022-01-01	1861OPENAXESSILVE	EE	\$640.26
GROSS, AVROHOM	2022-04-01	1861OPENAXESSILVE	ES	\$1289.33
HALPERIN, ROCHELLE	2022-01-01	1861OPENAXESSILVE	EE	\$640.26
HUBNER, CHRISTINA	2022-01-01	1861OPENAXESSGOLD	EE	\$719.19
HUBNER, CHRISTINA	2022-01-01	VSP	EE	\$8.75
HUBNER, CHRISTINA	2022-01-01	LIFE		\$3.30
HYLTON, JOAN	2022-01-01	1861OPENAXESSPLATI	EE	\$863.03
JACOBVICS, TZIPORA	2022-01-01	1861OPENAXESSILVE	EE	\$640.26
JACOBS, BRACHA	2022-01-01	1861OPENAXESSILVE	EE	\$640.26
KAHANA, PESACH	2022-01-01	ADD		\$4.20
KAHANA, PESACH	2022-01-01	GUARDHIGH	FAM	\$160.18
KAHANA, PESACH	2022-01-01	1861OPENAXESSILVE	FAM	\$1835.92
KAHANA, PESACH	2022-01-01	VSP	FAM	\$23.76
KAPLAN, CHANAN	2022-01-01	LIFE		\$85.80
KAPLAN, CHANAN	2022-01-01	ADD		\$5.04
KAPLAN, CHANAN	2022-01-01	GUARDHIGH	ES	\$89.81
KAPLAN, CHANAN	2022-01-01	1861OPENAXESSILVE	ES	\$1289.33
KAPLAN, CHANAN	2022-01-01	VSP	ES	\$14.73
KATZ, BARRY	2022-01-01	1861OPENAXESSPLATI	FAM	\$2589.08
KATZ, MALKA	2022-01-01	1861OPENAXESSILVE	EE	\$640.26

FAIRMONT INSURANCE BROKERS, LTD  
1600 60th St  
BROOKLYN, NY 11204

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KATZ, SHELDON	2022-01-01	LIFE		\$2.14
KATZ, SHELDON	2022-01-01	ADD		\$0.63
KATZ, SHELDON	2022-01-01	GUARDHIGH	FAM	\$160.18
KATZ, SHELDON	2022-01-01	1861OPENAXESSPLATI	FAM	\$2589.08
KATZ, SHELDON	2022-01-01	VSP	FAM	\$23.76
KAZIYEV, BORIS	2022-01-01	1861OPENAXESSILVE	EE	\$640.26
KELTY, NORA	2022-01-01	GUARDHIGH	EE	\$47.61
KELTY, NORA	2022-01-01	1861OPENAXESSGOLD	EE	\$719.19
KELTY, NORA	2022-01-01	VSP	EE	\$8.75
KLIGER, MORDECHAI	2022-07-01	GUARDHIGH	FAM	\$160.18
KLINGER, CHAIM	2022-01-01	1861OPENAXESSGOLD	EE	\$719.19
KOHN, BASSIE	2022-01-01	1861OPENAXESSILVE	EE	\$640.26
KRAKAUER, DEVORAH	2022-02-01	VSP	ES	\$14.73
KRAKAUER, DEVORAH	2022-02-01	1861OPENAXESSILVE	EE	\$640.26
LESSER, ABRAHAM E	2022-01-01	1861OPENAXESSILVE	FAM	\$1835.92
LI, CHENXI	2022-04-01	ADD		\$4.20
LI, CHENXI	2022-04-01	GUARDHIGH	EE	\$47.61
LI, CHENXI	2022-04-01	LIFE		\$1.60
LI, CHENXI	2022-04-01	1861OPENAXESSGOLD	EE	\$719.19
LIANG, LILY	2022-01-01	LIFE		\$14.40
LIANG, LILY	2022-01-01	ADD		\$21.00
LIANG, LILY	2022-01-01	GUARDHIGH	EE	\$47.61
LIANG, LILY	2022-01-01	1861OPENAXESSPLATI	EE	\$863.03
LIANG, LILY	2022-01-01	VSP	EE	\$8.75



FAIRMONT INSURANCE BROKERS, LTD  
1600 60th St  
BROOKLYN, NY 11204

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
LICHT, HARRY	2022-01-01	GUARDHIGH	EE	\$47.61
LICHT, MOLLIE	2022-08-01	1861OPENAXESSPLATI	EE	\$863.03
LIOTINE, ANTOINETTE	2022-01-01	GUARDLOW	EE	\$29.44
LIOTINE, ANTOINETTE	2022-01-01	1861OPENAXESSSILVE	EE	\$640.26
LIOTINE, ANTOINETTE	2022-01-01	VSP	EE	\$8.75
LIOTINE, ANTOINETTE	2022-01-01	LIFE		\$19.10
MARK, KRISSY	2022-04-01	GUARDHIGH	EE	\$47.61
MARK, KRISSY	2022-04-01	VSP	EE	\$8.75
MARK, KRISSY	2022-04-01	1861OPENAXESSPLATI	EE	\$863.03
MCINTOSH, FREDDIE	2022-04-01	1861OPENAXESSPLATI	EE	\$863.03
MCINTOSH, FREDDIE	2022-04-01	ADD		\$4.20
MCINTOSH, FREDDIE	2022-04-01	LIFE		\$16.50
MCINTOSH, FREDDIE	2022-04-01	GUARDHIGH	EE	\$47.61
MCINTOSH, FREDDIE	2022-04-01	VSP	EE	\$8.75
MISHKOWITZ, MOISHE	2022-01-01	1861OPENAXESSSILVE	ES	\$1289.33
NATHAN, CHANA	2022-04-01	1861OPENAXESSSILVE	EE	\$640.26
NATHAN, CHANA	2022-04-01	GUARDHIGH	EE	\$47.61
NATHAN, SHRAGI	2022-01-01	ADD		\$4.20
NATHAN, SHRAGI	2022-01-01	GUARDLOW	EE	\$29.44
NATHAN, SHRAGI	2022-01-01	1861OPENAXESSSILVE	EE	\$640.26
NATHAN, TZVI	2022-01-01	LIFE		\$9.60
NATHAN, TZVI	2022-01-01	1861OPENAXESSSILVE	EE	\$640.26
NELSON, ESTELLE	2022-01-01	1861OPENAXESSSILVE	EE	\$640.26
ROBERTSON, NANCY	2022-05-01	GUARDLOW	EE	\$29.44

FAIRMONT INSURANCE BROKERS, LTD  
1600 60th St  
BROOKLYN, NY 11204

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ROBERTSON, NANCY	2022-05-01	1861OPENAXESSPLATI	EE	\$863.03
ROBERTSON, NANCY	2022-05-01	VSP	EE	\$8.75
ROBERTSON, NANCY	2022-05-01	LIFE		\$49.40
ROSENBERG, DEVORA	2022-01-01	1861OPENAXESSILVE	EE	\$640.26
RUAN, KEVIN	2022-01-01	LIFE		\$9.60
RUAN, KEVIN	2022-01-01	ADD		\$21.00
RUAN, KEVIN	2022-01-01	GUARDHIGH	EE	\$47.61
RUAN, KEVIN	2022-01-01	1861OPENAXESSPLATI	EE	\$863.03
RUAN, KEVIN	2022-01-01	VSP	EE	\$8.75
SCHACHNER, JOSHUA	2022-01-01	GUARDHIGH	EE	\$47.61
SCHACHNER, JOSHUA	2022-01-01	1861OPENAXESSILVE	EE	\$640.26
SEBBAN, ANNABELLA	2022-01-01	1861OPENAXESSILVE	EE	\$640.26
SHARON, BRADLEY	2022-01-01	LIFE		\$15.00
SHARON, BRADLEY	2022-01-01	GUARDHIGH	FAM	\$160.18
SHARON, BRADLEY	2022-01-01	1861OPENAXESSILVE	FAM	\$1835.92
SHARON, BRADLEY	2022-01-01	VSP	ES	\$14.73
SHARON, EVA	2022-01-01	VSP	EE	\$8.75
SIMSOVITS, CHAYA	2022-02-01	GUARDLOW	ES	\$55.54
SIMSOVITS, CHAYA	2022-02-01	1861OPENAXESSPLATI	ES	\$1726.05
SMITH, NIKELA	2022-01-01	ADD		\$4.20
SMITH, NIKELA	2022-01-01	GUARDHIGH	EE	\$47.61
SMITH, NIKELA	2022-01-01	1861OPENAXESSPLATI	EE	\$863.03
SMITH, NIKELA	2022-01-01	VSP	EE	\$8.75
SMITH, NIKELA	2022-01-01	LIFE		\$6.00
STANISLAS, YOLANDA M	2022-01-01	ADD		\$8.40

FAIRMONT INSURANCE BROKERS, LTD  
1600 60th St  
BROOKLYN, NY 11204

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
STANISLAS, YOLANDA M	2022-01-01	GUARDHIGH	EE	\$47.61
STANISLAS, YOLANDA M	2022-01-01	1861OPENAXESSPLATI	EE	\$863.03
STANISLAS, YOLANDA M	2022-01-01	VSP	EE	\$8.75
STANISLAS, YOLANDA M	2022-01-01	LIFE		\$39.60
VAYSMAN, MAYA	2022-01-01	1861OPENAXESSPLATI	EE	\$863.03
WACHSLER, CHARLES	2022-01-01	GUARDLOW	FAM	\$100.74
WACHSLER, CHARLES	2022-01-01	1861OPENAXESSILVE	FAM	\$1835.92
WOHLGELERNTER, ABRAHAM	2022-01-01	GUARDLOW	ES	\$55.54
WOHLGELERNTER, ABRAHAM	2022-01-01	1861OPENAXESSILVE	ES	\$1289.33
WOHLGELERNTER, ABRAHAM	2022-01-01	VSP	EE	\$8.75
WOHLGELERNTER, ABRAHAM	2022-01-01	LIFE		\$10.80
YARDAN, VENESSA	2022-02-01	LIFE		\$3.60
YARDAN, VENESSA	2022-02-01	GUARDHIGH	EE	\$47.61
YARDAN, VENESSA	2022-01-01	1861OPENAXESSPLATI	EE	\$863.03
YARDAN, VENESSA	2022-02-01	VSP	EE	\$8.75
ZHAO, YU	2022-01-01	1861OPENAXESSILVE	EE	\$640.26

MEDICAL PLAN COUNTS

Employee Only	40
Employee & Spouse	7
Employee & Children	0
Family	8



## Account Services

### Monthly Statement

FERROFAB, INC  
1416 HYLAN AVE  
HAMLET, NC 28345

Invoice Number: 4686-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$21.00**	\$21.00
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDLOW	Employee Only	3	\$29.44	\$88.32
INFGOLD0759	Employee Only	2	\$0.00	\$1,166.60
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$1,966.53

FERROFAB, INC  
1416 HYLAN AVE  
HAMLET, NC 28345

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CAPPS, EARL	2021-11-01	INFGOLD0759	EE	\$583.30
CAPPS, EARL	2021-01-01	GUARDLOW	EE	\$29.44
CAPPS, EARL	2019-01-01	VSP	EE	\$8.75
HOLIDAY, LEONARD	2022-01-01	GUARDLOW	EE	\$29.44
LAMM, NORBERT	2022-01-01	ADD		\$21.00
LAMM, NORBERT	2022-01-01	GUARDHIGH	ES	\$89.81
WEST, CHRISTOPHER	2022-11-01	INFGOLD0759	EE	\$583.30
YORK, THOMAS	2020-01-01	GUARDLOW	EE	\$29.44
YORK, THOMAS	2020-01-01	VSP	EE	\$8.75

FERROFAB, INC  
1416 HYLAN AVE  
HAMLET, NC 28345

## PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CAPPS, EARL	2021-11-01	INFGOLD0759	EE	\$583.30

## MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	0
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

FETCH PET CARE OF PLANTATION

Invoice Number: 5752-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$0.84**	\$0.84
LIFE	Employee Only	1	\$6.60**	\$6.60
GRAND TOTAL				\$7.44

FETCH PET CARE OF PLANTATION

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SKOSKIE, JULIE	2022-02-01	ADD		\$0.84
SKOSKIE, JULIE	2022-02-01	LIFE		\$6.60

## MEDICAL PLAN COUNTS

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





## Account Services

### Monthly Statement

FETCH PET CARE, INC.  
19500 Victor Parkway  
Livonia, MI 48152

Invoice Number: 4604-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$4.20**	\$6.30
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee Only	4	\$29.44	\$117.76
GUARDLOW	Employee & Children	1	\$0.00	\$74.61
LIFE	Employee Only	1	\$14.30**	\$14.30
VSP	Employee Only	6	\$8.75	\$52.50
VSP	Employee & Children	1	\$0.00	\$15.02
			GRAND TOTAL	\$528.57

FETCH PET CARE, INC.  
19500 Victor Parkway  
Livonia, MI 48152

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FLESHER, A	2022-11-01	GUARDLOW	EE	\$29.44
FLESHER, A	2022-11-01	VSP	EE	\$8.75
GRONDIN, ADAM	2022-07-01	GUARDHIGH	FAM	\$160.18
HALPERN, MICHAEL	2022-10-01	VSP	EE	\$8.75
JOHNSON, LINDSEY	2022-10-01	GUARDLOW	EE	\$29.44
JOHNSON, LINDSEY	2022-10-01	VSP	EE	\$8.75
JOHNSON, THOMAS	2022-05-01	ADD		\$4.20
JOHNSON, THOMAS	2022-05-01	LIFE		\$14.30
MARTIN, RAY	2022-05-01	GUARDLOW	EE	\$29.44
MARTIN, RAY	2022-05-01	VSP	EE	\$8.75
SIMBERT, JUNIOR	2022-10-01	ADD		\$2.10
SIMBERT, JUNIOR	2022-10-01	GUARDLOW	EE	\$29.44
SIMBERT, JUNIOR	2022-10-01	VSP	EE	\$8.75
TARDIFF, MICHELLE	2022-08-01	GUARDLOW	EC	\$74.61
TARDIFF, MICHELLE	2022-08-01	VSP	EC	\$15.02
VARGO, JOANNA	2022-08-01	GUARDHIGH	EE	\$47.61
VARGO, JOANNA	2022-08-01	VSP	EE	\$8.75

FETCH PET CARE, INC.  
19500 Victor Parkway  
Livonia, MI 48152

## PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HALPERN, MICHAEL	2022-10-01	VSP	EE	\$8.75
SIMBERT, JUNIOR	2022-10-01	ADD		\$2.10
SIMBERT, JUNIOR	2022-10-01	GUARDLOW	EE	\$29.44

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

FETCH! PET CARE OF PHILADELPHIA

Invoice Number: 5839-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1935OPENAXESSPLATI	Employee Only	1	\$862.95	\$862.95
ADD	Employee Only	1	\$0.42**	\$0.42
GUARDLOW	Employee Only	1	\$29.44	\$29.44
LIFE	Employee Only	1	\$0.80**	\$0.80
VSP	Employee Only	1	\$8.75	\$8.75
GRAND TOTAL				\$1,765.31

FETCH! PET CARE OF PHILADELPHIA

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MARX, KATELYN	2022-05-01	1935OPENAXESSPLATI	EE	\$862.95
MARX, KATELYN	2022-05-01	ADD		\$0.42
MARX, KATELYN	2022-05-01	LIFE		\$0.80
MARX, KATELYN	2022-05-01	GUARDLOW	EE	\$29.44
MARX, KATELYN	2022-05-01	VSP	EE	\$8.75

FETCH! PET CARE OF PHILADELPHIA

,

PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MARX, KATELYN	2022-05-01	1935OPENAXESSPLATI	EE	\$862.95

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

FORTYONETEN  
4110 Faudree Rd  
ODESSA, TX 79765

Invoice Number: 4285-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1533OPENAXESSGOLD	Employee Only	1	\$653.81	\$653.81
1533OPENAXESSGOLD	Employee & Children	1	\$1,307.62	\$1,307.62
ADD	Employee Only	1	\$2.52**	\$2.52
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Employee & Children	1	\$117.99	\$117.99
GUARDLOW	Employee Only	4	\$29.44	\$117.76
VSP	Employee Only	4	\$8.75	\$35.00
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$2,297.33

FORTYONETEN  
4110 Faudree Rd  
ODESSA, TX 79765

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CRUZ, AIMEE	2022-01-01	GUARDHIGH	EE	\$47.61
HEALER, BOBBI	2022-01-01	ADD		\$2.52
HEALER, BOBBI	2022-01-01	GUARDLOW	EE	\$29.44
HEALER, BOBBI	2022-01-01	VSP	EE	\$8.75
PATEL, NITA	2022-01-01	1533OPENAXESSGOLD	EC2	\$1307.62
PATEL, NITA	2022-01-01	GUARDHIGH	EC2	\$117.99
PATEL, NITA	2022-01-01	VSP	EC2	\$15.02
PATEL, RUPEN	2022-01-01	1533OPENAXESSGOLD	EE	\$653.81
PATEL, RUPEN	2022-01-01	GUARDLOW	EE	\$29.44
PATEL, RUPEN	2022-01-01	VSP	EE	\$8.75
REED, DARNELL	2022-10-01	GUARDLOW	EE	\$29.44
REED, DARNELL	2022-10-01	VSP	EE	\$8.75
RICHARDSON, CHRISTOPHER	2022-01-01	GUARDLOW	EE	\$29.44
RICHARDSON, CHRISTOPHER	2022-01-01	VSP	EE	\$8.75

**MEDICAL PLAN COUNTS**

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





## Account Services

### Monthly Statement

FRIENDSWOOD FAMILY MEDICINE

Invoice Number:

6017-2022-1

Coverage Month:

NOV

Payment Due Date:

10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
2038OPENAXESSBRONZ	Employee & Children	1	\$487.36	\$986.92
2038OPENAXESSCOPPE	Employee Only	1	\$1,290.84	\$450.75
2038OPENAXESSCOPPE	Family	2	\$0.00	\$2,581.68
2038OPENAXESSPLATI	Employee Only	2	\$784.50	\$1,569.00
ADD	Employee Only	3	\$10.29**	\$13.23
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDLOW	Employee Only	1	\$29.44	\$29.44
GUARDLOW	Employee & Spouse Only	1	\$29.44	\$55.54
GUARDLOW	Employee & Children	1	\$29.44	\$74.61
GUARDLOW	Family	1	\$0.00	\$100.74
LIFE	Employee Only	6	\$42.95**	\$139.92
VSP	Employee Only	3	\$8.75	\$26.25
VSP	Employee & Spouse Only	1	\$8.75	\$14.73
VSP	Employee & Children	1	\$8.75	\$15.02
VSP	Family	2	\$0.00	\$47.52
			GRAND TOTAL	\$11,800.62

**FRIENDSWOOD FAMILY MEDICINE**

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**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BATSON, LISA	2022-07-01	ADD		\$10.29
BATSON, LISA	2022-07-01	LIFE		\$27.17
BATSON, LISA	2022-07-01	GUARDLOW	ES	\$55.54
BATSON, LISA	2022-07-01	VSP	ES	\$14.73
CANADY, CAROLYN	2022-07-01	2038OPENAXESSBRONZ EC		\$986.92
CANADY, CAROLYN	2022-07-01	LIFE		\$18.20
CANADY, CAROLYN	2022-07-01	GUARDLOW	EC	\$74.61
CANADY, CAROLYN	2022-07-01	VSP	EC	\$15.02
COLLINS, SHE'A	2022-10-01	2038OPENAXESSCOPPE EE		\$450.75
COLLINS, SHE'A	2022-10-01	ADD		\$0.84
COLLINS, SHE'A	2022-10-01	LIFE		\$2.40
COLLINS, SHE'A	2022-10-01	GUARDHIGH	EE	\$47.61
COLLINS, SHE'A	2022-10-01	VSP	EE	\$8.75
DIXON, JAMIE	2022-07-01	2038OPENAXESSPLATI EE		\$784.50
DIXON, JAMIE	2022-07-01	GUARDLOW	EE	\$29.44
DIXON, JAMIE	2022-07-01	VSP	EE	\$8.75
HENYE, VICTORIA	2022-09-01	ADD		\$2.10
HENYE, VICTORIA	2022-09-01	LIFE		\$9.60
NESLINE, GINA	2022-07-01	2038OPENAXESSCOPPE FAM		\$1290.84
NESLINE, GINA	2022-07-01	LIFE		\$42.95
NESLINE, GINA	2022-07-01	GUARDLOW	FAM	\$100.74
NESLINE, GINA	2022-07-01	VSP	FAM	\$23.76
ORSAK, GLENN	2022-07-01	2038OPENAXESSCOPPE FAM		\$1290.84
ORSAK, GLENN	2022-07-01	VSP	FAM	\$23.76
WINN, SHANNON	2022-07-01	2038OPENAXESSPLATI EE		\$784.50
WINN, SHANNON	2022-09-01	LIFE		\$39.60
WINN, SHANNON	2022-07-01	GUARDHIGH	EE	\$47.61
WINN, SHANNON	2022-07-01	VSP	EE	\$8.75

FRIENDSWOOD FAMILY MEDICINE

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## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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FRIENDSWOOD FAMILY MEDICINE

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## PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CANADY, CAROLYN	2022-07-01	2038OPENAXESSBRONZ EC		\$986.92
COLLINS, SHE'A	2022-10-01	2038OPENAXESSCOPPE EE		\$450.75
DIXON, JAMIE	2022-07-01	2038OPENAXESSPLATI EE		\$784.50
HENYE, VICTORIA	2022-09-01	ADD		\$2.10
HENYE, VICTORIA	2022-09-01	LIFE		\$9.60
NESLINE, GINA	2022-07-01	2038OPENAXESSCOPPE FAM		\$1290.84
ORSAK, GLENN	2022-07-01	2038OPENAXESSCOPPE FAM		\$1290.84
WINN, SHANNON	2022-07-01	2038OPENAXESSPLATI EE		\$784.50

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

GLASS STREAM INC.  
3675 KENNESAW N IND PKWY NW  
KENNESAW, GA 30144

Invoice Number: 4484-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1805OPENAXESSBRONZ	Employee & Spouse Only	1	\$1,287.54	\$1,287.54
1805OPENAXESSCOPPE	Employee Only	6	\$551.82	\$3,310.92
1805OPENAXESSCOPPE	Employee & Spouse Only	1	\$1,158.79	\$1,158.79
1805OPENAXESSCOPPE	Family	1	\$1,655.42	\$1,655.42
1805OPENAXESSGOLD	Employee Only	2	\$972.47	\$1,944.94
1805OPENAXESSPLATI	Employee Only	1	\$1,080.52	\$1,080.52
1805OPENAXESSSILVE	Employee Only	2	\$681.25	\$1,362.50
1805OPENAXESSSILVE	Family	1	\$2,043.73	\$2,043.73
ADD	Employee Only	5	\$4.20**	\$23.10
GUARDHIGH	Employee Only	5	\$47.61	\$238.05
GUARDLOW	Employee Only	6	\$29.44	\$176.64
GUARDLOW	Employee & Spouse Only	3	\$55.54	\$166.62
GUARDLOW	Family	1	\$100.74	\$100.74
LIFE	Employee Only	5	\$25.03**	\$180.06
VSP	Employee Only	6	\$8.75	\$52.50
VSP	Employee & Spouse Only	3	\$14.73	\$44.19
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$14,850.02

GLASS STREAM INC.  
3675 KENNESAW N IND PKWY NW  
KENNESAW, GA 30144

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BECKWITH, FIRMAN	2022-01-01	GUARDLOW	ES	\$55.54
BECKWITH, FIRMAN	2022-01-01	1805OPENAXESSCOPPE	ES	\$1158.79
BECKWITH, FIRMAN	2022-01-01	VSP	ES	\$14.73
BENITEZ, JUAN CARLOS	2022-01-01	GUARDLOW	EE	\$29.44
BENITEZ, JUAN CARLOS	2022-01-01	1805OPENAXESSCOPPE	EE	\$551.82
DANGAR III, PAUL	2022-01-01	GUARDLOW	FAM	\$100.74
DANGAR III, PAUL	2022-01-01	1805OPENAXESSCOPPE	FAM	\$1655.42
DANGAR III, PAUL	2022-01-01	VSP	FAM	\$23.76
HENDERSON, DANNY	2022-01-01	VSP	EE	\$8.75
HENDERSON, DANNY	2022-09-01	LIFE		\$50.05
HENDERSON, DANNY	2022-01-01	ADD		\$4.20
HENDERSON, MATTHEW	2022-01-01	ADD		\$4.20
HENDERSON, MATTHEW	2022-01-01	GUARDHIGH	EE	\$47.61
HENDERSON, MATTHEW	2022-01-01	VSP	EE	\$8.75
HOLDER, PHILLIP	2022-01-01	GUARDLOW	ES	\$55.54
HOLDER, PHILLIP	2022-01-01	1805OPENAXESSBRONZ	ES	\$1287.54
LONG, DARIN	2022-01-01	GUARDHIGH	EE	\$47.61
LONG, DARIN	2022-01-01	1805OPENAXESSCOPPE	EE	\$551.82
LOPEZ, CRISTOBAL	2022-01-01	GUARDHIGH	EE	\$47.61
LOPEZ, CRISTOBAL	2022-01-01	1805OPENAXESSCOPPE	EE	\$551.82
LOPEZ, CRISTOBAL	2022-01-01	VSP	EE	\$8.75
MCELROY, ANDREW	2022-01-01	GUARDHIGH	EE	\$47.61
MCELROY, ANDREW	2022-01-01	1805OPENAXESSCOPPE	EE	\$551.82
MCELROY, ANDREW	2022-01-01	VSP	EE	\$8.75
MOORE, KATHERINE	2022-01-01	GUARDLOW	ES	\$55.54
MOORE, KATHERINE	2022-01-01	1805OPENAXESSPLATI	EE	\$1080.52

GLASS STREAM INC.  
3675 KENNESAW N IND PKWY NW  
KENNESAW, GA 30144

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MOORE, KATHERINE	2022-01-01	VSP	ES	\$14.73
OSBORNE, RANDY	2022-01-01	1805OPENAXESSILVE	FAM	\$2043.73
PEPPER, TOMMY	2022-01-01	GUARDLOW	EE	\$29.44
PEPPER, TOMMY	2022-01-01	1805OPENAXESSILVE	EE	\$681.25
PEPPER, TOMMY	2022-01-01	VSP	EE	\$8.75
RIVAS, WILFREDO	2022-01-01	GUARDLOW	EE	\$29.44
RIVAS, WILFREDO	2022-01-01	1805OPENAXESSCOPPE	EE	\$551.82
ROGERS, ANDY	2022-01-01	ADD		\$4.20
ROGERS, ANDY	2022-01-01	GUARDHIGH	EE	\$47.61
ROGERS, ANDY	2022-01-01	1805OPENAXESSILVE	EE	\$681.25
ROGERS, ANDY	2022-01-01	LIFE		\$9.60
VENTURA, DAVID	2022-01-01	GUARDLOW	EE	\$29.44
VENTURA, DAVID	2022-01-01	1805OPENAXESSCOPPE	EE	\$551.82
VIRAMONTES, MICHELE	2022-01-01	LIFE		\$23.88
VIRAMONTES, MICHELE	2022-01-01	ADD		\$6.30
WATSON, KENNETH	2022-01-01	GUARDLOW	EE	\$29.44
WATSON, KENNETH	2022-01-01	1805OPENAXESSGOLD	EE	\$972.47
WATSON, KENNETH	2022-01-01	VSP	ES	\$14.73
WATSON, KENNETH	2022-05-01	LIFE		\$25.03
WILSON, ANTHONY	2022-08-01	LIFE		\$71.50
WILSON, ANTHONY	2022-01-01	ADD		\$4.20
WILSON, ANTHONY	2022-01-01	GUARDLOW	EE	\$29.44
WILSON, ANTHONY	2022-01-01	1805OPENAXESSGOLD	EE	\$972.47
WILSON, ANTHONY	2022-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

Employee Only	11
Employee & Spouse	2
Employee & Children	0
Family	2



## Account Services

### Monthly Statement

GLOBIWEST MANAGEMENT SERVICES, LLC

Invoice Number: 5517-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$0.00**	\$12.60
GRAND TOTAL				\$12.60



GLOBIWEST MANAGEMENT SERVICES, LLC

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
STEEN, ACACIA	03/01/2022	ADD		\$12.60

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

GOGLOBAL USA  
3 E 3rd Ave Ste 200  
SAN MATEO, CA 94401

Invoice Number: 4391-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1689OPENAXESSBRONZ	Employee Only	1	\$487.36	\$487.36
1689OPENAXESSBRONZ	Employee & Spouse Only	1	\$986.92	\$986.92
1689OPENAXESSCOPPE	Employee Only	1	\$450.75	\$450.75
1689OPENAXESSCOPPE	Employee & Children	1	\$825.52	\$825.52
1689OPENAXESSGOLD	Employee Only	3	\$653.81	\$1,961.43
1689OPENAXESSGOLD	Employee & Spouse Only	1	\$1,307.62	\$1,307.62
1689OPENAXESSGOLD	Employee & Children	1	\$1,307.62	\$1,307.62
1689OPENAXESSGOLD	Family	3	\$1,961.43	\$5,884.29
1689OPENAXESSPLATI	Employee Only	5	\$784.50	\$3,922.50
1689OPENAXESSPLATI	Employee & Spouse Only	1	\$1,569.14	\$1,569.14
1689OPENAXESSPLATI	Employee & Children	1	\$0.00	\$1,569.14
1689OPENAXESSPLATI	Family	4	\$2,353.72	\$9,414.88
1689OPENAXESSSILVE	Employee Only	1	\$548.18	\$548.18
1689OPENAXESSSILVE	Employee & Spouse Only	1	\$1,096.36	\$1,096.36
1689OPENAXESSSILVE	Family	1	\$1,644.54	\$1,644.54
ADD	Employee Only	16	\$21.00**	\$266.70
GUARDHIGH	Employee Only	5	\$47.61	\$238.05
GUARDHIGH	Employee & Spouse Only	2	\$89.81	\$179.62
GUARDHIGH	Employee & Children	2	\$89.81	\$207.80
GUARDHIGH	Family	5	\$160.18	\$800.90
GUARDLOW	Employee Only	5	\$29.44	\$147.20
GUARDLOW	Employee & Spouse Only	2	\$55.54	\$111.08
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
GUARDLOW	Family	1	\$100.74	\$100.74
LIFE	Employee Only	15	\$39.60**	\$286.91
VSP	Employee Only	7	\$8.75	\$61.25
VSP	Employee & Spouse Only	5	\$14.73	\$73.65
VSP	Employee & Children	2	\$15.02	\$30.04
VSP	Family	6	\$23.76	\$142.56
GRAND TOTAL				\$37,490.13

GOGLOBAL USA  
3 E 3rd Ave Ste 200  
SAN MATEO, CA 94401

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BREISMEISTER, GLENDON	2022-10-01	ADD		\$14.70
BREISMEISTER, GLENDON	2022-10-01	LIFE		\$14.40
BULLEN, RYAN	2021-06-01	1689OPENAXESSGOLD	EE	\$653.81
CAREY, TAYLOR	2021-12-01	GUARDHIGH	EE	\$47.61
CAREY, TAYLOR	2021-12-01	1689OPENAXESSPLATI	EE	\$784.50
CAREY, TAYLOR	2021-12-01	VSP	EE	\$8.75
CHUNG, DAVID	2022-07-01	ADD		\$21.00
CHUNG, DAVID	2022-07-01	LIFE		\$39.60
CURLEE, STEPHEN	2022-01-01	GUARDLOW	ES	\$55.54
CURLEE, STEPHEN	2022-01-01	1689OPENAXESSILVE	ES	\$1096.36
CURLEE, STEPHEN	2022-01-01	VSP	ES	\$14.73
DENEGRE, JAMES	2022-04-01	ADD		\$4.20
FENG, ALICE	2022-04-01	GUARDHIGH	EC	\$89.81
FENG, ALICE	2022-04-01	1689OPENAXESSCOPPE	EC	\$825.52
FOREMAN, KEVIN	2022-05-01	ADD		\$0.42
FOREMAN, KEVIN	2022-05-01	LIFE		\$4.94
FOWLER, JESSICA	2022-10-01	LIFE		\$4.50
FOWLER, JESSICA	2022-10-01	GUARDLOW	EE	\$29.44
FOWLER, JESSICA	2022-10-01	1689OPENAXESSGOLD	EE	\$653.81
FRANCOIS, JEAN	2022-03-01	1689OPENAXESSPLATI	EE	\$784.50
FRANCOIS, JEAN	2022-03-01	LIFE		\$19.10
FRANCOIS, JEAN	2022-03-01	ADD		\$1.26
FRANCOIS, JEAN	2022-03-01	GUARDHIGH	EE	\$47.61
FRANCOIS, JEAN	2022-03-01	VSP	EE	\$8.75
GALLAGHER, MARTHA	2022-03-01	GUARDLOW	FAM	\$100.74
GALLAGHER, MARTHA	2022-03-01	1689OPENAXESSPLATI	FAM	\$2353.72

GOGLOBAL USA  
3 E 3rd Ave Ste 200  
SAN MATEO, CA 94401

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GALLAGHER, MARTHA	2022-03-01	VSP	FAM	\$23.76
GILBERTSON, NICHOLAS	2022-09-01	ADD		\$21.00
GILBERTSON, NICHOLAS	2022-09-01	LIFE		\$9.60
HAMAMATSU, NORIO	2022-11-01	1689OPENAXESSPLATI	FAM	\$2353.72
HAMAMATSU, NORIO	2022-11-01	VSP	ES	\$14.73
HAMAMATSU, NORIO	2022-11-01	ADD		\$34.02
HAMAMATSU, NORIO	2022-11-01	LIFE		\$49.55
HAMAMATSU, NORIO	2022-11-01	GUARDHIGH	FAM	\$160.18
HARIA, BHARAT	2022-01-01	GUARDHIGH	FAM	\$160.18
HARIA, BHARAT	2022-01-01	1689OPENAXESSPLATI	FAM	\$2353.72
HARIA, BHARAT	2022-01-01	VSP	FAM	\$23.76
LINDQUIST, ANDREW	2021-07-01	GUARDHIGH	FAM	\$160.18
LINDQUIST, ANDREW	2021-06-01	1689OPENAXESSGOLD	FAM	\$1961.43
LINDQUIST, ANDREW	2021-07-01	VSP	FAM	\$23.76
MCGILL, JOHN	2022-05-01	LIFE		\$6.00
MCGILL, JOHN	2022-05-01	GUARDLOW	EE	\$29.44
MCGILL, JOHN	2022-05-01	1689OPENAXESSCOPPE	EE	\$450.75
MCGILL, JOHN	2022-05-01	VSP	EE	\$8.75
MILLER, ADAM	2022-01-01	LIFE		\$24.70
MILLER, ADAM	2022-01-01	ADD		\$18.90
MUFTI, NAMI	2022-05-01	GUARDLOW	EE	\$29.44
MUFTI, NAMI	2022-05-01	1689OPENAXESSILVE	EE	\$548.18
OKIMURO, KOHEI	2021-08-01	GUARDHIGH	FAM	\$160.18
OKIMURO, KOHEI	2021-06-01	1689OPENAXESSGOLD	FAM	\$1961.43
OKIMURO, KOHEI	2021-08-01	VSP	FAM	\$23.76

GOGLOBAL USA  
3 E 3rd Ave Ste 200  
SAN MATEO, CA 94401

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
OLIVA, MELISSA	2022-06-01	ADD		\$25.62
OLIVA, MELISSA	2022-06-01	LIFE		\$24.62
OLIVA, MELISSA	2022-06-01	GUARDHIGH	FAM	\$160.18
OLIVA, MELISSA	2022-06-01	1689OPENAXESSPLATI	FAM	\$2353.72
OLIVA, MELISSA	2022-06-01	VSP	FAM	\$23.76
RADOSAVLJEVIC, BRANKO	2022-01-01	1689OPENAXESSILVE	FAM	\$1644.54
RADOSAVLJEVIC, BRANKO	2022-01-01	VSP	FAM	\$23.76
RADOSAVLJEVIC, BRANKO	2022-01-01	LIFE		\$42.95
RADOSAVLJEVIC, BRANKO	2022-01-01	ADD		\$23.52
ROLDAN, GRETHEL	2022-03-01	ADD		\$8.40
ROLDAN, GRETHEL	2022-03-01	GUARDHIGH	EE	\$47.61
ROLDAN, GRETHEL	2022-03-01	1689OPENAXESSBRONZ	EE	\$487.36
ROLDAN, GRETHEL	2022-03-01	VSP	EE	\$8.75
ROULSTON, MARCILLA	2021-07-01	LIFE		\$13.05
ROULSTON, MARCILLA	2021-07-01	GUARDHIGH	ES	\$89.81
ROULSTON, MARCILLA	2021-06-01	1689OPENAXESSGOLD	ES	\$1307.62
ROULSTON, MARCILLA	2021-07-01	VSP	ES	\$14.73
ROWETT, MATTHEW	2021-09-01	GUARDLOW	EE	\$29.44
ROWETT, MATTHEW	2021-09-01	1689OPENAXESSGOLD	EE	\$653.81
SAID, LEILA	2022-01-01	GUARDHIGH	EE	\$47.61
SAID, LEILA	2022-01-01	1689OPENAXESSPLATI	EE	\$784.50
SCHAAB, KEVIN	2022-09-01	ADD		\$4.20
SHARMA, AMITABH	2022-04-01	GUARDHIGH	ES	\$89.81
SHARMA, AMITABH	2022-04-01	1689OPENAXESSBRONZ	ES	\$986.92
SHARMA, AMITABH	2022-04-01	VSP	ES	\$14.73

GOGLOBAL USA  
3 E 3rd Ave Ste 200  
SAN MATEO, CA 94401

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SUTTON SMITH, PAIGE	2022-03-01	LIFE		\$4.00
SUTTON SMITH, PAIGE	2022-03-01	GUARDLOW	ES	\$55.54
SUTTON SMITH, PAIGE	2022-03-01	1689OPENAXESSPLATI	ES	\$1569.14
SUTTON SMITH, PAIGE	2022-03-01	VSP	ES	\$14.73
VALENZUELA, JESSICA	2022-04-01	ADD		\$5.04
VALENZUELA, JESSICA	2022-04-01	GUARDLOW	EC	\$74.61
VALENZUELA, JESSICA	2022-04-01	1689OPENAXESSGOLD	EC	\$1307.62
VALENZUELA, JESSICA	2022-04-01	VSP	EC	\$15.02
VALENZUELA, JESSICA	2022-04-01	LIFE		\$10.80
VASANT, AMIT	2022-01-01	1689OPENAXESSGOLD	FAM	\$1961.43
VICK, LINDSAY	2022-05-01	GUARDHIGH	EE	\$47.61
VICK, LINDSAY	2022-05-01	1689OPENAXESSPLATI	EE	\$784.50
VICK, LINDSAY	2022-05-01	VSP	EE	\$8.75
WAN, JIE	2022-01-01	ADD		\$21.00
WAN, JIE	2022-01-01	GUARDLOW	EE	\$29.44
WAN, JIE	2022-01-01	1689OPENAXESSPLATI	EE	\$784.50
WAN, JIE	2022-01-01	VSP	EE	\$8.75
WILSON, COREY	2022-10-01	ADD		\$42.42
WILSON, COREY	2022-10-01	LIFE		\$19.10
WILSON, COREY	2022-10-01	GUARDHIGH	EC2	\$117.99
WILSON, COREY	2022-10-01	1689OPENAXESSPLATI	EC2	\$1569.14
WILSON, COREY	2022-10-01	VSP	EC2	\$15.02
YANG, WEIJIE	2022-10-01	VSP	EE	\$8.75
ZHOU, RUI	2022-09-01	ADD		\$21.00

GOGLOBAL USA  
 3 E 3rd Ave Ste 200  
 SAN MATEO, CA 94401

PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BREISMEISTER, GLENDON	2022-10-01	ADD		\$14.70
BREISMEISTER, GLENDON	2022-10-01	LIFE		\$14.40
WILSON, COREY	2022-10-01	ADD		\$42.42
WILSON, COREY	2022-10-01	LIFE		\$19.10
WILSON, COREY	2022-10-01	GUARDHIGH	EC2	\$117.99
WILSON, COREY	2022-10-01	1689OPENAXESSPLATI	EC2	\$1569.14
WILSON, COREY	2022-10-01	VSP	EC2	\$15.02

MEDICAL PLAN COUNTS

Employee Only	11
Employee & Spouse	4
Employee & Children	2
Family	8



## Account Services

### Monthly Statement

GRAY MATTERS

Invoice Number: 6044-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$7.14**	\$7.14
GUARDHIGH	Family	1	\$0.00	\$160.18
LIFE	Employee Only	1	\$71.50**	\$71.50
			GRAND TOTAL	\$238.82



## GRAY MATTERS

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
RYAN, DAVID	2022-08-01	ADD		\$7.14
RYAN, DAVID	2022-08-01	LIFE		\$71.50
RYAN, DAVID	2022-08-01	GUARDHIGH	FAM	\$160.18

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

GROW TODAY

Invoice Number: 5972-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1988OPENAXESSGOLD	Employee Only	1	\$719.19	\$719.19
ADD	Employee Only	1	\$0.42**	\$0.42
GUARDLOW	Employee Only	1	\$29.44	\$29.44
LIFE	Employee Only	1	\$2.40**	\$2.40
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$1,479.39

GROW TODAY

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
LOUISDHON, LUDOVIC	2022-06-01	ADD		\$0.42
LOUISDHON, LUDOVIC	2022-06-01	LIFE		\$2.40
LOUISDHON, LUDOVIC	2022-06-01	GUARDLOW	EE	\$29.44
LOUISDHON, LUDOVIC	2022-06-01	VSP	EE	\$8.75
LOUISDHON, LUDOVIC	2022-06-01	1988OPENAXESSGOLD	EE	\$719.19

GROW TODAY

,

PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
LOUISDHON, LUDOVIC	2022-06-01	1988OPENAXESSGOLD	EE	\$719.19

## MEDICAL PLAN COUNTS

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



**Account Services**  
**Monthly Statement**

GUARDIAN FIDUCIARY SERVICES  
11919 PLAZA DRIVE  
PAWLEYS ISLAND, SC 29576

Invoice Number: 4685-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
			GRAND TOTAL	\$47.61

GUARDIAN FIDUCIARY SERVICES  
11919 PLAZA DRIVE  
PAWLEYS ISLAND, SC 29576

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MANTELL, STEPHEN	2017-12-01	GUARDHIGH	EE	\$47.61

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

GUESTS HOSPITALITY STAFFING  
135 S. HOLIDAY STREET  
STRASBURG, VA 22657

Invoice Number: 4528-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$5.88**	\$7.98
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDLOW	Employee Only	1	\$29.44	\$29.44
LIFE	Employee Only	2	\$12.00**	\$19.15
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$265.08

GUESTS HOSPITALITY STAFFING  
135 S. HOLIDAY STREET  
STRASBURG, VA 22657

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CLONTZ, DAVID	2022-07-01	GUARDHIGH	EE	\$47.61
CLONTZ, DAVID	2022-07-01	VSP	EE	\$8.75
HAMMONDS, ELIJAH	2022-06-01	ADD		\$5.88
HAMMONDS, ELIJAH	2022-06-01	LIFE		\$12.00
HAMMONDS, ELIJAH	2022-06-01	GUARDLOW	EE	\$29.44
KVETON, FRANKLIN	2022-01-01	GUARDHIGH	ES	\$89.81
KVETON, FRANKLIN	2022-01-01	VSP	ES	\$14.73
LUND, MICHAEL	2022-01-01	GUARDHIGH	EE	\$47.61
PEARCE, CATHERINE	2022-01-01	ADD		\$2.10
PEARCE, CATHERINE	2022-01-01	LIFE		\$7.15

## MEDICAL PLAN COUNTS

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





## Account Services

### Monthly Statement

GUESTS INC STRASBURG  
135 S HOLIDAY STREET  
STRASBURG, VA 22657

Invoice Number: 4128-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1096OPENAXESSBRONZ	Employee Only	1	\$487.36	\$487.36
1096OPENAXESSGOLD	Employee Only	4	\$653.81	\$2,615.24
1096OPENAXESSGOLD	Family	1	\$1,961.43	\$1,961.43
GUARDHIGH	Employee & Children	1	\$117.99	\$117.99
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$5,220.21

GUESTS INC STRASBURG  
135 S HOLIDAY STREET  
STRASBURG, VA 22657

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CAVALLARO, DAVID	2021-10-01	GUARDHIGH	EC2	\$117.99
FABUS, AMANDA	2022-02-01	1096OPENAXESSBRONZ	EE	\$487.36
FARMER, GRACE	2020-12-01	1096OPENAXESSGOLD	EE	\$653.81
MILLER, SHANNON	2020-12-01	1096OPENAXESSGOLD	EE	\$653.81
STEPHENS, KEITH	2020-12-01	1096OPENAXESSGOLD	FAM	\$1961.43
VOLPINI-HOLLAND, KATHRYN	2022-01-26	1096OPENAXESSGOLD	EE	\$653.81
VOLPINI-HOLLAND, KATHRYN	2022-01-26	GUARDLOW	EE	\$29.44
VOLPINI-HOLLAND, KATHRYN	2022-01-26	VSP	EE	\$8.75
WALLACE, ROY	2020-12-01	1096OPENAXESSGOLD	EE	\$653.81

**MEDICAL PLAN COUNTS**

Employee Only	5
Employee & Spouse	0
Employee & Children	0
Family	1



## Account Services

### Monthly Statement

HAMPTON INN LAUREL  
7900 BRAYGREEN ROAD  
LAUREL, MD 20707

Invoice Number: 4737-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee & Spouse Only	1	\$0.00	\$55.54
NEEMAOPENAXESSESSE	Employee Only	1	\$489.70	\$489.70
NEEMAOPENAXESSPREM	Employee & Spouse Only	1	\$0.00	\$1,155.73
			GRAND TOTAL	\$1,700.97

HAMPTON INN LAUREL  
7900 BRAYGREEN ROAD  
LAUREL, MD 20707

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
LUEJE ORTEGA, BELEN	2021-02-01	NEEMAOPENAXESSESSIEE		\$489.70
THAKRAR, SANDEEP	2022-08-01	NEEMAOPENAXESSPREMS		\$1155.73
THAKRAR, SANDEEP	2022-08-01	GUARDLOW	ES	\$55.54

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

HAMPTON INN OMAHA MIDTOWN - AKSARBEN AREA

Invoice Number: 6155-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
			GRAND TOTAL	\$95.22

HAMPTON INN OMAHA MIDTOWN - AKSARBEN AREA

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
NOEL, JUSTIN	2022-10-01	GUARDHIGH	EE	\$47.61

HAMPTON INN OMAHA MIDTOWN - AKSARBEN AREA

,

## PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
NOEL, JUSTIN	2022-10-01	GUARDHIGH	EE	\$47.61

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

HARD HEAD HOLDINGS, LLC  
1401 S EDGEWOOD STREET  
BALTIMORE, MD 21227

Invoice Number: 4160-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
CANALWORKSADD	Employee Only	1	\$0.78	\$0.67
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$38.86



HARD HEAD HOLDINGS, LLC  
1401 S EDGEWOOD STREET  
BALTIMORE, MD 21227

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
RAVENELL, MIGEAL A	2021-01-01	GUARDLOW	EE	\$29.44
RAVENELL, MIGEAL A	2021-01-01	VSP	EE	\$8.75
RAVENELL, MIGEAL A	2022-08-01	CANALWORKSADD		\$0.67

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

HOLIDAY INN - SANTA ANA  
2726 S GRAND AVE  
SANTA ANA, CA 92705

Invoice Number: 4270-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1509OPENAXESSCOPPE	Employee Only	2	\$365.33	\$730.66
1509OPENAXESSILVE	Employee & Children	1	\$806.72	\$806.72
ADD	Employee Only	1	\$2.10**	\$2.10
GUARDHIGH	Employee Only	3	\$47.61	\$142.83
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
LIFE	Employee Only	3	\$3.00**	\$136.65
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$1,932.25

HOLIDAY INN - SANTA ANA  
2726 S GRAND AVE  
SANTA ANA, CA 92705

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ATAYDE, FRANCISCO	2022-01-01	1509OPENAXESSILVE	EC	\$806.72
ATAYDE, FRANCISCO	2022-01-01	GUARDHIGH	EE	\$47.61
ATAYDE, FRANCISCO	2022-01-01	VSP	EE	\$8.75
BAUTISTA, DOMINGA	2020-08-01	GUARDHIGH	ES	\$89.81
BERMEJO, VICTOR	2022-01-01	ADD		\$2.10
BERMEJO, VICTOR	2022-01-01	LIFE		\$3.00
COLBERT, DOCIA	2022-01-01	1509OPENAXESSCOPPE	EE	\$365.33
COLBERT, DOCIA	2022-01-01	GUARDHIGH	EE	\$47.61
COLBERT, DOCIA	2022-01-01	LIFE		\$85.80
JAEN, HEBER	2022-01-12	1509OPENAXESSCOPPE	EE	\$365.33
JAEN, HEBER	2022-01-12	GUARDHIGH	EE	\$47.61
TRUJILLO GARCIA, GABRIEL	2020-08-01	VSP	ES	\$14.73
TRUJILLO GARCIA, GABRIEL	2021-11-01	LIFE		\$47.85

**MEDICAL PLAN COUNTS**

Employee Only	2
Employee & Spouse	0
Employee & Children	1
Family	0



## Account Services

### Monthly Statement

HOLIDAY INN EXPRESS & SUITES HUNTSVILLE

Invoice Number: 6108-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$103.97

HOLIDAY INN EXPRESS &amp; SUITES HUNTSVILLE

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KING, TOI	2022-10-01	GUARDHIGH	EE	\$47.61
KING, TOI	2022-10-01	VSP	EE	\$8.75

HOLIDAY INN EXPRESS &amp; SUITES HUNTSVILLE

,

PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KING, TOI	2022-10-01	GUARDHIGH	EE	\$47.61

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

HOLIDAY INN EXPRESS & SUITES SELINGSGROVE  
651 N SUSQUEHANNA TRAIL  
SELINGSGROVE, PA 17870

Invoice Number: 4743-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$0.42**	\$0.42
GUARDHIGH	Employee Only	3	\$47.61	\$142.83
GUARDLOW	Employee Only	1	\$29.44	\$29.44
LIFE	Employee Only	1	\$3.30**	\$3.30
NEEMAOPENAXESSPREM	Employee Only	1	\$589.20	\$589.20
VSP	Employee Only	4	\$8.75	\$35.00
			GRAND TOTAL	\$800.19

HOLIDAY INN EXPRESS & SUITES SELINGSGROVE  
 651 N SUSQUEHANNA TRAIL  
 SELINGSGROVE, PA 17870

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
AIKEY, ARLENE	2019-02-01	VSP	EE	\$8.75
DRUM, ROBERT	2022-03-01	GUARDHIGH	EE	\$47.61
DRUM, ROBERT	2022-03-01	VSP	EE	\$8.75
POOLE, HANEEFAH	2022-01-01	GUARDHIGH	EE	\$47.61
STROWBRIDGE, JODY	2022-01-01	ADD		\$0.42
STROWBRIDGE, JODY	2022-01-01	GUARDLOW	EE	\$29.44
STROWBRIDGE, JODY	2022-01-01	VSP	EE	\$8.75
STROWBRIDGE, JODY	2022-01-01	LIFE		\$3.30
WALTER, CAROLYN	2020-02-01	NEEMAOPENAXESSPREME	EE	\$589.20
WALTER, CAROLYN	2020-01-01	GUARDHIGH	EE	\$47.61
WALTER, CAROLYN	2019-02-01	VSP	EE	\$8.75

**MEDICAL PLAN COUNTS**

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





## Account Services

### Monthly Statement

HOLIDAY INN EXPRESS CANONSBURG  
4000 HORIZON VUE DRIVE  
CANONSBURG, PA 15317

Invoice Number: 4742-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
LIFE	Employee Only	1	\$9.60**	\$4.10
VSP	Employee & Children	1	\$0.00	\$15.02
			GRAND TOTAL	\$66.73

HOLIDAY INN EXPRESS CANONSBURG  
4000 HORIZON VUE DRIVE  
CANONSBURG, PA 15317

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ROWLEY JR, TOMMY	2021-01-01	GUARDHIGH	EE	\$47.61
STAMPS, CHEYENNE	2022-08-01	LIFE		\$4.10
STAMPS, CHEYENNE	2022-08-01	VSP	EC	\$15.02

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

HOLIDAY INN EXPRESS HOTEL & SUITE LIMON

Invoice Number: 5845-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GRAND TOTAL				\$0.00

HOLIDAY INN EXPRESS HOTEL &amp; SUITE LIMON

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

HOLIDAY INN EXPRESS MECHANICSBURG  
6325 CARLISLE PIKE  
MECHANICSBURG, PA 17050

Invoice Number: 4738-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
NEEMAOPENAXESSPREM	Employee Only	1	\$589.20	\$589.20
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$1,263.53

HOLIDAY INN EXPRESS MECHANICSBURG  
6325 CARLISLE PIKE  
MECHANICSBURG, PA 17050

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BLAUCH, CHRISTINE	2022-01-01	VSP	EE	\$8.75
YOUNG, RODNEY	2020-02-01	NEEMAOPENAXESSPREME	EE	\$589.20
YOUNG, RODNEY	2020-01-01	GUARDLOW	EE	\$29.44
YOUNG, RODNEY	2020-01-01	VSP	EE	\$8.75

HOLIDAY INN EXPRESS MECHANICSBURG  
6325 CARLISLE PIKE  
MECHANICSBURG, PA 17050

## PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
YOUNG, RODNEY	2020-02-01	NEEMAOPENAXESSPREMIER	EE	\$589.20
YOUNG, RODNEY	2020-01-01	GUARDLOW	EE	\$29.44
YOUNG, RODNEY	2020-01-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

HOME2 AND TRU BY HILTON OMAHA I-80 AT 72ND STREET

Invoice Number: 6154-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$4.20**	\$4.20
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDLOW	Employee Only	1	\$29.44	\$29.44
LIFE	Employee Only	1	\$33.00**	\$33.00
VSP	Employee Only	4	\$8.75	\$35.00
			GRAND TOTAL	\$393.72



HOME2 AND TRU BY HILTON OMAHA I-80 AT 72ND STREET

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FISHER, AMY	2022-10-01	LIFE		\$33.00
FISHER, AMY	2022-10-01	GUARDHIGH	EE	\$47.61
FISHER, AMY	2022-10-01	VSP	EE	\$8.75
OGDEN, KIM	2022-10-01	GUARDLOW	EE	\$29.44
OGDEN, KIM	2022-10-01	VSP	EE	\$8.75
PIERCE, CARRIE	2022-10-01	GUARDHIGH	EE	\$47.61
PIERCE, CARRIE	2022-10-01	VSP	EE	\$8.75
WRIGHT, SANDRA	2022-10-01	ADD		\$4.20
WRIGHT, SANDRA	2022-10-01	VSP	EE	\$8.75

HOME2 AND TRU BY HILTON OMAHA I-80 AT 72ND STREET

,

## PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FISHER, AMY	2022-10-01	LIFE		\$33.00
FISHER, AMY	2022-10-01	GUARDHIGH	EE	\$47.61
FISHER, AMY	2022-10-01	VSP	EE	\$8.75
OGDEN, KIM	2022-10-01	GUARDLOW	EE	\$29.44
OGDEN, KIM	2022-10-01	VSP	EE	\$8.75
PIERCE, CARRIE	2022-10-01	GUARDHIGH	EE	\$47.61
PIERCE, CARRIE	2022-10-01	VSP	EE	\$8.75
WRIGHT, SANDRA	2022-10-01	ADD		\$4.20
WRIGHT, SANDRA	2022-10-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

HOME2 SUITES BY HILTON OMAHA UN MED CTR AREA

Invoice Number: 6153-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$2.94**	\$2.94
GUARDLOW	Employee Only	1	\$29.44	\$29.44
LIFE	Employee Only	1	\$10.70**	\$10.70
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$51.83

HOME2 SUITES BY HILTON OMAHA UN MED CTR AREA

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BONNER, PRECIOUS	2022-11-01	ADD		\$2.94
BONNER, PRECIOUS	2022-11-01	LIFE		\$10.70
BONNER, PRECIOUS	2022-11-01	GUARDLOW	EE	\$29.44
BONNER, PRECIOUS	2022-11-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

HONEY CREEK STAFFING  
9111 Cross Park Dr Ste D200  
KNOXVILLE, TN 37923

Invoice Number: 4308-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	5	\$4.20**	\$34.86
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDHIGH	Employee & Children	1	\$0.00	\$89.81
GUARDLOW	Employee & Children	2	\$74.61	\$149.22
GUARDLOW	Family	1	\$0.00	\$100.74
LIFE	Employee Only	3	\$8.00**	\$19.41
VSP	Employee Only	2	\$8.75	\$17.50
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
VSP	Employee & Children	3	\$15.02	\$45.06
VSP	Family	1	\$0.00	\$23.76
GRAND TOTAL				\$680.12

HONEY CREEK STAFFING  
9111 Cross Park Dr Ste D200  
KNOXVILLE, TN 37923

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BALLARD, MARK	2022-08-01	ADD		\$4.62
BALLARD, MARK	2022-08-01	LIFE		\$6.20
BALLARD, MARK	2022-08-01	GUARDLOW	FAM	\$100.74
BALLARD, MARK	2022-08-01	VSP	FAM	\$23.76
BEMER, STEVEN	2022-10-01	ADD		\$21.42
BEMER, STEVEN	2022-10-01	LIFE		\$11.30
BEMER, STEVEN	2022-10-01	GUARDHIGH	EC	\$89.81
BEMER, STEVEN	2022-10-01	VSP	EC	\$15.02
FLEECE, RONALD	2022-08-01	ADD		\$4.20
FLEECE, RONALD	2022-08-01	GUARDHIGH	EE	\$47.61
FLEECE, RONALD	2022-08-01	VSP	EE	\$8.75
FOLINO, BROCK	2022-10-01	GUARDHIGH	EE	\$47.61
HIRT, WAYNE	2022-08-01	VSP	EE	\$8.75
MCCLEARY, JONATHAN	2022-07-01	GUARDLOW	EC2	\$74.61
MCCLEARY, JONATHAN	2022-07-01	VSP	EC2	\$15.02
UPTON, SHANNON	2022-10-01	ADD		\$0.42
UPTON, SHANNON	2022-10-01	LIFE		\$1.91
UPTON, SHANNON	2022-10-01	GUARDLOW	EC2	\$74.61
UPTON, SHANNON	2022-10-01	VSP	EC2	\$15.02
WHITEHALL, TROY	2022-08-01	ADD		\$4.20
WHITEHALL, TROY	2022-08-01	GUARDHIGH	ES	\$89.81
WHITEHALL, TROY	2022-08-01	VSP	ES	\$14.73

**MEDICAL PLAN COUNTS**

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



## Account Services

### Monthly Statement

HORIZONS HRS  
118 WEST 5TH STREET SUITE 202  
COVINGTON, KY 41011

Invoice Number: 4219-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1399OPENAXESSBRONZ	Employee Only	1	\$487.36	\$487.36
1399OPENAXESSGOLD	Employee Only	1	\$653.81	\$653.81
ADD	Employee Only	4	\$0.84**	\$13.02
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee Only	2	\$29.44	\$58.88
GUARDLOW	Employee & Spouse Only	1	\$55.54	\$55.54
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
LIFE	Employee Only	3	\$2.40**	\$11.10
VSP	Employee Only	5	\$8.75	\$43.75
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
VSP	Employee & Children	1	\$15.02	\$15.02
GRAND TOTAL				\$1,573.16

HORIZONS HRS  
118 WEST 5TH STREET SUITE 202  
COVINGTON, KY 41011

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CAMPBELL, WILLIAM	2022-10-01	GUARDLOW	EC2	\$74.61
CAMPBELL, WILLIAM	2022-10-01	VSP	EC2	\$15.02
COLEMAN, SHAUNTELLE	2022-06-01	ADD		\$0.84
COLEMAN, SHAUNTELLE	2022-06-01	LIFE		\$2.40
COLEMAN, SHAUNTELLE	2022-06-01	VSP	EE	\$8.75
HANEY, RANDY	2022-08-01	ADD		\$10.50
HANEY, RANDY	2022-08-01	GUARDLOW	ES	\$55.54
HANEY, RANDY	2022-08-01	VSP	ES	\$14.73
HAYMAN, DEAN	2022-09-01	GUARDHIGH	EE	\$47.61
HAYMAN, DEAN	2022-09-01	VSP	EE	\$8.75
LEWIS, SHERI	2022-01-01	1399OPENAXESSGOLD	EE	\$653.81
LEWIS, SHERI	2022-01-01	GUARDLOW	EE	\$29.44
LEWIS, SHERI	2022-01-01	VSP	EE	\$8.75
NOWICKI, ELAINA	2022-09-01	ADD		\$0.42
NOWICKI, ELAINA	2022-09-01	LIFE		\$0.60
NOWICKI, ELAINA	2022-09-01	VSP	EE	\$8.75
OUTLAW, TAMITHA	2022-10-01	LIFE		\$8.10
RUCKER, CHRISTINE	2022-09-01	ADD		\$1.26
RUCKER, CHRISTINE	2022-09-01	VSP	EE	\$8.75
WEAVER, KATHY	2022-01-01	1399OPENAXESSBRONZ	EE	\$487.36
WEAVER, KATHY	2022-01-01	GUARDLOW	EE	\$29.44



HORIZONS HRS  
118 WEST 5TH STREET SUITE 202  
COVINGTON, KY 41011

## PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CAMPBELL, WILLIAM	2022-10-01	GUARDLOW	EC2	\$74.61
CAMPBELL, WILLIAM	2022-10-01	VSP	EC2	\$15.02
OUTLAW, TAMITHA	2022-10-01	LIFE		\$8.10

## MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	0
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

HORIZONS HRS MANUFACTURING STAFFING II  
118 WEST 5TH STREET SUITE 202  
COVINGTON, KY 41011

Invoice Number: 4216-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	13	\$3.78**	\$75.18
GUARDHIGH	Employee Only	9	\$47.61	\$428.49
GUARDHIGH	Employee & Spouse Only	2	\$89.81	\$179.62
GUARDHIGH	Employee & Children	1	\$89.81	\$89.81
GUARDLOW	Employee Only	3	\$29.44	\$88.32
GUARDLOW	Employee & Children	2	\$74.61	\$149.22
LIFE	Employee Only	13	\$85.80**	\$252.71
VSP	Employee Only	7	\$8.75	\$61.25
VSP	Employee & Spouse Only	2	\$14.73	\$29.46
VSP	Employee & Children	4	\$15.02	\$60.08
			GRAND TOTAL	\$1,459.99

HORIZONS HRS MANUFACTURING STAFFING II  
118 WEST 5TH STREET SUITE 202  
COVINGTON, KY 41011

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BAYLESS, ELIZABETH	2022-08-01	GUARDLOW	EE	\$29.44
BONET-ROBLES, GERIM	2022-10-01	ADD		\$1.68
BONET-ROBLES, GERIM	2022-10-01	VSP	ES	\$14.73
BOYER, RAEKEDA	2022-10-01	ADD		\$0.84
BOYER, RAEKEDA	2022-10-01	LIFE		\$2.60
BURROUGHS, JEFFERY	2022-01-01	ADD		\$16.80
BURROUGHS, JEFFERY	2022-01-01	GUARDHIGH	ES	\$89.81
BURROUGHS, JEFFERY	2022-01-01	VSP	ES	\$14.73
BURROUGHS, JEFFERY	2022-01-01	LIFE		\$53.63
BURTON, ALLISON	2022-11-01	ADD		\$0.42
BURTON, ALLISON	2022-11-01	LIFE		\$1.60
BURTON, ALLISON	2022-11-01	GUARDLOW	EC	\$74.61
BURTON, ALLISON	2022-11-01	VSP	EC	\$15.02
CALLOWAY, MARCUS	2022-09-01	GUARDHIGH	EE	\$47.61
CALLOWAY, MARCUS	2022-09-01	VSP	EE	\$8.75
CLARK, SAMIRAH	2022-07-01	ADD		\$4.62
CLARK, SAMIRAH	2022-08-01	LIFE		\$11.30
CORNETT, RANDY	2022-11-01	ADD		\$4.20
CORNETT, RANDY	2022-11-01	LIFE		\$22.92
CORNETT, RANDY	2022-11-01	GUARDHIGH	EE	\$47.61
COWGILL, TERRY	2022-07-01	LIFE		\$85.80
CRAIGMILES, EMILY	2022-06-01	VSP	EC	\$15.02
CRIBE, SHAJEFFSA	2022-11-01	ADD		\$4.62
CRIBE, SHAJEFFSA	2022-11-01	LIFE		\$6.00
CRIBE, SHAJEFFSA	2022-11-01	VSP	EE	\$8.75
DAVIS, COURTNEY	2022-08-01	GUARDHIGH	EE	\$47.61

HORIZONS HRS MANUFACTURING STAFFING II  
 118 WEST 5TH STREET SUITE 202  
 COVINGTON, KY 41011

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DAVIS, MASHAY	2022-10-01	GUARDLOW	EE	\$29.44
DENSON, KEITH	2022-08-01	ADD		\$4.20
DENSON, KEITH	2022-08-01	GUARDHIGH	EE	\$47.61
DUNN, MARCUS	2022-10-01	ADD		\$21.00
DUNN, MARCUS	2022-10-01	LIFE		\$14.40
DUNN, MARCUS	2022-10-01	VSP	EE	\$8.75
GAUNTT, ANTWUANETTE	2022-11-01	GUARDHIGH	EE	\$47.61
GULLEY, ANGELA	2022-09-01	ADD		\$3.36
GULLEY, ANGELA	2022-09-01	LIFE		\$1.80
GULLEY, ANGELA	2022-09-01	GUARDHIGH	EE	\$47.61
GULLEY, ANGELA	2022-09-01	VSP	EE	\$8.75
GUZMAN, TAYLOR	2022-03-01	GUARDHIGH	EE	\$47.61
HOWARD, DEADRIEN	2022-04-01	GUARDLOW	EC	\$74.61
HOWARD, DEADRIEN	2022-04-01	VSP	EC	\$15.02
JOHN, ADDY	2022-09-01	ADD		\$4.20
JOHN, ADDY	2022-09-01	GUARDLOW	EE	\$29.44
JOHN, ADDY	2022-09-01	VSP	EE	\$8.75
JONES, MICHAEL	2022-08-01	LIFE		\$12.50
JONES, MICHAEL	2022-08-01	GUARDHIGH	EC	\$89.81
JONES, MICHAEL	2022-08-01	VSP	EC	\$15.02
KINNARD, CORY	2022-10-01	GUARDHIGH	EE	\$47.61
MOENCK, RYDGE	2022-05-01	ADD		\$0.84
MOENCK, RYDGE	2022-05-01	LIFE		\$2.90

HORIZONS HRS MANUFACTURING STAFFING II  
118 WEST 5TH STREET SUITE 202  
COVINGTON, KY 41011

## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MOENCK, RYDGE	2022-05-01	GUARDHIGH	EE	\$47.61
MOENCK, RYDGE	2022-05-01	VSP	EE	\$8.75
RICHARD, EDNA	2022-08-01	LIFE		\$30.06
SIMS, DUMA	2020-04-01	GUARDHIGH	ES	\$89.81
TUCKER, JOSEPH	2022-08-01	ADD		\$8.40
TUCKER, JOSEPH	2022-08-01	LIFE		\$7.20
TUCKER, JOSEPH	2022-08-01	VSP	EE	\$8.75

HORIZONS HRS MANUFACTURING STAFFING II  
118 WEST 5TH STREET SUITE 202  
COVINGTON, KY 41011

## PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BONET-ROBLES, GERIM	2022-10-01	ADD		\$1.68
BONET-ROBLES, GERIM	2022-10-01	VSP	ES	\$14.73
DAVIS, MASHAY	2022-10-01	GUARDLOW	EE	\$29.44

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

HORIZONS HRS SERVICE STAFFING II  
118 WEST 5TH STREET SUITE 202  
COVINGTON, KY 41011

Invoice Number: 4217-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1399OPENAXESSGOLD	Employee Only	1	\$653.81	\$653.81
1399OPENAXESSGOLD	Employee & Children	1	\$1,307.62	\$1,307.62
ADD	Employee Only	8	\$6.30**	\$38.64
GUARDHIGH	Employee Only	7	\$47.61	\$333.27
GUARDHIGH	Family	2	\$160.18	\$320.36
GUARDLOW	Employee Only	6	\$29.44	\$176.64
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
LIFE	Employee Only	9	\$10.80**	\$67.34
VSP	Employee Only	13	\$8.75	\$113.75
VSP	Employee & Children	1	\$15.02	\$15.02
VSP	Family	2	\$23.76	\$47.52
			GRAND TOTAL	\$3,226.83

HORIZONS HRS SERVICE STAFFING II  
 118 WEST 5TH STREET SUITE 202  
 COVINGTON, KY 41011

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BENSON, NICOLE	2022-08-01	VSP	EE	\$8.75
DEBASE, ROBERT	2022-09-01	ADD		\$0.42
DEBASE, ROBERT	2022-09-01	GUARDLOW	EE	\$29.44
DEBASE, ROBERT	2022-09-01	VSP	EE	\$8.75
FOSTER, JOHANA	2022-09-01	ADD		\$0.42
FOSTER, JOHANA	2022-09-01	LIFE		\$3.00
FOSTER, JOHANA	2022-09-01	VSP	EE	\$8.75
GISEWHITE, DANIEL	2022-11-01	ADD		\$21.00
GISEWHITE, DANIEL	2022-11-01	LIFE		\$8.40
GISEWHITE, DANIEL	2022-11-01	GUARDHIGH	EE	\$47.61
GREEN, KIMBERLY	2022-10-01	GUARDHIGH	EE	\$47.61
GREEN, KIMBERLY	2022-10-01	VSP	EE	\$8.75
HENSDELL, COURTNEY	2022-10-01	LIFE		\$1.20
HENSDELL, COURTNEY	2022-10-01	GUARDLOW	EE	\$29.44
HOUSTON, JEROME	2022-11-01	GUARDHIGH	EE	\$47.61
HOUSTON, JEROME	2022-11-01	VSP	EE	\$8.75
HYDE, AMANDA	2022-05-01	LIFE		\$29.40
HYDE, AMANDA	2022-05-01	GUARDHIGH	FAM	\$160.18
HYDE, AMANDA	2022-05-01	VSP	FAM	\$23.76
JORDAN, ERICA	2022-07-01	ADD		\$6.30
JORDAN, ERICA	2022-07-01	LIFE		\$10.80
JORDAN, ERICA	2022-07-01	GUARDLOW	EE	\$29.44
JORDAN, ERICA	2022-07-01	VSP	EE	\$8.75
LOCKE, DEMEISHA	2022-10-01	GUARDHIGH	EE	\$47.61
LOCKE, DEMEISHA	2022-10-01	VSP	EE	\$8.75
MERRITT, BRINASE	2020-01-01	GUARDLOW	EE	\$29.44



HORIZONS HRS SERVICE STAFFING II  
 118 WEST 5TH STREET SUITE 202  
 COVINGTON, KY 41011

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MIDDLEBROOKS, JAMELLA	2022-06-01	GUARDLOW	EC	\$74.61
MIDDLEBROOKS, JAMELLA	2022-06-01	VSP	EC	\$15.02
MITCHELL, BROOKE	2022-10-01	ADD		\$0.42
MITCHELL, BROOKE	2022-10-01	LIFE		\$0.60
MITCHELL, BROOKE	2022-10-01	GUARDHIGH	EE	\$47.61
MITCHELL, BROOKE	2022-10-01	VSP	EE	\$8.75
PENNYMAN, ANITRA	2022-08-01	ADD		\$0.84
PENNYMAN, ANITRA	2022-08-01	LIFE		\$7.64
PENNYMAN, ANITRA	2022-08-01	VSP	EE	\$8.75
RABB, RASHAAN	2022-07-01	ADD		\$8.82
RABB, RASHAAN	2022-07-01	LIFE		\$3.00
RABB, RASHAAN	2022-07-01	GUARDHIGH	EE	\$47.61
RABB, RASHAAN	2022-07-01	VSP	EE	\$8.75
ROBERTS, YOLANDA	2022-09-01	ADD		\$0.42
ROBERTS, YOLANDA	2022-09-01	LIFE		\$3.30
ROBERTS, YOLANDA	2022-09-01	VSP	EE	\$8.75
SPRINGER, REBEKAH	2022-04-27	GUARDHIGH	FAM	\$160.18
SPRINGER, REBEKAH	2022-04-27	1399OPENAXESSGOLD	EC2	\$1307.62
SPRINGER, REBEKAH	2022-04-27	VSP	FAM	\$23.76
WILLIAMS, FRANK	2020-01-01	1399OPENAXESSGOLD	EE	\$653.81
WILLIAMS, FRANK	2020-01-01	GUARDHIGH	EE	\$47.61
WILLIAMS, FRANK	2020-01-01	VSP	EE	\$8.75
WOJCINSKI, JOSHUA	2022-06-01	GUARDLOW	EE	\$29.44
WOJCINSKI, JOSHUA	2022-06-01	VSP	EE	\$8.75
WOODS, DIVINE	2022-09-01	GUARDLOW	EE	\$29.44

HORIZONS HRS SERVICE STAFFING II  
118 WEST 5TH STREET SUITE 202  
COVINGTON, KY 41011

## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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HORIZONS HRS SERVICE STAFFING II  
118 WEST 5TH STREET SUITE 202  
COVINGTON, KY 41011

## PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HENSDELL, COURTNEY	2022-10-01	LIFE		\$1.20
HENSDELL, COURTNEY	2022-10-01	GUARDLOW	EE	\$29.44
LOCKE, DEMEISHA	2022-10-01	GUARDHIGH	EE	\$47.61

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

HORIZONS HRS TRANSPORTATION STAFFING II  
118 WEST 5TH STREET SUITE 202  
COVINGTON, KY 41011

Invoice Number: 4218-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1399OPENAXESSBRONZ	Employee & Spouse Only	1	\$986.92	\$986.92
1399OPENAXESSILVE	Employee & Spouse Only	1	\$1,096.36	\$1,096.36
GUARDLOW	Employee Only	1	\$29.44	\$29.44
GUARDLOW	Employee & Spouse Only	1	\$55.54	\$55.54
			GRAND TOTAL	\$2,168.26

HORIZONS HRS TRANSPORTATION STAFFING II  
 118 WEST 5TH STREET SUITE 202  
 COVINGTON, KY 41011

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DULSKY, DARREN	2021-07-01	1399OPENAXESSBRONZ ES		\$986.92
DULSKY, DARREN	2020-01-01	GUARDLOW	EE	\$29.44
SPENCER, THOMAS	2021-01-01	1399OPENAXESSSILVE ES		\$1096.36
SPENCER, THOMAS	2020-01-01	GUARDLOW	ES	\$55.54

**MEDICAL PLAN COUNTS**

Employee Only	0
Employee & Spouse	2
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

HOSPITALITY MANAGEMENT SERVICES  
3204 Candelaria Rd NE  
ALBUQUERQUE, NM 87107

Invoice Number: 4467-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1788OPENAXESSGOLD	Employee Only	1	\$719.19	\$719.19
ADD	Employee Only	1	\$0.00**	\$1.26
LIFE	Employee Only	1	\$0.00**	\$21.45
VSP	Employee Only	1	\$0.00	\$8.75
			GRAND TOTAL	\$750.65

## HOSPITALITY MANAGEMENT SERVICES

3204 Candelaria Rd NE  
ALBUQUERQUE, NM 87107

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ROBBINS, ANNE	2022-08-01	ADD		\$1.26
ROBBINS, ANNE	2022-08-01	LIFE		\$21.45
ROBBINS, ANNE	2022-08-01	VSP	EE	\$8.75
TAYLOR, EVELYN	2022-01-01	1788OPENAXESSGOLD	EE	\$719.19

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

HUSHMESH INC.

Invoice Number: 6171-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Family	1	\$0.00	\$160.18
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Family	1	\$0.00	\$23.76
			GRAND TOTAL	\$222.13



HUSHMESH INC.

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
COHEN, NEIL	2022-11-01	VSP	FAM	\$23.76
COHEN, NEIL	2022-11-01	GUARDHIGH	FAM	\$160.18
VARGO, MICHELLE	2022-11-01	VSP	EE	\$8.75
VARGO, MICHELLE	2022-11-01	GUARDLOW	EE	\$29.44

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

INCREDICARE  
4893 PRINCE WILLIAM PARKWAY  
WOODBIDGE, VA 22192

Invoice Number: 4201-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$77.05

INCREDICARE  
4893 PRINCE WILLIAM PARKWAY  
WOODBIDGE, VA 22192

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
JACKSON, SHA-KINA	2021-01-01	GUARDLOW	EE	\$29.44
PELULLO, JOSEPH	2022-01-01	GUARDHIGH	EE	\$47.61

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

INFINITI HR CORP  
3905 NATIONAL DR., SUITE 400  
BURTONSVILLE, MD 20866

Invoice Number: 1-2022-11  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTALGUARD	Employee Only	16	\$47.61	\$761.76
DENTALGUARD	Employee & Spouse Only	3	\$89.81	\$269.43
DENTALGUARD	Employee & Children	1	\$117.99	\$117.99
DENTALGUARD	Family	5	\$160.18	\$800.90
GUARDLOW	Employee Only	20	\$29.44	\$588.80
GUARDLOW	Employee & Spouse Only	2	\$55.54	\$111.08
GUARDLOW	Employee & Children	4	\$74.61	\$298.44
GUARDLOW	Family	4	\$100.74	\$402.96
PLATINUM	Employee Only	33	\$386.46	\$12,753.18
PLATINUM	Employee & Spouse Only	5	\$854.88	\$4,274.40
PLATINUM	Employee & Children	8	\$796.91	\$6,375.28
PLATINUM	Family	10	\$1,252.13	\$12,521.30
VSP FULL	Employee Only	35	\$8.75	\$306.25
VSP FULL	Employee & Spouse Only	2	\$14.73	\$29.46
VSP FULL	Employee & Children	6	\$15.02	\$90.12
VSP FULL	Family	7	\$23.76	\$166.32
ADJUSTMENT	MAHAN- AUGUST, SEPTEMBER, OCTOBER			\$-1,273.95
ADJUSTMENT	WELSH- OCTOBER			\$-424.65
ADJUSTMENT	OGUNDIJO-OCTOBER			\$-424.65
ADJUSTMENT	ATKINSON- OCTOBER			\$-424.65
ADJUSTMENT	CHAMBERS-OCTOBER			\$-424.65
			GRAND TOTAL	\$37,281.58

INFINITI HR CORP  
3905 NATIONAL DR., SUITE 400  
BURTONSVILLE, MD 20866

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BANKS, DEASJA	01/01/2021	PLATINUM	EC	\$796.91
BANKS, DEASJA	01/01/2021	GUARDLOW	EC	\$74.61
BANKS, DEASJA	01/01/2021	VSP FULL	EC	\$15.02
BARBAGALLO, APRIL	12/01/2020	PLATINUM	EE	\$386.46
BARBAGALLO, APRIL	12/01/2020	DENTALGUARD	EE	\$47.61
BARBAGALLO, APRIL	12/01/2020	VSP FULL	EE	\$8.75
BARBAGALLO, TAYLOR	12/01/2020	PLATINUM	EE	\$386.46
BARBAGALLO, TAYLOR	12/01/2020	GUARDLOW	EE	\$29.44
BARBAGALLO, TAYLOR	12/01/2020	VSP FULL	EE	\$8.75
BLAND, NATALEY	05/01/2022	PLATINUM	EE	\$386.46
BLAND, NATALEY	05/01/2022	DENTALGUARD	EE	\$47.61
BLAND, NATALEY	05/01/2022	VSP FULL	EE	\$8.75
BLUNT, ROBERT	12/01/2020	PLATINUM	ES	\$854.88
BLUNT, ROBERT	12/01/2020	GUARDLOW	EE	\$29.44
BLUNT, ROBERT	12/01/2020	VSP FULL	ES	\$14.73
BOJAN, MARC	12/01/2020	PLATINUM	ES	\$854.88
BOJAN, MARC	12/01/2020	DENTALGUARD	ES	\$89.81
BOWIE, MICHELLE	12/01/2020	PLATINUM	EE	\$386.46
BOWIE, MICHELLE	12/01/2020	GUARDLOW	EE	\$29.44
BOWIE, MICHELLE	12/01/2020	VSP FULL	EC	\$15.02
BREEDEN, CHRISTOPHER	12/01/2020	PLATINUM	EE	\$386.46
BREEDEN, CHRISTOPHER	12/01/2020	DENTALGUARD	EE	\$47.61
BREEDEN, CHRISTOPHER	12/01/2020	VSP FULL	EE	\$8.75
BURGESS, PATRICIA	04/01/2022	PLATINUM	EE	\$386.46
BURGESS, PATRICIA	04/01/2022	DENTALGUARD	EE	\$47.61
BURGESS, PATRICIA	04/01/2022	VSP FULL	EE	\$8.75
CARROLL, JOSELIN	06/01/2022	PLATINUM	EC	\$796.91

INFINITI HR CORP  
3905 NATIONAL DR., SUITE 400  
BURTONSVILLE, MD 20866

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CARROLL, JOSELIN	06/01/2022	DENTALGUARD	EE	\$47.61
CARROLL, JOSELIN	06/01/2022	VSP FULL	EE	\$8.75
CLOIN, DAWN	2022-01-01	PLATINUM	ES	\$854.88
CLOIN, DAWN	2022-01-01	DENTALGUARD	ES	\$89.81
CLOIN, DAWN	2022-01-01	VSP FULL	ES	\$14.73
ELLIOTT, LOUIS	10/01/2022	PLATINUM	EE	\$386.46
ELLIOTT, LOUIS	10/01/2022	GUARDLOW	EE	\$29.44
ELLIOTT, LOUIS	10/01/2022	VSP FULL	EE	\$8.75
EPSTEIN, MIRIAM	08/01/2021	VSP FULL	EE	\$8.75
EPSTEIN, MIRIAM	08/01/2021	PLATINUM	EE	\$386.46
EPSTEIN, MIRIAM	08/01/2021	DENTALGUARD	EE	\$47.61
FARRELL, JEAN	12/01/2020	PLATINUM	EE	\$386.46
FARRELL, JEAN	12/01/2020	VSP FULL	EE	\$8.75
FARRELL, JEAN	12/01/2020	DENTALGUARD	EE	\$47.61
FELDMAN, DANIEL	12/01/2020	PLATINUM	EE	\$386.46
FELDMAN, DANIEL	12/01/2020	DENTALGUARD	ES	\$89.81
FITZWATER, STEPHANIE	04/01/2022	PLATINUM	FAM	\$1252.13
FITZWATER, STEPHANIE	04/01/2022	GUARDLOW	FAM	\$100.74
FITZWATER, STEPHANIE	04/01/2022	VSP FULL	FAM	\$23.76
FLYNN, JODI	09/01/2021	PLATINUM	EE	\$386.46
FLYNN, JODI	09/01/2021	GUARDLOW	EE	\$29.44
FLYNN, JODI	09/01/2021	VSP FULL	EE	\$8.75
HARDESTY, JENNIFER	12/01/2020	PLATINUM	EC	\$796.91
HARDESTY, JENNIFER	12/01/2020	GUARDLOW	EE	\$29.44
HARGROVE, MATTHEW	02/01/2022	PLATINUM	EE	\$386.46

INFINITI HR CORP  
3905 NATIONAL DR., SUITE 400  
BURTONSVILLE, MD 20866

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HARGROVE, MATTHEW	02/01/2022	DENTALGUARD	EE	\$47.61
HARGROVE, MATTHEW	02/01/2022	VSP FULL	EE	\$8.75
HECKENDORN, KARL	11/01/2021	PLATINUM	EE	\$386.46
HECKENDORN, KARL	11/01/2021	DENTALGUARD	EE	\$47.61
HECKENDORN, KARL	11/01/2021	VSP FULL	EC	\$15.02
HENREY, NICOLE	03/01/2022	PLATINUM	FAM	\$1252.13
HENREY, NICOLE	03/01/2022	DENTALGUARD	FAM	\$160.18
HENREY, NICOLE	03/01/2022	VSP FULL	FAM	\$23.76
HENSON, KIA	12/01/2020	PLATINUM	EE	\$386.46
HENSON, KIA	12/01/2020	GUARDLOW	EE	\$29.44
HENSON, KIA	12/01/2020	VSP FULL	EE	\$8.75
HIBAN, PATRICK	12/01/2020	PLATINUM	ES	\$854.88
HIBAN, PATRICK	12/01/2020	GUARDLOW	ES	\$55.54
JACOBS, ALLYSHA	06/01/2022	PLATINUM	EE	\$386.46
JACOBS, ALLYSHA	06/01/2022	GUARDLOW	EE	\$29.44
JACOBS, ALLYSHA	06/01/2022	VSP FULL	EE	\$8.75
JACOBS, REBECCA	12/01/2020	PLATINUM	FAM	\$1252.13
JACOBS, REBECCA	12/01/2020	VSP FULL	EE	\$8.75
JIVIDEN, JENNIFER	03/01/2021	PLATINUM	EC	\$796.91
JIVIDEN, JENNIFER	03/01/2021	GUARDLOW	EE	\$29.44
JIVIDEN, JENNIFER	03/01/2021	VSP FULL	EE	\$8.75
JOHNSON, ELENA	10/01/2022	PLATINUM	FAM	\$1252.13
JOHNSON, ELENA	10/01/2022	GUARDLOW	FAM	\$100.74
JOHNSON, ELENA	10/01/2022	VSP FULL	FAM	\$23.76
JOHNSON, FREDERICK	2022-01-01	PLATINUM	EE	\$386.46

INFINITI HR CORP  
3905 NATIONAL DR., SUITE 400  
BURTONSVILLE, MD 20866

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
JOHNSON, FREDERICK	2022-01-01	VSP FULL	EE	\$8.75
KALU, RAPHAEL	04/01/2022	PLATINUM	EE	\$386.46
KALU, RAPHAEL	04/01/2022	DENTALGUARD	EE	\$47.61
KALU, RAPHAEL	04/01/2022	VSP FULL	EE	\$8.75
KNISLEY, CHRISTINE	12/01/2020	PLATINUM	EE	\$386.46
KNISLEY, CHRISTINE	12/01/2020	DENTALGUARD	EE	\$47.61
KNISLEY, CHRISTINE	12/01/2020	VSP FULL	EE	\$8.75
KNISLEY, WILLIAM	04/01/2022	PLATINUM	EC	\$796.91
KNISLEY, WILLIAM	04/01/2022	DENTALGUARD	EC	\$117.99
KNISLEY, WILLIAM	04/01/2022	VSP FULL	EC	\$15.02
KRAMER, JULIE	05/01/2022	PLATINUM	ES	\$854.88
KRAMER, JULIE	05/01/2022	GUARDLOW	ES	\$55.54
KRAMER, JULIE	05/01/2022	VSP FULL	EE	\$8.75
LOVE, KAREN	12/01/2020	PLATINUM	EE	\$386.46
LOVE, KAREN	12/01/2020	GUARDLOW	EE	\$29.44
LOVE, KAREN	12/01/2020	VSP FULL	EE	\$8.75
MCCORMACK, JUSTINE	07/01/2021	PLATINUM	EE	\$386.46
MCCORMACK, JUSTINE	07/01/2021	GUARDLOW	EE	\$29.44
MCCORMACK, JUSTINE	07/01/2021	VSP FULL	EE	\$8.75
MCLEAN, ALEXANDREA	12/01/2020	VSP FULL	EC	\$15.02
MCLEAN, ALEXANDREA	12/01/2020	PLATINUM	EC	\$796.91
MCLEAN, ALEXANDREA	12/01/2020	GUARDLOW	EC	\$74.61
MCNAMARA, JEREMY	12/01/2020	PLATINUM	FAM	\$1252.13
MCNAMARA, JEREMY	12/01/2020	DENTALGUARD	FAM	\$160.18
MCNAMARA, JEREMY	12/01/2020	VSP FULL	FAM	\$23.76



INFINITI HR CORP  
3905 NATIONAL DR., SUITE 400  
BURTONSVILLE, MD 20866

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MORMINO, DANIEL	12/01/2020	VSP FULL	EE	\$8.75
MORMINO, DANIEL	12/01/2020	PLATINUM	EE	\$386.46
MORMINO, DANIEL	12/01/2020	DENTALGUARD	EE	\$47.61
RAYMOND, ABIGAIL	11/01/2021	GUARDLOW	EC	\$74.61
RAYMOND, ABIGAIL	11/01/2021	PLATINUM	EE	\$386.46
RODRIGUEZ QUACH, JERRICA	08/01/2021	VSP FULL	EE	\$8.75
RODRIGUEZ QUACH, JERRICA	08/01/2021	PLATINUM	EE	\$386.46
RODRIGUEZ QUACH, JERRICA	08/01/2021	GUARDLOW	EE	\$29.44
SAHAGUN, JANNETTE	08/01/2021	VSP FULL	EE	\$8.75
SAHAGUN, JANNETTE	08/01/2021	PLATINUM	EC	\$796.91
SAHAGUN, JANNETTE	08/01/2021	GUARDLOW	EE	\$29.44
SANCHEZ, ADRIANA	03/01/2022	PLATINUM	EE	\$386.46
SANCHEZ, ADRIANA	03/01/2022	DENTALGUARD	EE	\$47.61
SCHWAIGER, MARK	12/01/2020	PLATINUM	FAM	\$1252.13
SCHWAIGER, MARK	12/01/2020	DENTALGUARD	FAM	\$160.18
SCHWAIGER, MARK	12/01/2020	VSP FULL	FAM	\$23.76
SERRANO, FERNANDO	07/01/2022	PLATINUM	EE	\$386.46
SERRANO, FERNANDO	07/01/2022	DENTALGUARD	EE	\$47.61
SERRANO, FERNANDO	07/01/2022	VSP FULL	EE	\$8.75
SEWARD, DARREN	03/01/2022	DENTALGUARD	FAM	\$160.18
SEWARD, DARREN	03/01/2022	PLATINUM	FAM	\$1252.13
SKLAMM, COLLEEN	12/01/2020	PLATINUM	EE	\$386.46
SKLAMM, COLLEEN	12/01/2020	VSP FULL	EE	\$8.75
SKLAMM, COLLEEN	12/01/2020	GUARDLOW	EE	\$29.44
SMITH, KYMBERLY	12/01/2020	VSP FULL	EE	\$8.75

INFINITI HR CORP  
3905 NATIONAL DR., SUITE 400  
BURTONSVILLE, MD 20866

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SMITH, KYMBERLY	12/01/2020	PLATINUM	EE	\$386.46
SMITH, KYMBERLY	12/01/2020	GUARDLOW	EE	\$29.44
SMITH, LYNNE	2022-01-01	GUARDLOW	EE	\$29.44
SMITH, LYNNE	2022-01-01	VSP FULL	EE	\$8.75
SMITH, LYNNE	2022-01-01	PLATINUM	EE	\$386.46
SMRKOVSKI, SCOTT	12/01/2020	PLATINUM	FAM	\$1252.13
SMRKOVSKI, SCOTT	12/01/2020	DENTALGUARD	FAM	\$160.18
SMRKOVSKI, SCOTT	12/01/2020	VSP FULL	FAM	\$23.76
STEWART, JOAN	12/01/2020	VSP FULL	EE	\$8.75
STEWART, JOAN	12/01/2020	PLATINUM	EE	\$386.46
STEWART, JOAN	12/01/2020	DENTALGUARD	EE	\$47.61
STRAUGHAN, JACK	12/01/2020	PLATINUM	FAM	\$1252.13
STRAUGHAN, JACK	12/01/2020	GUARDLOW	FAM	\$100.74
STRAUGHAN, JACK	12/01/2020	VSP FULL	FAM	\$23.76
SULLIVAN, SYDNEY	07/01/2022	PLATINUM	EE	\$386.46
SULLIVAN, SYDNEY	07/01/2022	DENTALGUARD	EE	\$47.61
SULLIVAN, SYDNEY	07/01/2022	VSP FULL	EE	\$8.75
TERMINIELLO, ANTHONY	12/01/2020	PLATINUM	FAM	\$1252.13
TERMINIELLO, ANTHONY	12/01/2020	GUARDLOW	FAM	\$100.74
TERMINIELLO, ANTHONY	12/01/2020	VSP FULL	EE	\$8.75
VAN-MEERS, DEBRA	12/01/2020	VSP FULL	EE	\$8.75
VAN-MEERS, DEBRA	12/01/2020	PLATINUM	EE	\$386.46
VAN-MEERS, DEBRA	12/01/2020	GUARDLOW	EE	\$29.44
VILLAN, MARIA	04/01/2022	PLATINUM	EC	\$796.91
VILLAN, MARIA	04/01/2022	GUARDLOW	EC	\$74.61

INFINITI HR CORP  
3905 NATIONAL DR., SUITE 400  
BURTONSVILLE, MD 20866

## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
VILLAN, MARIA	04/01/2022	VSP FULL	EC	\$15.02
VILLAN, NATANAEL	09/01/2022	PLATINUM	EE	\$386.46
VILLAN, NATANAEL	09/01/2022	GUARDLOW	EE	\$29.44
VILLAN, NATANAEL	09/01/2022	VSP FULL	EE	\$8.75
WHITNEY, ISSAC	12/01/2020	GUARDLOW	EE	\$29.44
WHITNEY, ISSAC	12/01/2020	VSP FULL	EE	\$8.75
ZAMORA, JESSICA	12/01/2020	VSP FULL	EE	\$8.75
ZAMORA, JESSICA	12/01/2020	PLATINUM	EE	\$386.46
ZAMORA, JESSICA	12/01/2020	GUARDLOW	EE	\$29.44

INFINITI HR CORP  
3905 NATIONAL DR., SUITE 400  
BURTONSVILLE, MD 20866

## PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SMITH, LYNNE	2022-01-01	PLATINUM	EE	\$386.46

## MEDICAL PLAN COUNTS

Employee Only	33
Employee & Spouse	5
Employee & Children	8
Family	10



## Account Services

### Monthly Statement

INSPIRING HR, LLC  
12750 JEFFERSON DAVIS HWY  
CHESTER, VA 23831

Invoice Number: 4575-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$4.62**	\$9.24
GUARDHIGH	Employee & Children	1	\$89.81	\$89.81
LIFE	Employee Only	2	\$24.62**	\$57.62
			GRAND TOTAL	\$156.67

INSPIRING HR, LLC  
12750 JEFFERSON DAVIS HWY  
CHESTER, VA 23831

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CHAPIN, SONIA	2021-09-01	ADD		\$4.62
CHAPIN, SONIA	2022-03-01	LIFE		\$24.62
JUAREZ, VALERIE	2018-12-01	ADD		\$4.62
JUAREZ, VALERIE	2022-01-01	GUARDHIGH	EC	\$89.81
JUAREZ, VALERIE	2022-03-01	LIFE		\$33.00

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

IRBM INC  
420 COLUMBUS AVE, STE 304  
VALHALLA, NY 10595

Invoice Number: 4437-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1757OPENAXESSCOPPE	Employee Only	1	\$495.83	\$495.83
1757OPENAXESSGOLD	Employee & Spouse Only	1	\$1,438.38	\$1,438.38
1757OPENAXESSPLATI	Employee Only	1	\$862.95	\$862.95
ADD	Employee Only	2	\$4.20**	\$25.20
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDLOW	Employee Only	1	\$29.44	\$29.44
LIFE	Employee Only	1	\$33.00**	\$33.00
VSP	Employee Only	2	\$8.75	\$17.50
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$3,054.45

IRBM INC  
420 COLUMBUS AVE, STE 304  
VALHALLA, NY 10595

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DEPALMA, PATRICK	2022-06-01	ADD		\$4.20
DEPALMA, PATRICK	2022-06-01	LIFE		\$33.00
DEPALMA, PATRICK	2022-06-01	GUARDHIGH	EE	\$47.61
DEPALMA, PATRICK	2022-06-01	1757OPENAXESSPLATI	EE	\$862.95
DEPALMA, PATRICK	2022-06-01	VSP	EE	\$8.75
HICKOK, JASON	2022-01-01	GUARDLOW	EE	\$29.44
HICKOK, JASON	2022-01-01	1757OPENAXESSCOPPE	EE	\$495.83
HICKOK, JASON	2022-01-01	VSP	EE	\$8.75
LUCHE, MICHELE	2022-01-01	ADD		\$21.00
LUCHE, MICHELE	2022-01-01	GUARDHIGH	ES	\$89.81
LUCHE, MICHELE	2022-01-01	1757OPENAXESSGOLD	ES	\$1438.38
LUCHE, MICHELE	2022-01-01	VSP	ES	\$14.73

**MEDICAL PLAN COUNTS**

Employee Only	2
Employee & Spouse	1
Employee & Children	0
Family	0





**Account Services**  
**Monthly Statement**

IRON KINGDOM  
4904 LAWRENCE STREET  
HYATTSVILLE, MD 20781

Invoice Number: 4178-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
			GRAND TOTAL	\$47.61

IRON KINGDOM  
4904 LAWRENCE STREET  
HYATTSVILLE, MD 20781

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CHAVEZ, JOSE	2021-01-01	GUARDHIGH	EE	\$47.61

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

IRON TRIBE FITNESS - CHARLESTON  
1145 JONNIE DODDS BLVD  
MT. PLEASANT, SC 29464

Invoice Number: 4557-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Family	1	\$160.18	\$160.18
			GRAND TOTAL	\$160.18

IRON TRIBE FITNESS - CHARLESTON  
1145 JONNIE DODDS BLVD  
MT. PLEASANT, SC 29464

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ALEXANDER, DEBORAH	2017-12-01	GUARDHIGH	FAM	\$160.18

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

J. A. LAMY MANUFACTURING CO.  
108 W PACIFIC ST  
SEDALIA, MO 65301

Invoice Number: 4478-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$21.00**	\$4.62
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	3	\$8.75	\$26.25
			GRAND TOTAL	\$155.53

J. A. LAMY MANUFACTURING CO.  
108 W PACIFIC ST  
SEDALIA, MO 65301

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BRANCH, TIMOTHY	2021-12-01	GUARDLOW	EE	\$29.44
BRANCH, TIMOTHY	2021-12-01	VSP	EE	\$8.75
VINCENT, TYLER	2021-12-01	ADD		\$4.62
VINCENT, TYLER	2021-12-01	GUARDHIGH	EE	\$47.61
VINCENT, TYLER	2021-12-01	VSP	EE	\$8.75
WINNING, HALEY	2021-12-01	GUARDHIGH	EE	\$47.61
WINNING, HALEY	2021-12-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

JACARANDA CAPITAL SUPERCUTS NC & SC  
7804 Fairview Rd # 225  
CHARLOTTE, NC 28226

Invoice Number: 4525-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1866OPENAXESSGOLD	Family	1	\$2,157.57	\$2,157.57
ADD	Employee Only	2	\$0.84**	\$5.04
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee Only	1	\$29.44	\$29.44
LIFE	Employee Only	1	\$8.00**	\$8.00
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$2,479.21

JACARANDA CAPITAL SUPERCUTS NC & SC  
 7804 Fairview Rd # 225  
 CHARLOTTE, NC 28226

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FERGUSON, ASHLEY	2022-08-01	GUARDLOW	EE	\$29.44
RIVERS, KENNETH	2022-06-01	ADD		\$0.84
RIVERS, KENNETH	2022-06-01	GUARDHIGH	EE	\$47.61
ROGERS, TODD	2022-01-01	GUARDHIGH	FAM	\$160.18
ROGERS, TODD	2022-01-01	1866OPENAXESSGOLD	FAM	\$2157.57
ROGERS, TODD	2022-01-01	VSP	FAM	\$23.76
SHULER, SHASTENIA	2022-09-01	ADD		\$4.20
SHULER, SHASTENIA	2022-09-01	LIFE		\$8.00
SHULER, SHASTENIA	2022-09-01	GUARDHIGH	EE	\$47.61

**MEDICAL PLAN COUNTS**

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





## Account Services

### Monthly Statement

KINGS PEAK TAX CONSULTING, LLC  
1881 W Traverse Pkwy Ste E #512  
LEHI, UT 84043

Invoice Number: 4450-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1770OPENAXESSBRONZ	Family	1	\$1,628.10	\$1,628.10
1770OPENAXESSCOPPE	Family	1	\$0.00	\$1,419.92
1770OPENAXESSGOLD	Employee Only	1	\$719.19	\$719.19
1770OPENAXESSGOLD	Family	1	\$2,157.57	\$2,157.57
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee & Spouse Only	1	\$0.00	\$55.54
GUARDLOW	Family	2	\$100.74	\$201.48
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Employee & Spouse Only	1	\$0.00	\$14.73
VSP	Family	2	\$23.76	\$47.52
			GRAND TOTAL	\$6,460.59

KINGS PEAK TAX CONSULTING, LLC  
 1881 W Traverse Pkwy Ste E #512  
 LEHI, UT 84043

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
COLE, JOSHUA	2022-03-01	GUARDLOW	FAM	\$100.74
COLE, JOSHUA	2022-03-01	1770OPENAXESSBRONZ	FAM	\$1628.10
COLE, JOSHUA	2022-03-01	VSP	FAM	\$23.76
HOLBROOK, JOSEPH	2022-03-01	GUARDLOW	FAM	\$100.74
SCHENCK, SKIP	2022-02-01	GUARDHIGH	FAM	\$160.18
SCHENCK, SKIP	2022-02-01	1770OPENAXESSGOLD	FAM	\$2157.57
SCHENCK, SKIP	2022-02-01	VSP	FAM	\$23.76
STOLLE, ANDREW	2022-02-01	GUARDHIGH	EE	\$47.61
STOLLE, ANDREW	2022-02-01	1770OPENAXESSGOLD	EE	\$719.19
STOLLE, ANDREW	2022-02-01	VSP	EE	\$8.75
TOMICH, HALEY	2022-11-01	GUARDLOW	ES	\$55.54
TOMICH, HALEY	2022-11-01	1770OPENAXESSCOPPE	FAM	\$1419.92
TOMICH, HALEY	2022-11-01	VSP	ES	\$14.73

**MEDICAL PLAN COUNTS**

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	3



## Account Services

### Monthly Statement

KITCHEN SOLVERS - LA CROSSE, WI  
301 4TH ST S  
LA CROSSE, WI 54601

Invoice Number: 4110-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Family	1	\$100.74	\$100.74
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$115.47

KITCHEN SOLVERS - LA CROSSE, WI  
301 4TH ST S  
LA CROSSE, WI 54601

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KISH, DAVID	2022-01-01	GUARDLOW	FAM	\$100.74
KISH, DAVID	2022-01-01	VSP	ES	\$14.73

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

KITCHEN SOLVERS OF CORPUS CHRISTI  
2209 Riata Dr  
CORPUS CHRISTI, TX 78418

Invoice Number: 4376-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$2.10**	\$2.10
GUARDLOW	Employee Only	1	\$29.44	\$29.44
LIFE	Employee Only	1	\$19.10**	\$19.10
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$59.39

KITCHEN SOLVERS OF CORPUS CHRISTI

2209 Riata Dr

CORPUS CHRISTI, TX 78418

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BUERGERS, MICHAEL	2022-01-01	GUARDLOW	EE	\$29.44
BUERGERS, MICHAEL	2022-01-01	VSP	EE	\$8.75
PARRA, GERALD	2022-07-01	ADD		\$2.10
PARRA, GERALD	2022-07-01	LIFE		\$19.10

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

KITCHEN SOLVERS OF EMERALD COAST

Invoice Number: 5720-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$14.73

KITCHEN SOLVERS OF EMERALD COAST

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MCADAMS, JAY	2022-08-01	VSP	ES	\$14.73

## MEDICAL PLAN COUNTS

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





## Account Services

### Monthly Statement

KITCHEN SOLVERS OF GRAYSLAKE

Invoice Number: 5299-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1565OPENAXESSGOLD	Family	1	\$1,429.42	\$1,429.42
GUARDLOW	Family	1	\$100.74	\$100.74
LIFE	Employee Only	1	\$29.40**	\$29.40
			GRAND TOTAL	\$1,559.56

KITCHEN SOLVERS OF GRAYSLAKE

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KONGKAEOW, CHARLERMSINGH	2021-01-01	1565OPENAXESSGOLD	FAM	\$1429.42
KONGKAEOW, CHARLERMSINGH	2021-01-01	GUARDLOW	FAM	\$100.74
KONGKAEOW, CHARLERMSINGH	2021-01-01	LIFE		\$29.40

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

KITCHEN SOLVERS OF NORTH RALEIGH

Invoice Number: 6049-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
2046OPENAXESSILVE	Employee & Spouse Only	1	\$1,302.36	\$1,302.36
			GRAND TOTAL	\$2,604.72

KITCHEN SOLVERS OF NORTH RALEIGH

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
VARON QUISPE, JUAN CAMILO	2022-08-01	2046OPENAXESSILVE	ES	\$1302.36

KITCHEN SOLVERS OF NORTH RALEIGH

,

PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
VARON QUISPE, JUAN CAMILO	2022-08-01	2046OPENAXESSILVE	ES	\$1302.36

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

KOCH LAW  
521 5th Avenue 17th Floor  
NEW YORK, NY 10175

Invoice Number: 4399-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1702OPENAXESSBRONZ	Employee Only	2	\$487.36	\$974.72
1702OPENAXESSBRONZ	Employee & Children	1	\$0.00	\$986.92
ADD	Employee Only	2	\$0.84**	\$21.84
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDHIGH	Employee & Children	1	\$0.00	\$117.99
LIFE	Employee Only	2	\$1.80**	\$12.60
VSP	Employee Only	2	\$8.75	\$17.50
VSP	Employee & Children	1	\$0.00	\$15.02
			GRAND TOTAL	\$2,241.81

KOCH LAW  
521 5th Avenue 17th Floor  
NEW YORK, NY 10175

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ESSMIDI, MEHDI	2022-07-01	ADD		\$21.00
ESSMIDI, MEHDI	2022-07-01	LIFE		\$10.80
ESSMIDI, MEHDI	2022-07-01	GUARDHIGH	EC2	\$117.99
ESSMIDI, MEHDI	2022-07-01	1702OPENAXESSBRONZ	EC2	\$986.92
ESSMIDI, MEHDI	2022-07-01	VSP	EC2	\$15.02
MARSHALL, PATRICK	2021-07-01	GUARDHIGH	EE	\$47.61
MARSHALL, PATRICK	2021-07-01	1702OPENAXESSBRONZ	EE	\$487.36
MARSHALL, PATRICK	2021-07-01	VSP	EE	\$8.75
RAMOS, EDITH	2022-07-01	ADD		\$0.84
RAMOS, EDITH	2022-07-01	LIFE		\$1.80
RAMOS, EDITH	2022-07-01	GUARDHIGH	EE	\$47.61
RAMOS, EDITH	2022-07-01	1702OPENAXESSBRONZ	EE	\$487.36
RAMOS, EDITH	2022-07-01	VSP	EE	\$8.75

**MEDICAL PLAN COUNTS**

Employee Only	2
Employee & Spouse	0
Employee & Children	0
Family	0



**Account Services**  
**Monthly Statement**

KW NET LEASE ADVISORS

Invoice Number: 5843-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1937OPENAXESSCOPPE	Employee Only	1	\$495.83	\$495.83
1937OPENAXESSCOPPE	Family	1	\$0.00	\$1,419.92
GUARDHIGH	Family	1	\$0.00	\$160.18
VSP	Family	1	\$0.00	\$23.76
			GRAND TOTAL	\$4,199.38



## KW NET LEASE ADVISORS

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MALONE, HOLLY	2022-09-01	1937OPENAXESSCOPPE	EE	\$495.83
WIMBERLY, AMBER	2022-09-01	GUARDHIGH	FAM	\$160.18
WIMBERLY, AMBER	2022-09-01	1937OPENAXESSCOPPE	FAM	\$1419.92
WIMBERLY, AMBER	2022-09-01	VSP	FAM	\$23.76

KW NET LEASE ADVISORS

,

## PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MALONE, HOLLY	2022-09-01	1937OPENAXESSCOPPE	EE	\$495.83
WIMBERLY, AMBER	2022-09-01	GUARDHIGH	FAM	\$160.18
WIMBERLY, AMBER	2022-09-01	1937OPENAXESSCOPPE	FAM	\$1419.92
WIMBERLY, AMBER	2022-09-01	VSP	FAM	\$23.76

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

LALO PROPERTIES

Invoice Number: 5763-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1921OPENAXESSBRONZ	Employee Only	1	\$561.10	\$561.10
1921OPENAXESSBRONZ	Employee & Spouse Only	1	\$1,110.61	\$1,110.61
			GRAND TOTAL	\$1,671.71

LALO PROPERTIES

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
LOCHIRCO, ASHLEY	2022-03-01	1921OPENAXESSBRONZ EE		\$561.10
LOCHIRCO, MIKE	2022-03-01	1921OPENAXESSBRONZ ES		\$1110.61

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

LED PHANTOM DISTRIBUTION INC.  
930 KAY AVE  
ADDISON, IL 60101

Invoice Number: 4120-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	4	\$4.20**	\$48.30
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Employee & Children	1	\$0.00	\$117.99
GUARDLOW	Employee Only	1	\$29.44	\$29.44
GUARDLOW	Employee & Spouse Only	2	\$55.54	\$111.08
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
GUARDLOW	Family	1	\$100.74	\$100.74
LIFE	Employee Only	4	\$33.00**	\$78.52
VSP	Employee Only	2	\$8.75	\$17.50
VSP	Employee & Spouse Only	2	\$14.73	\$29.46
VSP	Employee & Children	2	\$15.02	\$30.04
			GRAND TOTAL	\$685.29

LED PHANTOM DISTRIBUTION INC.  
930 KAY AVE  
ADDISON, IL 60101

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HIGGINS, JEFFREY	2022-03-01	ADD		\$2.10
HIGGINS, JEFFREY	2022-03-01	GUARDLOW	FAM	\$100.74
HOLLOWAY, JAWANN	2021-08-01	GUARDLOW	EC	\$74.61
HOLLOWAY, JAWANN	2021-08-01	VSP	EC	\$15.02
JACKSON, KENNETH	2022-01-01	ADD		\$21.00
JACKSON, KENNETH	2022-01-01	LIFE		\$9.55
KELLY, ASHLEY	2022-10-01	GUARDLOW	ES	\$55.54
KELLY, ASHLEY	2022-10-01	VSP	ES	\$14.73
LOPEZ NATAL, EDGARDO	2022-01-01	GUARDLOW	EE	\$29.44
LOPEZ NATAL, EDGARDO	2022-01-01	VSP	EE	\$8.75
NOLL, JEFFREY	2022-01-01	GUARDHIGH	EE	\$47.61
NOLL, JEFFREY	2022-01-01	VSP	EE	\$8.75
PEARSON, JAMES	2022-04-01	ADD		\$21.00
PEARSON, JAMES	2022-07-01	GUARDHIGH	EC2	\$117.99
PEARSON, JAMES	2022-04-01	LIFE		\$13.05
PEARSON, JAMES	2022-07-01	VSP	EC2	\$15.02
SCHIEFER-WOLGAST, JAMIE	2022-11-01	LIFE		\$22.92
SCHIEFER-WOLGAST, JAMIE	2022-11-01	GUARDLOW	ES	\$55.54
SCHIEFER-WOLGAST, JAMIE	2022-11-01	VSP	ES	\$14.73
STEPHENSON, SCOTT	2022-08-01	ADD		\$4.20
STEPHENSON, SCOTT	2022-08-01	LIFE		\$33.00

**MEDICAL PLAN COUNTS**

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



**Account Services**  
**Monthly Statement**

LG ACADEMY  
513 Birch St.  
BOONTON, NJ 07005

Invoice Number: 4279-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
VSP	Employee Only	1	\$0.00	\$8.75
			GRAND TOTAL	\$8.75

LG ACADEMY  
513 Birch St.  
BOONTON, NJ 07005

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FINNEGAN, DANIEL	2022-08-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

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





## Account Services

### Monthly Statement

MADICORP INC  
87 CRESCENT RD  
NEEDHAM HEIGHTS, MA 02494

Invoice Number: 4215-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
LIFE	Employee Only	1	\$24.70**	\$24.70
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$137.42

MADICORP INC  
87 CRESCENT RD  
NEEDHAM HEIGHTS, MA 02494

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GALT, ROBERT	2022-01-01	GUARDHIGH	EE	\$47.61
GALT, ROBERT	2022-01-01	VSP	EE	\$8.75
MCELENEY, LISA	2022-01-01	GUARDHIGH	EE	\$47.61
MCELENEY, LISA	2022-01-01	VSP	EE	\$8.75
MCELENEY, LISA	2022-01-01	LIFE		\$24.70

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

MAGIC TOUCH MECHANICAL  
942 West 1st Ave  
MESA, AZ 85210

Invoice Number: 4555-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$8.40**	\$8.40
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
LIFE	Employee Only	2	\$9.88**	\$25.98
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$138.92

MAGIC TOUCH MECHANICAL

942 West 1st Ave

MESA, AZ 85210

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GREBE, JASON	2022-01-01	LIFE		\$16.10
HENINGER, JEFFREY	2022-03-01	ADD		\$8.40
HENINGER, JEFFREY	2022-03-01	GUARDHIGH	ES	\$89.81
HENINGER, JEFFREY	2022-03-01	VSP	ES	\$14.73
HENINGER, JEFFREY	2022-03-01	LIFE		\$9.88

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

MANHATTAN SPACES  
133 W 72nd St Rm 201  
NEW YORK, NY 10023

Invoice Number: 4288-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1536OPENAXESSGOLD	Employee Only	1	\$653.81	\$653.81
1536OPENAXESSGOLD	Family	1	\$1,961.43	\$1,961.43
GUARDLOW	Family	1	\$100.74	\$100.74
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$2,739.74

## MANHATTAN SPACES

133 W 72nd St Rm 201

NEW YORK, NY 10023

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BERNARDES, JOSE	2020-08-01	1536OPENAXESSGOLD	FAM	\$1961.43
BERNARDES, JOSE	2020-10-01	GUARDLOW	FAM	\$100.74
BERNARDES, JOSE	2021-12-01	VSP	FAM	\$23.76
SAMAD, WAQAR	2020-08-01	1536OPENAXESSGOLD	EE	\$653.81

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

MARCO'S PIZZA - LEE'S SUMMIT

Invoice Number: 6105-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$76.38

MARCO'S PIZZA - LEE'S SUMMIT

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
JOHNSON, JEREMY	2022-10-01	GUARDLOW	EE	\$29.44
JOHNSON, JEREMY	2022-10-01	VSP	EE	\$8.75



MARCO'S PIZZA - LEE'S SUMMIT

,

## PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
JOHNSON, JEREMY	2022-10-01	GUARDLOW	EE	\$29.44
JOHNSON, JEREMY	2022-10-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

MARCO'S PIZZA - WAUKEE

Invoice Number: 5909-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
LIFE	Employee Only	1	\$3.30**	\$3.30
GRAND TOTAL				\$3.30

MARCO'S PIZZA - WAUKEE

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
PHILLIPS, MELODY	2022-05-01	LIFE		\$3.30

## MEDICAL PLAN COUNTS

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



**Account Services**  
**Monthly Statement**

MAXIMUM AUTO OUTLET  
8503 EUCLID AVE  
MANASSAS PARK, VA 20111

Invoice Number: 4584-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
			GRAND TOTAL	\$47.61

MAXIMUM AUTO OUTLET  
8503 EUCLID AVE  
MANASSAS PARK, VA 20111

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SARWARI, NAVEED	2022-11-01	GUARDHIGH	EE	\$47.61

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

MCELROY TEAM REALTY  
4012 Gateway Drive  
Colleyville, TX 76034

Invoice Number: 4579-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0226CIGNAGOLD	Employee Only	1	\$653.81	\$653.81
0226CIGNAGOLD	Family	1	\$1,961.43	\$1,961.43
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
			GRAND TOTAL	\$2,662.85

MCELROY TEAM REALTY

4012 Gateway Drive

Colleyville, TX 76034

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MCELROY, DANIEL	2020-02-01	0226CIGNAGOLD	FAM	\$1961.43
VENABLE, FRANCES	2020-10-01	0226CIGNAGOLD	EE	\$653.81
VENABLE, FRANCES	2020-10-01	GUARDHIGH	EE	\$47.61

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

MED-FIT, PLLC  
10171 PLYMOUTH COURT  
PARKER, CO 80134

Invoice Number: 4576-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
LIFE	Employee Only	1	\$3.00**	\$8.00
GRAND TOTAL				\$8.00



MED-FIT, PLLC  
10171 PLYMOUTH COURT  
PARKER, CO 80134

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ROSA, SARAH	2022-08-01	LIFE		\$8.00

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

METRO COMMERCIAL LAUNDRY

Invoice Number: 5511-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$21.00**	\$21.00
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$134.57

METRO COMMERCIAL LAUNDRY

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
TODD, NORMAN	2022-04-01	ADD		\$21.00
TODD, NORMAN	2022-04-01	GUARDHIGH	ES	\$89.81
TODD, NORMAN	2022-04-01	VSP	FAM	\$23.76

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

MFUSION  
5410 GRIST MILL WOODS WAY  
ALEXANDRIA, VA 22309

Invoice Number: 4154-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee & Spouse Only	1	\$88.18	\$89.81
GUARDHIGH	Employee & Children	1	\$89.81	\$89.81
			GRAND TOTAL	\$179.62

## MFUSION

5410 GRIST MILL WOODS WAY

ALEXANDRIA, VA 22309

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HAYES, TERRI	2020-10-01	GUARDHIGH	EC	\$89.81
HAYS, JAMES	2022-01-01	GUARDHIGH	ES	\$89.81

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

MGS KALAMAZOO  
4412 STADIUM DRIVE  
KALAMAZOO, MI 49008

Invoice Number: 4623-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$29.44

MGS KALAMAZOO  
4412 STADIUM DRIVE  
KALAMAZOO, MI 49008

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KERNS, MANDY	2018-01-01	GUARDLOW	EE	\$29.44

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

MICROTEL WYNDHAM FAIRMONT  
20 Southland Dr  
FAIRMONT, WV 26554

Invoice Number: 4263-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$4.20**	\$4.20
GUARDLOW	Employee Only	2	\$29.44	\$58.88
LIFE	Employee Only	1	\$35.75**	\$35.75
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$116.33



MICROTEL WYNDHAM FAIRMONT  
20 Southland Dr  
FAIRMONT, WV 26554

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CARPENTER, STEVEN	2022-06-01	ADD		\$4.20
CARPENTER, STEVEN	2022-06-01	LIFE		\$35.75
CARPENTER, STEVEN	2022-06-01	GUARDLOW	EE	\$29.44
CARPENTER, STEVEN	2022-06-01	VSP	EE	\$8.75
HALL, JACQUELINE	2022-01-01	GUARDLOW	EE	\$29.44
HALL, JACQUELINE	2022-01-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

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



**Account Services**  
**Monthly Statement**

MICROTEL WYNDHAM WAYNESBURG

Invoice Number: 5688-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$0.84**	\$0.84
GRAND TOTAL				\$0.84

MICROTEL WYNDHAM WAYNESBURG

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
AHREND, VERINA	2022-10-01	ADD		\$0.84

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

MILLENNIUM HOSPITALITY MANAGEMENT  
35 Ellview Rd  
SOMERSET TOWNSHIP, PA 15360

Invoice Number: 4259-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$8.61**	\$4.20
GUARDHIGH	Employee Only	1	\$0.00	\$47.61
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$121.12

MILLENNIUM HOSPITALITY MANAGEMENT  
35 Ellview Rd  
SOMERSET TOWNSHIP, PA 15360

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
IRVING, DELORES	2022-01-01	ADD		\$4.20
REED, SHAWNA	2022-09-01	GUARDHIGH	EE	\$47.61
REED, SHAWNA	2022-09-01	VSP	EE	\$8.75

MILLENNIUM HOSPITALITY MANAGEMENT  
35 Ellview Rd  
SOMERSET TOWNSHIP, PA 15360

## PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
IRVING, DELORES	2022-01-01	ADD		\$4.20
REED, SHAWNA	2022-09-01	GUARDHIGH	EE	\$47.61
REED, SHAWNA	2022-09-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

MOMMY TUMMY  
220 Easy 65 N St  
NEW YORK, NY 10065

Invoice Number: 4268-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$21.42**	\$21.42
GRAND TOTAL				\$21.42

MOMMY TUMMY  
220 Easy 65 N St  
NEW YORK, NY 10065

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
REITER, ROBIN	2021-01-01	ADD		\$21.42

## MEDICAL PLAN COUNTS

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





## Account Services

### Monthly Statement

MOTEL STUDIO 6 THOUSAND PALMS  
72215 VARNER ROAD  
THOUSAND PALMS, CA 92276

Invoice Number: 4127-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
LIFE	Employee Only	1	\$0.00**	\$30.06
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$68.25

MOTEL STUDIO 6 THOUSAND PALMS  
72215 VARNER ROAD  
THOUSAND PALMS, CA 92276

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CASTANEDA, GAIL	2022-09-01	LIFE		\$30.06
CASTANEDA, GAIL	2022-09-01	GUARDLOW	EE	\$29.44
CASTANEDA, GAIL	2022-09-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

MPIRE HOSPITALITY  
13681 N Highway 183  
AUSTIN, TX 78750

Invoice Number: 4321-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	3	\$29.44	\$88.32
VSP	Employee Only	3	\$8.75	\$26.25
GRAND TOTAL				\$114.57

MPIRE HOSPITALITY  
13681 N Highway 183  
AUSTIN, TX 78750

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CHAMORRO, MAYERLIN	2021-02-01	GUARDLOW	EE	\$29.44
CHAMORRO, MAYERLIN	2021-02-01	VSP	EE	\$8.75
HEWITT, LEILA	2021-02-01	GUARDLOW	EE	\$29.44
HEWITT, LEILA	2021-02-01	VSP	EE	\$8.75
JIMENEZ, LISA	2022-04-01	GUARDLOW	EE	\$29.44
JIMENEZ, LISA	2022-04-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

MUJIN CORP  
6300 Kenjoy Dr  
LOUISVILLE, KY 40214

Invoice Number: 4405-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1711OPENAXESSBRONZ	Employee Only	1	\$511.73	\$511.73
1711OPENAXESSBRONZ	Family	1	\$1,554.09	\$1,554.09
1711OPENAXESSCOPPE	Employee Only	2	\$473.29	\$946.58
1711OPENAXESSGOLD	Employee Only	4	\$686.50	\$2,746.00
1711OPENAXESSGOLD	Family	4	\$2,059.50	\$8,238.00
1711OPENAXESSSILVE	Employee Only	2	\$575.59	\$1,151.18
1711OPENAXESSSILVE	Employee & Spouse Only	1	\$0.00	\$1,151.18
1711OPENAXESSSILVE	Family	1	\$1,726.77	\$1,726.77
ADD	Employee Only	10	\$21.00**	\$123.48
GUARDHIGH	Employee Only	7	\$47.61	\$333.27
GUARDHIGH	Family	6	\$160.18	\$961.08
GUARDLOW	Employee Only	2	\$29.44	\$58.88
GUARDLOW	Employee & Spouse Only	1	\$0.00	\$55.54
LIFE	Employee Only	10	\$14.40**	\$142.99
VSP	Employee Only	8	\$8.75	\$70.00
VSP	Employee & Spouse Only	2	\$0.00	\$29.46
VSP	Family	6	\$23.76	\$142.56
			GRAND TOTAL	\$21,207.36

MUJIN CORP  
6300 Kenjoy Dr  
LOUISVILLE, KY 40214

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CLOER, JOSHUA	2022-03-13	ADD		\$21.00
CLOER, JOSHUA	2022-03-13	GUARDHIGH	FAM	\$160.18
CLOER, JOSHUA	2022-03-13	1711OPENAXESSGOLD	FAM	\$2059.50
CLOER, JOSHUA	2022-03-13	VSP	FAM	\$23.76
CLOER, JOSHUA	2022-03-13	LIFE		\$9.60
COATS, BRANDON	2021-07-01	ADD		\$10.92
COATS, BRANDON	2021-07-01	GUARDHIGH	FAM	\$160.18
COATS, BRANDON	2021-07-01	1711OPENAXESSGOLD	FAM	\$2059.50
COATS, BRANDON	2021-07-01	VSP	FAM	\$23.76
COATS, BRANDON	2021-07-01	LIFE		\$14.75
CRAY, KEITH	2022-09-01	ADD		\$4.20
CRAY, KEITH	2022-09-01	LIFE		\$11.60
CRAY, KEITH	2022-09-01	GUARDHIGH	EE	\$47.61
CRAY, KEITH	2022-09-01	VSP	ES	\$14.73
CRAY, KEITH	2022-09-01	1711OPENAXESSILVE	EE	\$575.59
DOUGHERTY, PATRICIA	2022-10-01	ADD		\$0.42
DOUGHERTY, PATRICIA	2022-10-01	LIFE		\$4.94
DOUGHERTY, PATRICIA	2022-10-01	GUARDHIGH	EE	\$47.61
DOUGHERTY, PATRICIA	2022-10-01	1711OPENAXESSGOLD	EE	\$686.50
DOUGHERTY, PATRICIA	2022-10-01	VSP	EE	\$8.75
FULTZ, JEREMY	2022-05-01	GUARDHIGH	EE	\$47.61
FULTZ, JEREMY	2022-05-01	1711OPENAXESSCOPPE	EE	\$473.29
FULTZ, JEREMY	2022-05-01	VSP	EE	\$8.75
FULTZ, JEREMY	2022-05-01	LIFE		\$9.60
GATES, DOMINIC	2022-05-01	GUARDHIGH	EE	\$47.61
GATES, DOMINIC	2022-05-01	1711OPENAXESSGOLD	EE	\$686.50
GATES, DOMINIC	2022-05-01	VSP	EE	\$8.75
GEORGE, MICHAEL	2022-04-01	GUARDHIGH	EE	\$47.61
GEORGE, MICHAEL	2022-04-01	1711OPENAXESSBRONZ	EE	\$511.73

MUJIN CORP  
6300 Kenjoy Dr  
LOUISVILLE, KY 40214

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GEORGE, MICHAEL	2022-04-01	VSP	EE	\$8.75
GUO, CHUWEI	2022-03-01	GUARDLOW	EE	\$29.44
GUO, CHUWEI	2022-03-01	1711OPENAXESSGOLD	EE	\$686.50
GUO, CHUWEI	2022-03-01	VSP	EE	\$8.75
HARTMANN, TRENTON	2021-11-01	GUARDHIGH	EE	\$47.61
HARTMANN, TRENTON	2021-11-01	1711OPENAXESSGOLD	EE	\$686.50
LINDELL, BRENT	2022-08-01	ADD		\$4.20
LINDELL, BRENT	2022-08-01	GUARDHIGH	FAM	\$160.18
LINDELL, BRENT	2022-08-01	1711OPENAXESSGOLD	FAM	\$2059.50
LINDELL, BRENT	2022-08-01	VSP	FAM	\$23.76
MARTIN, MIELECIA	2022-10-01	ADD		\$4.20
MARTIN, MIELECIA	2022-10-01	GUARDHIGH	EE	\$47.61
MARTIN, MIELECIA	2022-10-01	1711OPENAXESSCOPPE	EE	\$473.29
MARTIN, MIELECIA	2022-10-01	VSP	EE	\$8.75
NAGASAWA, YOSHIKAZU	2022-06-01	ADD		\$42.42
NAGASAWA, YOSHIKAZU	2022-06-01	LIFE		\$49.55
NAGASAWA, YOSHIKAZU	2022-06-01	GUARDHIGH	FAM	\$160.18
NAGASAWA, YOSHIKAZU	2022-06-01	1711OPENAXESSILVE	FAM	\$1726.77
NAGASAWA, YOSHIKAZU	2022-06-01	VSP	FAM	\$23.76
OTOBE, DAIGO	2021-09-01	ADD		\$25.62
OTOBE, DAIGO	2021-11-01	GUARDHIGH	FAM	\$160.18
OTOBE, DAIGO	2021-09-01	1711OPENAXESSGOLD	FAM	\$2059.50
OTOBE, DAIGO	2021-11-01	VSP	FAM	\$23.76
OTOBE, DAIGO	2021-09-01	LIFE		\$19.10
RIBIC, MATTHEW	2022-11-01	ADD		\$6.30
RIBIC, MATTHEW	2022-11-01	VSP	EE	\$8.75

MUJIN CORP  
6300 Kenjoy Dr  
LOUISVILLE, KY 40214

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SPANN, NICHOLAS	2022-11-01	ADD		\$4.20
SPANN, NICHOLAS	2022-11-01	LIFE		\$6.75
SPANN, NICHOLAS	2022-11-01	GUARDLOW	ES	\$55.54
SPANN, NICHOLAS	2022-11-01	1711OPENAXESSILVE	ES	\$1151.18
SPANN, NICHOLAS	2022-11-01	VSP	ES	\$14.73
STANLEY, JOHN PRASANNA	2022-07-01	LIFE		\$14.40
STANLEY, JOHN PRASANNA	2022-07-01	GUARDHIGH	FAM	\$160.18
STANLEY, JOHN PRASANNA	2022-07-01	1711OPENAXESSBRONZ	FAM	\$1554.09
STANLEY, JOHN PRASANNA	2022-07-01	VSP	FAM	\$23.76
THOMPSON, JEREMIAH	2022-04-01	LIFE		\$2.70
THOMPSON, JEREMIAH	2022-04-01	GUARDLOW	EE	\$29.44
THOMPSON, JEREMIAH	2022-04-01	1711OPENAXESSILVE	EE	\$575.59
THOMPSON, JEREMIAH	2022-04-01	VSP	EE	\$8.75



MUJIN CORP  
6300 Kenjoy Dr  
LOUISVILLE, KY 40214

PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DOUGHERTY, PATRICIA	2022-10-01	ADD		\$0.42
DOUGHERTY, PATRICIA	2022-10-01	LIFE		\$4.94
DOUGHERTY, PATRICIA	2022-10-01	GUARDHIGH	EE	\$47.61
DOUGHERTY, PATRICIA	2022-10-01	1711OPENAXESSGOLD	EE	\$686.50
MARTIN, MIELECIA	2022-10-01	ADD		\$4.20
MARTIN, MIELECIA	2022-10-01	GUARDHIGH	EE	\$47.61
MARTIN, MIELECIA	2022-10-01	1711OPENAXESSCOPPE	EE	\$473.29

MEDICAL PLAN COUNTS

Employee Only	9
Employee & Spouse	1
Employee & Children	0
Family	6



## Account Services

### Monthly Statement

MULBERRI, INC

Invoice Number: 5797-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	4	\$13.02**	\$25.62
GUARDHIGH	Employee & Spouse Only	3	\$89.81	\$269.43
GUARDHIGH	Family	4	\$0.00	\$640.72
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
LIFE	Employee Only	3	\$11.30**	\$42.22
VSP	Employee & Spouse Only	3	\$14.73	\$44.19
VSP	Employee & Children	1	\$14.73	\$15.02
VSP	Family	4	\$0.00	\$95.04
			GRAND TOTAL	\$1,206.85

MULBERRI, INC

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BANSAL, PRAVIN KUMAR	2022-09-01	GUARDHIGH	FAM	\$160.18
BANSAL, PRAVIN KUMAR	2022-09-01	VSP	FAM	\$23.76
CHAWLA, HAMESH	2022-08-01	GUARDHIGH	FAM	\$160.18
CHAWLA, HAMESH	2022-08-01	VSP	FAM	\$23.76
HE, CHUAN	2022-08-01	GUARDHIGH	ES	\$89.81
HE, CHUAN	2022-08-01	VSP	ES	\$14.73
HENDRY, RACHAEL	2022-08-01	ADD		\$13.02
HENDRY, RACHAEL	2022-08-01	LIFE		\$11.30
HENDRY, RACHAEL	2022-08-01	GUARDLOW	EC	\$74.61
HENDRY, RACHAEL	2022-08-01	VSP	EC	\$15.02
HINMAN, DANIEL	2022-09-01	ADD		\$2.10
HINMAN, DANIEL	2022-09-01	LIFE		\$8.00
HINMAN, DANIEL	2022-09-01	GUARDHIGH	FAM	\$160.18
HINMAN, DANIEL	2022-09-01	VSP	FAM	\$23.76
LEE, BUM HO	2022-09-01	ADD		\$4.20
LEE, BUM HO	2022-09-01	GUARDHIGH	ES	\$89.81
LEE, BUM HO	2022-09-01	VSP	ES	\$14.73
RAMIL, MAURA	2022-08-01	ADD		\$6.30
RAMIL, MAURA	2022-08-01	LIFE		\$22.92
RAMIL, MAURA	2022-08-01	GUARDHIGH	ES	\$89.81
RAMIL, MAURA	2022-08-01	VSP	ES	\$14.73
ZHENG, YONG	2022-08-01	GUARDHIGH	FAM	\$160.18
ZHENG, YONG	2022-08-01	VSP	FAM	\$23.76

MEDICAL PLAN COUNTS

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



**Account Services**  
**Monthly Statement**

NATIONAL HOSPICE MANAGEMENT  
2191 Lemay Ferry Road  
SAINT LOUIS, MO 63125

Invoice Number: 4607-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0435OPENACCESSESSE	Employee Only	1	\$450.74	\$450.74
ADD	Employee Only	2	\$4.20**	\$5.05
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
LIFE	Employee Only	1	\$7.15**	\$3.82
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$668.12

## NATIONAL HOSPICE MANAGEMENT

2191 Lemay Ferry Road  
SAINT LOUIS, MO 63125

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
COULTER, JENNIFER	2020-01-01	0435OPENACCESSESSE	EE	\$450.74
GIRTON, CAROL	2018-01-01	ADD		\$2.95
LECHIEN, LORRIE	2022-01-01	GUARDHIGH	EE	\$47.61
PARHAM, NANCY	2022-01-01	LIFE		\$3.82
PARHAM, NANCY	2022-01-01	GUARDHIGH	ES	\$89.81
PARHAM, NANCY	2022-01-01	VSP	ES	\$14.73
POHL, BETH	2022-01-01	ADD		\$2.10
POHL, BETH	2022-01-01	GUARDHIGH	EE	\$47.61
POHL, BETH	2022-01-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

NEEMA HOSPITALITY MGT. MECHANICSBURG  
1012 WESLEY DRIVE  
MECHANICSBURG, PA 17055

Invoice Number: 4733-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$2.10**	\$15.12
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee Only	2	\$29.44	\$58.88
LIFE	Employee Only	4	\$4.50**	\$132.98
NEEMAOPENAXESSESSE	Employee Only	1	\$489.70	\$489.70
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$753.04

NEEMA HOSPITALITY MGT. MECHANICSBURG  
1012 WESLEY DRIVE  
MECHANICSBURG, PA 17055

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BACON, JUSTIN	2022-07-01	ADD		\$2.10
BACON, JUSTIN	2022-09-01	LIFE		\$6.00
BACON, JUSTIN	2022-07-01	GUARDLOW	EE	\$29.44
GORDON, JAMES	2022-01-01	LIFE		\$41.30
GORDON, JAMES	2022-01-01	ADD		\$13.02
GORDON, JAMES	2022-01-01	GUARDHIGH	EE	\$47.61
GORDON, JAMES	2022-10-01	LIFE		\$60.98
MARKS, RICHARD	2022-01-01	NEEMAOPENAXESSESSEEE		\$489.70
MARKS, RICHARD	2022-01-01	GUARDLOW	EE	\$29.44
MARKS, RICHARD	2022-01-01	VSP	EE	\$8.75
MARKS, RICHARD	2022-01-01	LIFE		\$24.70

**MEDICAL PLAN COUNTS**

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



## Account Services

### Monthly Statement

NETWORK RUNNERS, INC  
21351 GENTRY DRIVE  
STERLING, VA 20166

Invoice Number: 4593-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0340GUARDDENT	Employee Only	30	\$44.25	\$1,327.50
0340GUARDDENT	Employee & Spouse Only	3	\$92.26	\$276.78
0340GUARDDENT	Employee & Children	2	\$110.46	\$220.92
0340GUARDDENT	Family	3	\$158.46	\$475.38
0340VIS	Employee Only	17	\$9.93	\$168.81
0340VIS	Employee & Spouse Only	2	\$16.74	\$33.48
			GRAND TOTAL	\$2,502.87



NETWORK RUNNERS, INC  
21351 GENTRY DRIVE  
STERLING, VA 20166

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BARNETT, WILLIAM	2019-10-01	0340GUARDDENT	EE	\$44.25
BHATIA, MANOJ	2018-04-01	0340GUARDDENT	EE	\$44.25
BHATIA, PREETI	2018-04-01	0340GUARDDENT	EE	\$44.25
BYRD, MARIA	2022-11-01	0340GUARDDENT	EE	\$44.25
BYRD, MARIA	2022-11-01	0340VIS	EE	\$9.93
CALO II, JACOB	2020-04-01	0340GUARDDENT	EE	\$44.25
CANNON, KORI	2021-12-01	0340GUARDDENT	EC2	\$110.46
CAULEY, MARIO	2020-11-01	0340GUARDDENT	EE	\$44.25
CHANTHAVONE, JIMMY	2022-07-01	0340GUARDDENT	EE	\$44.25
CHANTHAVONE, JIMMY	2022-07-01	0340VIS	EE	\$9.93
CHU, SZU-YU	2022-09-01	0340GUARDDENT	EE	\$44.25
CHU, SZU-YU	2022-09-01	0340VIS	EE	\$9.93
COFFMAN, KATHERIN	2020-10-01	0340GUARDDENT	EE	\$44.25
DITORE, MICHAEL-JOHN	2021-05-01	0340GUARDDENT	EE	\$44.25
DUBRAY, BRITTANY	2022-08-01	0340GUARDDENT	EE	\$44.25
DUBRAY, BRITTANY	2022-08-01	0340VIS	EE	\$9.93
ESPINO, ISMAEL	2019-11-01	0340GUARDDENT	EC2	\$110.46
ESPINO, ISMAEL	2019-11-01	0340VIS	EE	\$9.93
EVANS, RODERICK	2021-10-01	0340GUARDDENT	EE	\$44.25
GALLAGHER, PATRICK	2022-10-01	0340GUARDDENT	EE	\$44.25
GALLAGHER, PATRICK	2022-10-01	0340VIS	EE	\$9.93
GERMAN, JASMINE	2022-01-01	0340GUARDDENT	EE	\$44.25

NETWORK RUNNERS, INC  
21351 GENTRY DRIVE  
STERLING, VA 20166

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GONZALEZ, DANIEL	2022-09-01	0340GUARDDENT	EE	\$44.25
GONZALEZ, DANIEL	2022-09-01	0340VIS	EE	\$9.93
GROSS, JOHN	2020-05-01	0340GUARDDENT	ES	\$92.26
GUPTA, VIVEK	2019-01-15	0340GUARDDENT	EE	\$44.25
GUPTA, VIVEK	2018-06-01	0340VIS	EE	\$9.93
JACKSON, DERRICK	2019-08-01	0340GUARDDENT	EE	\$44.25
JACKSON, DERRICK	2019-08-01	0340VIS	ES	\$16.74
LEBEL, DENISE	2021-02-01	0340GUARDDENT	FAM	\$158.46
LEDUC, TODD	2022-04-01	0340GUARDDENT	EE	\$44.25
LEDUC, TODD	2022-04-01	0340VIS	EE	\$9.93
MARINO, CHERYL	2021-10-01	0340GUARDDENT	EE	\$44.25
MCCALL, WILLIAM	2022-09-01	0340GUARDDENT	EE	\$44.25
MCCALL, WILLIAM	2022-09-01	0340VIS	EE	\$9.93
NWADIBIA, BENJAMIN	2021-04-01	0340GUARDDENT	FAM	\$158.46
ONSUSKO, DAVID	2022-08-01	0340GUARDDENT	ES	\$92.26
ONSUSKO, DAVID	2022-08-01	0340VIS	ES	\$16.74
POTDAR, SUYASH	2021-12-01	0340GUARDDENT	EE	\$44.25
POTDAR, SUYASH	2021-12-01	0340VIS	EE	\$9.93
QASSIM, TAMMIM	2021-08-01	0340GUARDDENT	EE	\$44.25
QUINN, SASHA	2020-08-01	0340GUARDDENT	EE	\$44.25
QUINN, SASHA	2020-08-01	0340VIS	EE	\$9.93

NETWORK RUNNERS, INC  
21351 GENTRY DRIVE  
STERLING, VA 20166

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
RAWLINS, STEVEN	2022-07-01	0340GUARDDENT	EE	\$44.25
RAWLINS, STEVEN	2022-07-01	0340VIS	EE	\$9.93
ROBINSON, MATTHEW	2022-01-01	0340GUARDDENT	EE	\$44.25
ROBINSON, MATTHEW	2022-01-01	0340VIS	EE	\$9.93
SHEPHERD, DEYSHUAN	2021-08-01	0340GUARDDENT	EE	\$44.25
SMITH, DORIAN	2022-09-01	0340GUARDDENT	EE	\$44.25
SMITH, DORIAN	2022-09-01	0340VIS	EE	\$9.93
TATARKA, EVAN	2021-07-01	0340GUARDDENT	EE	\$44.25
TREMMELE, LAWRENCE	2022-03-01	0340GUARDDENT	ES	\$92.26
URGENT, KIERA	2022-09-01	0340GUARDDENT	EE	\$44.25
URGENT, KIERA	2022-09-01	0340VIS	EE	\$9.93
WALKER, ARIEL	2022-07-01	0340GUARDDENT	EE	\$44.25
WALKER, ARIEL	2022-07-01	0340VIS	EE	\$9.93
WASHINGTON, ANGELA	2020-11-01	0340GUARDDENT	FAM	\$158.46

MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

NEW AGE ELECTRIC, INC  
8850 BROOKVILLE ROAD  
SILVER SPRING, MD 20910

Invoice Number: 4177-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee Only	1	\$29.44	\$29.44
GUARDLOW	Employee & Spouse Only	2	\$55.54	\$110.07
GUARDLOW	Family	1	\$100.74	\$100.74
LIFE	Employee Only	1	\$247.00**	\$80.90
VSP	Employee Only	2	\$8.75	\$17.50
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$584.93

NEW AGE ELECTRIC, INC  
8850 BROOKVILLE ROAD  
SILVER SPRING, MD 20910

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FRIEDMAN-MISTERKA, MATHEW	2021-12-01	LIFE		\$80.90
GARCIA ZUNIGA, MIKE	2020-09-01	GUARDLOW	EE	\$29.44
GARCIA ZUNIGA, MIKE	2020-09-01	VSP	EE	\$8.75
KULLA, FATMIR	2015-01-01	GUARDLOW	ES	\$54.53
MORALES, JOSE	2021-01-01	GUARDHIGH	FAM	\$160.18
MORALES, JOSE	2021-01-01	VSP	ES	\$14.73
OCHAITA, WILLIAM	2017-12-01	GUARDLOW	FAM	\$100.74
OCHAITA, WILLIAM	2018-12-01	VSP	FAM	\$23.76
PUMPHREY, AUSTIN	2019-01-01	GUARDHIGH	EE	\$47.61
QUINTANILLA, JOSE	2018-01-01	GUARDLOW	ES	\$55.54
QUINTANILLA, JOSE	2018-12-01	VSP	EE	\$8.75

**MEDICAL PLAN COUNTS**

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



**Account Services**  
**Monthly Statement**

NICOLE HOOPER PH.D.  
1 Stonebriar Ct  
DALLAS, TX 75206

Invoice Number: 4287-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1535OPENAXESS	SCOPPE Employee Only	1	\$450.75	\$450.75
			GRAND TOTAL	\$450.75

NICOLE HOOPER PH.D.

1 Stonebriar Ct

DALLAS, TX 75206

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HOOPER, NICOLE	2022-01-01	1535OPENAXESSCOPPE EE		\$450.75

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

ONE FOR ISRAEL  
1300 Glade RD  
COLLEYVILLE, TX 76034

Invoice Number: 4565-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Family	1	\$0.00	\$160.18
GUARDLOW	Employee Only	5	\$29.44	\$147.20
GUARDLOW	Employee & Spouse Only	1	\$55.54	\$55.54
GUARDLOW	Family	4	\$100.74	\$402.96
LIFE	Employee Only	4	\$7.20**	\$81.72
VSP	Employee Only	3	\$8.75	\$26.25
VSP	Family	3	\$23.76	\$71.28
			GRAND TOTAL	\$979.37



ONE FOR ISRAEL  
1300 Glade RD  
COLLEYVILLE, TX 76034

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BAREFIELD, SHALIMAR	2022-01-01	GUARDLOW	EE	\$29.44
BLAIN, WHITNEY	2022-09-01	GUARDHIGH	FAM	\$160.18
BLAIN, WHITNEY	2022-09-01	VSP	FAM	\$23.76
EDDY DEBROEKERT, REBECCA	2022-01-01	GUARDLOW	EE	\$29.44
EDDY DEBROEKERT, REBECCA	2022-01-01	LIFE		\$39.60
ESSEN, NEIL	2022-09-01	LIFE		\$4.80
ESSEN, NEIL	2022-09-01	GUARDLOW	EE	\$29.44
ESSEN, NEIL	2022-09-01	VSP	EE	\$8.75
HART, BENJAMIN	2021-11-01	GUARDLOW	EE	\$29.44
HART, BENJAMIN	2021-11-01	VSP	EE	\$8.75
KLEMCKE, MARCI	2021-11-01	VSP	EE	\$8.75
LARSON, JOHN	2022-11-01	GUARDLOW	FAM	\$100.74
LARSON, JOHN	2022-11-01	VSP	FAM	\$23.76
MASSEY, JOSHUA	2022-01-01	GUARDLOW	FAM	\$100.74
MASSEY, JOSHUA	2022-01-01	VSP	FAM	\$23.76
MCINTYRE, KIM	2020-01-01	GUARDLOW	EE	\$29.44
ROOT, GINA	2022-01-01	LIFE		\$14.40
ROOT, GINA	2022-10-01	LIFE		\$22.92
ROWDEN, DEREK	2022-01-01	GUARDLOW	FAM	\$100.74
SCHULZE, LEAH	2021-02-01	GUARDLOW	ES	\$55.54
SCOTT, DEREK	2022-01-01	GUARDLOW	FAM	\$100.74

ONE FOR ISRAEL  
1300 Glade RD  
COLLEYVILLE, TX 76034

## PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ESSEN, NEIL	2022-09-01	LIFE		\$4.80
ESSEN, NEIL	2022-09-01	GUARDLOW	EE	\$29.44

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

ONE NIGHT PROPERTIES

Invoice Number: 5908-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1973OPENAXESSPLATI	Employee Only	3	\$887.95	\$2,663.85
1973OPENAXESSPLATI	Employee & Children	1	\$1,751.05	\$1,751.05
1973OPENAXESSPLATI	Family	2	\$2,614.09	\$5,228.18
ADD	Employee Only	1	\$8.40**	\$8.40
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDHIGH	Employee & Children	1	\$117.99	\$117.99
GUARDHIGH	Family	2	\$160.18	\$320.36
GUARDLOW	Employee Only	1	\$29.44	\$29.44
LIFE	Employee Only	1	\$9.60**	\$9.60
VSP	Employee Only	3	\$8.75	\$26.25
VSP	Employee & Children	1	\$15.02	\$15.02
VSP	Family	2	\$23.76	\$47.52
			GRAND TOTAL	\$10,330.88

**ONE NIGHT PROPERTIES**

,

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FISHOF, POLINA	2022-06-01	GUARDHIGH	EE	\$47.61
FISHOF, POLINA	2022-06-01	1973OPENAXESSPLATI	EE	\$887.95
FISHOF, POLINA	2022-06-01	VSP	EE	\$8.75
HUTTON, WILLIAM	2022-04-01	1973OPENAXESSPLATI	EE	\$887.95
HUTTON, WILLIAM	2022-04-01	GUARDLOW	EE	\$29.44
HUTTON, WILLIAM	2022-04-01	VSP	EE	\$8.75
KOLLENSCHER, AVI	2022-08-01	GUARDHIGH	FAM	\$160.18
KOLLENSCHER, AVI	2022-08-01	1973OPENAXESSPLATI	FAM	\$2614.09
KOLLENSCHER, AVI	2022-08-01	VSP	FAM	\$23.76
KRAWITZ, STEFAN	2022-04-01	1973OPENAXESSPLATI	EE	\$887.95
KRAWITZ, STEFAN	2022-04-01	GUARDHIGH	EE	\$47.61
KRAWITZ, STEFAN	2022-04-01	VSP	EE	\$8.75
SCHWARTZ, ELCHONON	2022-04-01	1973OPENAXESSPLATI	EC2	\$1751.05
SCHWARTZ, ELCHONON	2022-04-01	GUARDHIGH	EC2	\$117.99
SCHWARTZ, ELCHONON	2022-04-01	VSP	EC2	\$15.02
SINGER, SIMON	2022-04-01	1973OPENAXESSPLATI	FAM	\$2614.09
SINGER, SIMON	2022-04-01	GUARDHIGH	FAM	\$160.18
SINGER, SIMON	2022-04-01	VSP	FAM	\$23.76
WILSON, ZACHARY	2022-10-01	ADD		\$8.40
WILSON, ZACHARY	2022-10-01	LIFE		\$9.60

## ONE NIGHT PROPERTIES

,

## PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
WILSON, ZACHARY	2022-10-01	ADD		\$8.40
WILSON, ZACHARY	2022-10-01	LIFE		\$9.60

## MEDICAL PLAN COUNTS

Employee Only	3
Employee & Spouse	0
Employee & Children	0
Family	2



## Account Services

### Monthly Statement

ONE PAPER LANE INC

Invoice Number: 5891-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1971OPENAXESSGOLD	Family	2	\$0.00	\$3,922.86
ADD	Employee Only	1	\$4.20**	\$4.20
GUARDLOW	Family	1	\$100.74	\$100.74
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$7,974.42

ONE PAPER LANE INC

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KANNAN, KIRAN	2022-04-01	1971OPENAXESSGOLD	FAM	\$1961.43
KANNAN, KIRAN	2022-04-01	ADD		\$4.20
KANNAN, KIRAN	2022-04-01	GUARDLOW	FAM	\$100.74
KANNAN, KIRAN	2022-04-01	VSP	FAM	\$23.76
MIRCHANDANI, GAURAV	2022-04-01	1971OPENAXESSGOLD	FAM	\$1961.43

ONE PAPER LANE INC

,

## PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KANNAN, KIRAN	2022-04-01	1971OPENAXESSGOLD	FAM	\$1961.43
MIRCHANDANI, GAURAV	2022-04-01	1971OPENAXESSGOLD	FAM	\$1961.43

## MEDICAL PLAN COUNTS

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





## Account Services

### Monthly Statement

ONE POINT HR SOLUTIONS  
118 WEST 5TH STREET SUITE 202  
COVINGTON, KY 41011

Invoice Number: 4212-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1399OPENAXESSBRONZ	Employee Only	3	\$487.36	\$1,462.08
1399OPENAXESSCOPPE	Employee Only	2	\$438.63	\$877.26
1399OPENAXESSGOLD	Employee Only	4	\$653.81	\$2,615.24
1399OPENAXESSPLATI	Employee Only	5	\$719.19	\$3,595.95
1399OPENAXESSPLATI	Employee & Children	2	\$1,438.38	\$2,876.76
1399OPENAXESSSILVE	Employee Only	2	\$548.18	\$1,096.36
1399OPENAXESSSILVE	Employee & Children	1	\$1,096.36	\$1,096.36
1399OPENAXESSSILVE	Family	1	\$1,644.54	\$1,644.54
ADD	Employee Only	4	\$4.20**	\$26.46
GUARDHIGH	Employee Only	8	\$47.61	\$380.88
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDHIGH	Employee & Children	3	\$89.81	\$297.61
GUARDLOW	Employee Only	5	\$29.44	\$147.20
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
GUARDLOW	Family	2	\$100.74	\$201.48
LIFE	Employee Only	10	\$39.60**	\$213.50
VSP	Employee Only	9	\$8.75	\$78.75
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
VSP	Employee & Children	2	\$15.02	\$30.04
			GRAND TOTAL	\$16,819.62

ONE POINT HR SOLUTIONS  
118 WEST 5TH STREET SUITE 202  
COVINGTON, KY 41011

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ADCOCK, LISA	2022-01-01	GUARDHIGH	ES	\$89.81
ADCOCK, LISA	2022-01-01	1399OPENAXESSPLATI	EE	\$719.19
ADCOCK, LISA	2022-01-01	VSP	EE	\$8.75
ADCOCK, LISA	2022-01-01	LIFE		\$33.00
ALFONSO, FERMIN	2022-04-01	GUARDHIGH	EC	\$89.81
ALFONSO, FERMIN	2022-04-01	1399OPENAXESSPLATI	EE	\$719.19
ALFONSO, FERMIN	2022-04-01	VSP	ES	\$14.73
ALFONSO, FERMIN	2022-05-01	LIFE		\$25.58
BIONDI, SHERI	2022-03-01	GUARDLOW	FAM	\$100.74
BIONDI, SHERI	2022-03-01	1399OPENAXESSILVE	FAM	\$1644.54
BLEVINS, TRACY	2020-03-01	GUARDLOW	EE	\$29.44
BROOKS, HERMAN	2022-07-01	GUARDHIGH	EE	\$47.61
BROOKS, HERMAN	2022-07-01	1399OPENAXESSCOPPE	EE	\$438.63
BROOKS, HERMAN	2022-07-01	VSP	EE	\$8.75
CAWTHON, REBECCA	2022-01-01	ADD		\$9.66
CAWTHON, REBECCA	2022-01-01	GUARDLOW	FAM	\$100.74
CAWTHON, REBECCA	2022-01-01	LIFE		\$10.70
COOPER, SARAH	2022-01-01	GUARDLOW	EC2	\$74.61
COOPER, SARAH	2022-01-01	1399OPENAXESSPLATI	EC2	\$1438.38
COOPER, SARAH	2022-01-01	VSP	EC2	\$15.02
COOPER, SARAH	2022-01-01	LIFE		\$10.70
DALBEY, TARAH	2022-03-01	GUARDLOW	EE	\$29.44
DALBEY, TARAH	2022-03-01	1399OPENAXESSCOPPE	EE	\$438.63
DEABREU, GHERALDINE	2022-07-01	GUARDHIGH	EE	\$47.61
DEABREU, GHERALDINE	2022-07-01	1399OPENAXESSPLATI	EE	\$719.19
DEABREU, GHERALDINE	2022-07-01	VSP	EE	\$8.75
GILL, ALEXANDER	2022-09-01	1399OPENAXESSILVE	EE	\$548.18

ONE POINT HR SOLUTIONS  
118 WEST 5TH STREET SUITE 202  
COVINGTON, KY 41011

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GILL, ALEXANDER	2022-09-01	GUARDLOW	EE	\$29.44
GILL, ALEXANDER	2022-09-01	VSP	EE	\$8.75
GNADT, KIMBERLY	2021-09-01	1399OPENAXESSGOLD	EE	\$653.81
GNADT, KIMBERLY	2021-09-01	GUARDLOW	EE	\$29.44
GUERRERO CANTORAN, MARCELA	2022-06-10	GUARDHIGH	EC	\$89.81
GUERRERO CANTORAN, MARCELA	2022-06-10	1399OPENAXESSPLATI	EC2	\$1438.38
HILL, ELIZABETH	2022-07-01	1399OPENAXESSSILVE	EE	\$548.18
HILL, ELIZABETH	2022-07-01	GUARDHIGH	EE	\$47.61
HILL, ELIZABETH	2022-07-01	VSP	EE	\$8.75
INBODEN, AMANDA	2022-11-01	1399OPENAXESSBRONZ	EE	\$487.36
INBODEN, AMANDA	2022-11-01	LIFE		\$9.00
INBODEN, AMANDA	2022-11-01	GUARDHIGH	EE	\$47.61
INBODEN, AMANDA	2022-11-01	VSP	EE	\$8.75
JACKSON, RITA	2022-11-01	1399OPENAXESSBRONZ	EE	\$487.36
JACKSON, RITA	2022-11-01	GUARDHIGH	EE	\$47.61
JACKSON, RITA	2022-11-01	VSP	EE	\$8.75
LONG, DAWN	2022-01-01	LIFE		\$49.40
LOUGH, KELLY	2022-01-01	ADD		\$8.40
LOUGH, KELLY	2022-01-01	GUARDHIGH	EE	\$47.61
LOUGH, KELLY	2022-01-01	1399OPENAXESSPLATI	EE	\$719.19
LOUGH, KELLY	2022-01-01	VSP	EE	\$8.75
LOUGH, KELLY	2022-01-01	LIFE		\$22.92
LUNSFORD, SUSAN	2022-06-01	ADD		\$4.20
LUNSFORD, SUSAN	2022-06-01	LIFE		\$39.60
LUNSFORD, SUSAN	2022-06-01	GUARDHIGH	EE	\$47.61

ONE POINT HR SOLUTIONS  
118 WEST 5TH STREET SUITE 202  
COVINGTON, KY 41011

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
LUNSFORD, SUSAN	2022-06-01	VSP	EE	\$8.75
PRINCE, APRIL	2022-01-01	1399OPENAXESSGOLD	EE	\$653.81
PRINCE, APRIL	2022-01-01	GUARDHIGH	EE	\$47.61
REGAN, TIMOTHY	2022-01-01	1399OPENAXESSILVE	EC2	\$1096.36
REGAN, TIMOTHY	2022-01-01	VSP	EC2	\$15.02
RICKETTS, WILLIAM	2022-06-01	ADD		\$4.20
RICKETTS, WILLIAM	2022-06-01	LIFE		\$5.40
RICKETTS, WILLIAM	2022-06-01	1399OPENAXESSPLATI	EE	\$719.19
SHEFFIELD, JENNIFER	2021-06-01	1399OPENAXESSGOLD	EE	\$653.81
SOKOL, EMILY	2020-01-01	1399OPENAXESSBRONZ	EE	\$487.36
SOKOL, EMILY	2020-01-01	GUARDLOW	EE	\$29.44
SOKOL, EMILY	2021-11-01	LIFE		\$7.20
SVOB, LISA	2022-01-01	1399OPENAXESSGOLD	EE	\$653.81
SVOB, LISA	2022-01-01	GUARDHIGH	EC2	\$117.99

MEDICAL PLAN COUNTS

Employee Only	16
Employee & Spouse	0
Employee & Children	0
Family	1



## Account Services

### Monthly Statement

PATIENTLY INC

Invoice Number: 5285-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1512GUARDIANDENTAL	Employee Only	2	\$26.50	\$53.00
1512OPENAXESSGOLD	Employee Only	1	\$555.74	\$555.74
1512OPENAXESSILVE	Employee Only	1	\$465.95	\$465.95
			GRAND TOTAL	\$1,074.69

PATIENTLY INC

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ARGON, JESSE	2020-06-01	1512OPENAXESSGOLD	EE	\$555.74
ARGON, JESSE	2020-06-01	1512GUARDIANDENTAL	EE	\$26.50
GRABNER, PHILIP	2020-06-01	1512OPENAXESSILVE	EE	\$465.95
GRABNER, PHILIP	2020-06-01	1512GUARDIANDENTAL	EE	\$26.50

## MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	0
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

PATIENTS' RIGHTS ACTION FUND INC  
1562 First Avenue, #296  
New York, NY 10028

Invoice Number: 4588-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$42.42**	\$52.50
GUARDHIGH	Employee Only	1	\$0.00	\$47.61
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee Only	1	\$29.44	\$29.44
LIFE	Employee Only	2	\$8.40**	\$23.90
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$346.14

## PATIENTS' RIGHTS ACTION FUND INC

1562 First Avenue, #296

New York, NY 10028

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HOWELL, ALLYSON	2022-10-01	ADD		\$10.08
HOWELL, ALLYSON	2022-10-01	LIFE		\$7.20
HOWELL, ALLYSON	2022-10-01	GUARDHIGH	EE	\$47.61
HOWELL, ALLYSON	2022-10-01	VSP	EE	\$8.75
LYONS, BARBARA	2021-03-01	GUARDLOW	EE	\$29.44
VALLIERE, MATTHEW	2022-01-01	ADD		\$42.42
VALLIERE, MATTHEW	2022-01-01	GUARDHIGH	FAM	\$160.18
VALLIERE, MATTHEW	2022-01-01	VSP	FAM	\$23.76
VALLIERE, MATTHEW	2022-05-01	LIFE		\$16.70

## MEDICAL PLAN COUNTS

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





## Account Services

### Monthly Statement

PAV BHAJI HUT  
37100 Fremont Blvd, Suit A  
Fremont, CA 94536

Invoice Number: 4092-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$29.44

PAV BHAI HUT  
37100 Fremont Blvd, Suit A  
Fremont, CA 94536

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
RATHOD, SANJAY	2022-01-01	GUARDLOW	EE	\$29.44

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

PEAK LOAD MANAGEMENT ALLIANCE, INC  
5289 Oakbrook Dr  
PLAINFIELD, IN 46168

Invoice Number: 4523-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1863OPENAXESSILVE	Employee & Spouse Only	1	\$1,206.00	\$1,206.00
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$1,310.54

PEAK LOAD MANAGEMENT ALLIANCE, INC  
5289 Oakbrook Dr  
PLAINFIELD, IN 46168

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
PHILIP, RICHARD	2022-02-01	GUARDHIGH	ES	\$89.81
PHILIP, RICHARD	2022-02-01	1863OPENAXESSILVE	ES	\$1206.00
PHILIP, RICHARD	2022-02-01	VSP	ES	\$14.73

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

PEDEGO ELECTRIC BIKES HARLEM  
306 W 142nd St Apt 7C  
NEW YORK, NY 10030

Invoice Number: 4412-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee & Children	1	\$117.99	\$117.99
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$133.01

PEDEGO ELECTRIC BIKES HARLEM

306 W 142nd St Apt 7C

NEW YORK, NY 10030

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MINNICK, CHRISTOPHER	2021-09-01	GUARDHIGH	EC2	\$117.99
MINNICK, CHRISTOPHER	2021-09-01	VSP	EC2	\$15.02

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

PET SUPPLIES PLUS - FARR BETTER PETS

Invoice Number: 5760-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1901OPENAXESSGOLD	Family	1	\$2,157.57	\$2,157.57
1901OPENAXESSILVE	Employee Only	1	\$603.00	\$603.00
ADD	Employee Only	1	\$4.20**	\$4.20
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee Only	1	\$29.44	\$29.44
GUARDLOW	Family	1	\$100.74	\$100.74
LIFE	Employee Only	1	\$21.46**	\$21.46
VSP	Employee Only	2	\$8.75	\$17.50
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$3,005.28

## PET SUPPLIES PLUS - FARR BETTER PETS

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FARR, JEFFREY	2022-03-01	ADD		\$4.20
FARR, JEFFREY	2022-03-01	LIFE		\$21.46
FARR, JEFFREY	2022-03-01	GUARDLOW	FAM	\$100.74
FARR, JEFFREY	2022-04-01	1901OPENAXESSGOLD	FAM	\$2157.57
FARR, JEFFREY	2022-03-01	VSP	FAM	\$23.76
MASSA, KAREN	2022-07-01	GUARDHIGH	EE	\$47.61
MASSA, KAREN	2022-07-01	1901OPENAXESSILVE	EE	\$603.00
MASSA, KAREN	2022-07-01	VSP	EE	\$8.75
TAYLOR, HARRISON	2022-07-01	GUARDLOW	EE	\$29.44
TAYLOR, HARRISON	2022-07-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

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





## Account Services

### Monthly Statement

PET SUPPLIES PLUS HOUSTON

Invoice Number: 5976-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$10.50**	\$12.60
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
LIFE	Employee Only	2	\$22.92**	\$25.32
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Employee & Children	1	\$8.75	\$15.02
GRAND TOTAL				\$136.30

## PET SUPPLIES PLUS HOUSTON

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GIBSON, KATHRYN	2022-09-01	GUARDLOW	EC	\$74.61
GIBSON, KATHRYN	2022-09-01	VSP	EC	\$15.02
HUX, KAITLYNN	2022-10-01	ADD		\$2.10
HUX, KAITLYNN	2022-10-01	LIFE		\$2.40
PITTMAN, MICHAEL	2022-07-01	ADD		\$10.50
PITTMAN, MICHAEL	2022-07-01	LIFE		\$22.92
PITTMAN, MICHAEL	2022-07-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

PET SUPPLIES PLUS STOCKTON

Invoice Number: 5545-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$0.00	\$47.61
VSP	Employee Only	1	\$0.00	\$8.75
GRAND TOTAL				\$56.36

PET SUPPLIES PLUS STOCKTON

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
RICO, KAYLA	03/01/2022	GUARDHIGH	EE	\$47.61
RICO, KAYLA	03/01/2022	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

PET SUPPLIES PLUS TURLOCK

Invoice Number: 5748-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$0.00**	\$0.84
GUARDHIGH	Employee Only	1	\$0.00	\$47.61
VSP	Employee Only	1	\$0.00	\$8.75
			GRAND TOTAL	\$57.20

## PET SUPPLIES PLUS TURLOCK

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BANUELOS, CHRISTINA	04/01/2022	ADD		\$0.84
BANUELOS, CHRISTINA	04/01/2022	GUARDHIGH	EE	\$47.61
BANUELOS, CHRISTINA	04/01/2022	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

PIGTAILS AND CREWCUTS

Invoice Number: 5962-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$1.26**	\$1.26
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
LIFE	Employee Only	1	\$4.94**	\$4.94
			GRAND TOTAL	\$80.81

## PIGTAILS AND CREWCUTS

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
PARKER, SHANI	2022-07-01	ADD		\$1.26
PARKER, SHANI	2022-07-01	LIFE		\$4.94
PARKER, SHANI	2022-07-01	GUARDLOW	EC	\$74.61

## MEDICAL PLAN COUNTS

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





## Account Services

### Monthly Statement

PLAY PARK HOSPITALITY

Invoice Number: 5837-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$36.12**	\$36.12
GUARDHIGH	Employee Only	1	\$0.00	\$47.61
GUARDHIGH	Family	1	\$160.18	\$160.18
LIFE	Employee Only	1	\$2.40**	\$2.40
VSP	Employee Only	1	\$0.00	\$8.75
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$278.82

**PLAY PARK HOSPITALITY**

,

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BALTAZAR, ULYSSES	2022-03-01	ADD		\$36.12
BALTAZAR, ULYSSES	2022-03-01	GUARDHIGH	FAM	\$160.18
BALTAZAR, ULYSSES	2022-03-01	VSP	FAM	\$23.76
SHANAHAN-PALAZZO, JOSEPH	2022-09-01	LIFE		\$2.40
SHANAHAN-PALAZZO, JOSEPH	2022-09-01	GUARDHIGH	EE	\$47.61
SHANAHAN-PALAZZO, JOSEPH	2022-09-01	VSP	EE	\$8.75

**MEDICAL PLAN COUNTS**

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



## Account Services

### Monthly Statement

PMI ADVISORY GROUP

Invoice Number: 5975-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$4.20**	\$4.20
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee Only	1	\$29.44	\$29.44
LIFE	Employee Only	1	\$14.40**	\$14.40
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$113.15

## PMI ADVISORY GROUP

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FINLEY, BRIAN	2022-08-01	GUARDHIGH	EE	\$47.61
FINLEY, BRIAN	2022-08-01	VSP	EE	\$8.75
YONNING, ADAM	2022-11-01	ADD		\$4.20
YONNING, ADAM	2022-11-01	LIFE		\$14.40
YONNING, ADAM	2022-11-01	GUARDLOW	EE	\$29.44
YONNING, ADAM	2022-11-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

PMI BUCKEYE SERVICES

Invoice Number: 5762-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Family	1	\$160.18	\$160.18
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$183.94

PMI BUCKEYE SERVICES

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
INGRAM, DONALD	2022-03-01	GUARDHIGH	FAM	\$160.18
INGRAM, DONALD	2022-03-01	VSP	FAM	\$23.76

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

PMI GEORGIA  
170 Greencastle Rd  
TYRONE, GA 30290

Invoice Number: 4513-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1845OPENAXESSGOLD	Employee Only	5	\$744.19	\$3,720.95
1845OPENAXESSGOLD	Family	1	\$2,182.57	\$2,182.57
1845OPENAXESSPLATI	Employee Only	1	\$887.95	\$887.95
1845OPENAXESSILVE	Employee & Children	1	\$1,231.00	\$1,231.00
ADD	Employee Only	3	\$2.52**	\$20.37
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDHIGH	Employee & Spouse Only	1	\$0.00	\$89.81
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee Only	1	\$29.44	\$29.44
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
LIFE	Employee Only	6	\$13.20**	\$78.62
VSP	Employee Only	4	\$8.75	\$35.00
VSP	Employee & Spouse Only	2	\$14.73	\$29.46
			GRAND TOTAL	\$9,483.91

PMI GEORGIA  
170 Greencastle Rd  
TYRONE, GA 30290

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BROWN, BETH	2022-02-01	LIFE		\$16.50
DOOMY, BRANDON	2022-10-01	GUARDHIGH	ES	\$89.81
DOOMY, BRANDON	2022-10-01	1845OPENAXESSGOLD	EE	\$744.19
DOOMY, BRANDON	2022-10-01	VSP	ES	\$14.73
DUHON, VICTORIA	2022-02-01	GUARDHIGH	EE	\$47.61
DUHON, VICTORIA	2022-02-01	1845OPENAXESSGOLD	EE	\$744.19
DUHON, VICTORIA	2022-02-01	VSP	EE	\$8.75
FLETCHER, JA'NAT	2022-02-01	1845OPENAXESSGOLD	EE	\$744.19
FLETCHER, JA'NAT	2022-02-01	ADD		\$3.57
FLETCHER, JA'NAT	2022-02-01	GUARDLOW	EE	\$29.44
FLETCHER, JA'NAT	2022-02-01	VSP	EE	\$8.75
FLETCHER, JA'NAT	2022-02-01	LIFE		\$8.60
LITTLETON, CHRISTOPHER	2022-02-01	ADD		\$12.60
LITTLETON, CHRISTOPHER	2022-02-01	GUARDHIGH	FAM	\$160.18
LITTLETON, CHRISTOPHER	2022-02-01	1845OPENAXESSGOLD	FAM	\$2182.57
LITTLETON, CHRISTOPHER	2022-02-01	VSP	ES	\$14.73
LITTLETON, CHRISTOPHER	2022-02-01	LIFE		\$16.52
MULDOWNEY, ALBERT	2022-02-01	ADD		\$4.20
MULDOWNEY, ALBERT	2022-02-01	GUARDLOW	EC	\$74.61
MULDOWNEY, ALBERT	2022-02-01	1845OPENAXESSILVE	EC2	\$1231.00
MULDOWNEY, ALBERT	2022-02-01	VSP	EE	\$8.75
MULDOWNEY, ALBERT	2021-12-01	LIFE		\$6.00
PRESTON, APRIL	2022-02-01	1845OPENAXESSGOLD	EE	\$744.19
PRESTON, APRIL	2022-02-01	LIFE		\$9.55
STRICKLAND, CATHY	2022-02-01	GUARDHIGH	EE	\$47.61
STRICKLAND, CATHY	2022-02-01	1845OPENAXESSPLATI	EE	\$887.95
STRICKLAND, CATHY	2022-02-01	VSP	EE	\$8.75
STRICKLAND, CATHY	2022-04-01	LIFE		\$21.45



PMI GEORGIA  
170 Greencastle Rd  
TYRONE, GA 30290

## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SUPENA, MARK	2022-02-01	1845OPENAXESSGOLD	EE	\$744.19

PMI GEORGIA  
170 Greencastle Rd  
TYRONE, GA 30290

## PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DOOMY, BRANDON	2022-10-01	GUARDHIGH	ES	\$89.81
DOOMY, BRANDON	2022-10-01	1845OPENAXESSGOLD	EE	\$744.19
DOOMY, BRANDON	2022-10-01	VSP	ES	\$14.73

## MEDICAL PLAN COUNTS

Employee Only	6
Employee & Spouse	0
Employee & Children	0
Family	1



## Account Services

### Monthly Statement

PMI METROPLEX

Invoice Number: 5761-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
LIFE	Employee Only	1	\$6.00**	\$6.00
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$62.36

PMI METROPLEX

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SCHOOLCRAFT, KEVIN	2022-03-01	LIFE		\$6.00
SCHOOLCRAFT, KEVIN	2022-03-01	GUARDHIGH	EE	\$47.61
SCHOOLCRAFT, KEVIN	2022-03-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

PMI MM

Invoice Number: 4559-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1869OPENAXESSPLATI	Family	1	\$2,589.09	\$2,589.09
GUARDHIGH	Family	1	\$160.18	\$160.18
GRAND TOTAL				\$5,498.54

PMI MM

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HART, STEVEN	2022-01-01	GUARDHIGH	FAM	\$160.18
HART, STEVEN	2022-01-01	1869OPENAXESSPLATI	FAM	\$2589.09

PMI MM

,

## PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HART, STEVEN	2022-01-01	GUARDHIGH	FAM	\$160.18
HART, STEVEN	2022-01-01	1869OPENAXESSPLATI	FAM	\$2589.09

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

PMI OF UTAH  
2940 W MAPLE LOOP DR  
LEHI, UT 84043

Invoice Number: 4558-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1869OPENAXESSGOLD	Employee Only	1	\$0.00	\$719.19
1869OPENAXESSPLATI	Employee & Children	1	\$0.00	\$1,726.05
1869OPENAXESSPLATI	Family	1	\$2,589.09	\$2,589.09
1869OPENAXESSSILVE	Employee Only	1	\$603.00	\$603.00
1869OPENAXESSSILVE	Employee & Children	1	\$1,206.00	\$1,206.00
1869OPENAXESSSILVE	Family	1	\$1,809.00	\$1,809.00
ADD	Employee Only	1	\$5.04**	\$5.04
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDHIGH	Employee & Children	1	\$0.00	\$117.99
GUARDHIGH	Family	2	\$160.18	\$320.36
LIFE	Employee Only	1	\$39.60**	\$12.50
VSP	Employee Only	1	\$0.00	\$8.75
VSP	Employee & Children	2	\$15.02	\$30.04
VSP	Family	2	\$23.76	\$47.52
			GRAND TOTAL	\$10,065.30



PMI OF UTAH  
2940 W MAPLE LOOP DR  
LEHI, UT 84043

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CUNDIFF, JEREMIAH	2022-01-01	GUARDHIGH	FAM	\$160.18
CUNDIFF, JEREMIAH	2022-01-01	1869OPENAXESSILVE	FAM	\$1809.00
CUNDIFF, JEREMIAH	2022-01-01	VSP	FAM	\$23.76
GALLAGHER, GLENN	2022-01-01	ADD		\$5.04
GALLAGHER, GLENN	2022-01-01	GUARDHIGH	EE	\$47.61
GALLAGHER, GLENN	2022-02-01	1869OPENAXESSILVE	EC2	\$1206.00
GALLAGHER, GLENN	2022-01-01	VSP	EC	\$15.02
GALLAGHER, GLENN	2022-01-01	LIFE		\$12.50
HENDRICKS-MEADERS, ADRIANNE	2022-01-01	1869OPENAXESSILVE	EE	\$603.00
LAYTON, CHRISTOPHER	2022-10-06	GUARDHIGH	EC2	\$117.99
LAYTON, CHRISTOPHER	2022-10-06	1869OPENAXESSPLATI	EC2	\$1726.05
LAYTON, CHRISTOPHER	2022-10-06	VSP	EC2	\$15.02
LAYTON, CHRISTOPHER	2022-01-01	GUARDHIGH	FAM	\$160.18
LAYTON, CHRISTOPHER	2022-02-01	1869OPENAXESSPLATI	FAM	\$2589.09
LAYTON, CHRISTOPHER	2022-01-01	VSP	FAM	\$23.76
WEISS, TIFFANY	2022-10-01	GUARDHIGH	EE	\$47.61
WEISS, TIFFANY	2022-10-01	1869OPENAXESSGOLD	EE	\$719.19
WEISS, TIFFANY	2022-10-01	VSP	EE	\$8.75

PMI OF UTAH  
2940 W MAPLE LOOP DR  
LEHI, UT 84043

## PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
WEISS, TIFFANY	2022-10-01	GUARDHIGH	EE	\$47.61
WEISS, TIFFANY	2022-10-01	1869OPENAXESSGOLD	EE	\$719.19
WEISS, TIFFANY	2022-10-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	0
Employee & Children	0
Family	2



## Account Services

### Monthly Statement

PMI RENO  
63 Keystone Ave Ste 104  
RENO, NV 89503

Invoice Number: 4474-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1795OPENAXESSGOLD	Employee Only	1	\$719.19	\$719.19
1795OPENAXESSGOLD	Family	1	\$2,157.57	\$2,157.57
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Family	1	\$160.18	\$160.18
VSP	Employee Only	1	\$0.00	\$8.75
VSP	Family	1	\$23.76	\$23.76
GRAND TOTAL				\$3,117.06

PMI RENO  
63 Keystone Ave Ste 104  
RENO, NV 89503

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HUGHES, ERNEST	2022-01-01	GUARDHIGH	FAM	\$160.18
HUGHES, ERNEST	2022-01-01	1795OPENAXESSGOLD	FAM	\$2157.57
HUGHES, ERNEST	2022-02-01	VSP	FAM	\$23.76
STARKS, RHONDA	2022-09-01	GUARDHIGH	EE	\$47.61
STARKS, RHONDA	2022-09-01	1795OPENAXESSGOLD	EE	\$719.19
STARKS, RHONDA	2022-09-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

POOLWERX FOREST LANE  
3544 Forest Ln  
DALLAS, TX 75234

Invoice Number: 4290-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1539OPENAXESSGOLD	Employee Only	8	\$525.35	\$4,202.80
1539OPENAXESSGOLD	Employee & Spouse Only	1	\$1,050.69	\$1,050.69
ADD	Employee Only	3	\$8.40**	\$25.20
GUARDHIGH	Employee Only	5	\$47.61	\$238.05
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDLOW	Employee Only	4	\$29.44	\$117.76
GUARDLOW	Employee & Spouse Only	1	\$55.54	\$55.54
LIFE	Employee Only	3	\$19.10**	\$159.13
VSP	Employee Only	9	\$8.75	\$78.75
VSP	Employee & Spouse Only	2	\$14.73	\$29.46
VSP	Family	1	\$23.76	\$23.76
GRAND TOTAL				\$6,070.95

POOLWERX FOREST LANE  
3544 Forest Ln  
DALLAS, TX 75234

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ALLEN, LETHA	2021-01-01	VSP	EE	\$8.75
CRUZ, MARY	2021-01-01	1539OPENAXESSGOLD	EE	\$525.35
CRUZ, MARY	2021-01-01	VSP	FAM	\$23.76
EHNEY, MATTHEW	2021-01-01	GUARDLOW	EE	\$29.44
EHNEY, MATTHEW	2021-01-01	VSP	EE	\$8.75
HAMILTON, JOSEPH	2021-01-01	1539OPENAXESSGOLD	EE	\$525.35
HAMILTON, JOSEPH	2021-01-01	GUARDLOW	EE	\$29.44
HAMILTON, JOSEPH	2021-01-01	VSP	EE	\$8.75
HAMILTON, JOSEPH	2021-01-01	LIFE		\$54.34
HOLIFIELD, VICTOR	2021-01-01	1539OPENAXESSGOLD	ES	\$1050.69
HOLIFIELD, VICTOR	2021-01-01	GUARDHIGH	ES	\$89.81
HOLIFIELD, VICTOR	2021-01-01	VSP	ES	\$14.73
HOLIFIELD, VICTOR	2022-02-01	LIFE		\$85.80
HOOKE, KEVIN	2021-01-01	1539OPENAXESSGOLD	EE	\$525.35
HOOKE, KEVIN	2021-01-01	ADD		\$14.70
HOOKE, KEVIN	2021-01-01	GUARDHIGH	EE	\$47.61
HOOKE, KEVIN	2021-01-01	VSP	EE	\$8.75
JONES, CHRISTOPHER	2022-08-01	VSP	EE	\$8.75
SCOTT, ADAM	2021-01-01	GUARDHIGH	EE	\$47.61
SCOTT, ADAM	2021-01-01	VSP	EE	\$8.75
SCOTT, TASHINA	2021-01-01	1539OPENAXESSGOLD	EE	\$525.35
SCOTT, TASHINA	2021-01-01	GUARDHIGH	EE	\$47.61
SMITH, JANELL	2022-08-01	1539OPENAXESSGOLD	EE	\$525.35
SMITH, JANELL	2022-08-01	ADD		\$1.68
SMITH, JANELL	2022-08-01	GUARDLOW	EE	\$29.44
STEALEY, JEFFREY	2022-01-01	1539OPENAXESSGOLD	EE	\$525.35

POOLWERX FOREST LANE  
3544 Forest Ln  
DALLAS, TX 75234

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
STEALEY, JEFFREY	2022-01-01	GUARDHIGH	EE	\$47.61
STEALEY, JEFFREY	2022-01-01	VSP	EE	\$8.75
SULLIVAN III, LEO	2022-08-01	VSP	EE	\$8.75
SWANSON, NICHOLAS	2021-01-01	GUARDLOW	EE	\$29.44
TRAYLOR, DEBORAH	2022-01-01	1539OPENAXESSGOLD	EE	\$525.35
TRAYLOR, DEBORAH	2022-01-01	ADD		\$8.82
TRAYLOR, DEBORAH	2022-02-01	GUARDLOW	ES	\$55.54
TRAYLOR, DEBORAH	2022-02-01	VSP	ES	\$14.73
TRAYLOR, DEBORAH	2022-01-01	LIFE		\$18.99
WALLINGFORD GEBBIE, KAREN	2021-01-01	1539OPENAXESSGOLD	EE	\$525.35
WALLINGFORD GEBBIE, KAREN	2021-01-01	GUARDHIGH	EE	\$47.61
WALLINGFORD GEBBIE, KAREN	2021-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

Employee Only	8
Employee & Spouse	1
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

POOLWERX NORTH RICHLAND HILLS  
8528 Davis Blvd #190  
NORTH RICHLAND HILLS, TX 76182

Invoice Number: 4343-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$21.00**	\$21.00
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
LIFE	Employee Only	1	\$0.00**	\$0.00
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$124.97



POOLWERX NORTH RICHLAND HILLS  
8528 Davis Blvd #190  
NORTH RICHLAND HILLS, TX 76182

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ARGUELLES, HANNAH	2022-01-01	GUARDHIGH	EE	\$47.61
ARGUELLES, HANNAH	2022-01-01	VSP	EE	\$8.75
LIRA-HINAJOSA, RENE	2022-05-01	ADD		\$21.00
LIRA-HINAJOSA, RENE	2022-05-01	LIFE		\$0.00
LIRA-HINAJOSA, RENE	2022-05-01	GUARDHIGH	EE	\$47.61

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

POOLWERX USA  
13901 Midway Rd  
FARMERS BRANCH, TX 75244

Invoice Number: 4289-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1539OPENAXESSGOLD	Employee Only	7	\$525.35	\$3,677.45
1539OPENAXESSGOLD	Employee & Spouse Only	1	\$1,050.69	\$1,050.69
1539OPENAXESSGOLD	Family	1	\$1,970.06	\$1,970.06
1539OPENAXESSILVE	Employee Only	1	\$461.01	\$461.01
ADD	Employee Only	6	\$0.42**	\$81.06
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDHIGH	Employee & Spouse Only	2	\$89.81	\$179.62
GUARDLOW	Employee Only	5	\$29.44	\$147.20
GUARDLOW	Family	2	\$100.74	\$201.48
LIFE	Employee Only	3	\$0.90**	\$4.41
VSP	Employee Only	3	\$8.75	\$26.25
VSP	Employee & Spouse Only	3	\$14.73	\$44.19
			GRAND TOTAL	\$10,111.94

POOLWERX USA  
13901 Midway Rd  
FARMERS BRANCH, TX 75244

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
COOK, GAIL	2022-10-01	1539OPENAXESSGOLD	EE	\$525.35
COOK, GAIL	2022-01-01	GUARDHIGH	ES	\$89.81
COOK, GAIL	2022-01-01	VSP	ES	\$14.73
FERNANDES, BRIAN	2022-10-01	1539OPENAXESSGOLD	EE	\$525.35
FERNANDES, BRIAN	2022-01-01	GUARDLOW	EE	\$29.44
FUENTES, NALLEY	2022-08-01	ADD		\$0.42
FUENTES, NALLEY	2022-08-01	LIFE		\$0.90
FUENTES, NALLEY	2022-10-01	1539OPENAXESSGOLD	EE	\$525.35
FUENTES, NALLEY	2022-10-01	GUARDLOW	EE	\$29.44
FUENTES, NALLEY	2022-10-01	VSP	EE	\$8.75
JENKINS, NANCY	2022-10-01	1539OPENAXESSGOLD	EE	\$525.35
JENKINS, NANCY	2022-10-01	ADD		\$2.10
JENKINS, NANCY	2022-10-01	GUARDLOW	EE	\$29.44
JENKINS, NANCY	2022-10-01	VSP	EE	\$8.75
JULIAN, ARSHAE	2022-10-01	1539OPENAXESSGOLD	EE	\$525.35
JULIAN, ARSHAE	2022-10-01	GUARDLOW	EE	\$29.44
KIDD, ANDREW	2022-10-01	1539OPENAXESSGOLD	ES	\$1050.69
KIDD, ANDREW	2022-01-01	GUARDHIGH	ES	\$89.81
KIDD, ANDREW	2022-01-01	VSP	ES	\$14.73
MOORE, STEPHEN	2022-10-01	1539OPENAXESSGOLD	EE	\$525.35
MOORE, STEPHEN	2022-01-01	GUARDHIGH	EE	\$47.61
MOORE, STEPHEN	2022-01-01	VSP	EE	\$8.75
O'BRIEN, SHANNON	2022-10-01	ADD		\$21.00
O'BRIEN, SHANNON	2022-10-01	GUARDHIGH	EE	\$47.61
O'BRIEN, SHANNON	2022-10-01	1539OPENAXESSGOLD	EE	\$525.35
OVERDUIN, BLAKE	2021-01-01	1539OPENAXESSGOLD	FAM	\$1970.06
OVERDUIN, BLAKE	2021-01-01	GUARDLOW	FAM	\$100.74

POOLWERX USA  
13901 Midway Rd  
FARMERS BRANCH, TX 75244

## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
PRESSNELL, MIRANDA	2022-05-01	ADD		\$0.42
PRESSNELL, MIRANDA	2022-09-19	LIFE		\$1.60
PRESSNELL, MIRANDA	2022-09-19	GUARDLOW	EE	\$29.44
PRESSNELL, MIRANDA	2022-10-01	1539OPENAXESSILVE	EE	\$461.01
ROY, RICH	2022-08-31	ADD		\$14.70
ROY, RICH	2022-08-31	LIFE		\$1.91
STOUT, KYLE	2021-01-01	ADD		\$42.42
STOUT, KYLE	2021-01-01	GUARDLOW	FAM	\$100.74
STOUT, KYLE	2021-01-01	VSP	ES	\$14.73

POOLWERX USA  
13901 Midway Rd  
FARMERS BRANCH, TX 75244

PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FUENTES, NALLEY	2022-10-01	1539OPENAXESSGOLD	EE	\$525.35
FUENTES, NALLEY	2022-10-01	GUARDLOW	EE	\$29.44
FUENTES, NALLEY	2022-10-01	VSP	EE	\$8.75
JULIAN, ARSHAE	2022-10-01	1539OPENAXESSGOLD	EE	\$525.35
JULIAN, ARSHAE	2022-10-01	GUARDLOW	EE	\$29.44
MOORE, STEPHEN	2022-10-01	1539OPENAXESSGOLD	EE	\$525.35
O'BRIEN, SHANNON	2022-10-01	ADD		\$21.00
O'BRIEN, SHANNON	2022-10-01	GUARDHIGH	EE	\$47.61
PRESSNELL, MIRANDA	2022-10-01	1539OPENAXESSSILVE	EE	\$461.01

MEDICAL PLAN COUNTS

Employee Only	8
Employee & Spouse	1
Employee & Children	0
Family	1



## Account Services

### Monthly Statement

PPD REMODELING & CONSTRUCTION, INC.

Invoice Number: 5834-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1908OPENAESSGOLD	Family	1	\$0.00	\$2,157.57
1908OPENAXESSCOPPE	Employee Only	1	\$495.83	\$495.83
ADD	Employee Only	1	\$8.82**	\$8.82
GUARDHIGH	Family	1	\$160.18	\$160.18
LIFE	Employee Only	1	\$25.58**	\$25.58
VSP	Family	1	\$23.76	\$23.76
GRAND TOTAL				\$5,525.14

PPD REMODELING &amp; CONSTRUCTION, INC.

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MISTINA, BRAD	2022-06-01	1908OPENAESSGOLD	FAM	\$2157.57
MISTINA, BRAD	2022-06-01	ADD		\$8.82
MISTINA, BRAD	2022-06-01	LIFE		\$25.58
MISTINA, BRAD	2022-06-01	GUARDHIGH	FAM	\$160.18
MISTINA, BRAD	2022-06-01	VSP	FAM	\$23.76
RODRIGUEZ, JOSE	2022-06-01	1908OPENAXESSCOPPE	EE	\$495.83

PPD REMODELING &amp; CONSTRUCTION, INC.

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## PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MISTINA, BRAD	2022-06-01	1908OPENAESSGOLD	FAM	\$2157.57
RODRIGUEZ, JOSE	2022-06-01	1908OPENAXESSCOPPE	EE	\$495.83

## MEDICAL PLAN COUNTS

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





## Account Services

### Monthly Statement

PRESENT MEDIA GROUP DBA FOREST MEDIA GROUP  
110 W 96th St  
NEW YORK, NY 10025

Invoice Number: 4469-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1790OPENAXESSILVE	Family	1	\$1,809.00	\$1,809.00
			GRAND TOTAL	\$1,809.00

PRESENT MEDIA GROUP DBA FOREST MEDIA GROUP  
110 W 96th St  
NEW YORK, NY 10025

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MEYEROVICH, ARTHUR	2021-11-01	1790OPENAXESSILVE	FAM	\$1809.00

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

PRIME EXPRESS

Invoice Number: 5847-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1944OPENAXESSPLATI	Employee & Spouse Only	1	\$1,726.05	\$1,726.05
			GRAND TOTAL	\$3,452.10

## PRIME EXPRESS

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GHANCHI, OMER	2022-05-01	1944OPENAXESSPLATI	ES	\$1726.05

PRIME EXPRESS

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PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GHANCHI, OMER	2022-05-01	1944OPENAXESSPLATI	ES	\$1726.05

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

PRIVATE CAPITAL INTELLIGENCE LLC  
240 EAST 82nd STREET 20G  
NEW YORK, NY 10028

Invoice Number: 4257-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1487OPENAXESSGOLD	Employee Only	1	\$588.38	\$588.38
1487OPENAXESSGOLD	Employee & Spouse Only	1	\$1,176.86	\$1,176.86
ADD	Employee Only	1	\$8.40**	\$8.40
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$1,934.54

PRIVATE CAPITAL INTELLIGENCE LLC  
240 EAST 82nd STREET 20G  
NEW YORK, NY 10028

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FICCA, WILLIAM	2020-05-01	1487OPENAXESSGOLD	ES	\$1176.86
FICCA, WILLIAM	2020-06-01	GUARDHIGH	ES	\$89.81
FICCA, WILLIAM	2020-06-01	VSP	ES	\$14.73
LEONE, DANIELLE	2020-05-01	1487OPENAXESSGOLD	EE	\$588.38
LEONE, DANIELLE	2020-06-01	ADD		\$8.40
LEONE, DANIELLE	2020-06-01	GUARDHIGH	EE	\$47.61
LEONE, DANIELLE	2020-06-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

PROPERTY MANAGEMENT INC.  
2940 W Maple Loop Dr Ste 104  
LEHI, UT 84043

Invoice Number: 4527-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1869OPENAXESSBRONZ	Employee Only	7	\$536.10	\$3,752.70
1869OPENAXESSBRONZ	Employee & Spouse Only	1	\$0.00	\$1,085.61
1869OPENAXESSBRONZ	Family	2	\$1,628.10	\$3,256.20
1869OPENAXESSCOPPE	Employee & Children	2	\$908.07	\$1,816.14
1869OPENAXESSCOPPE	Family	2	\$1,419.92	\$2,839.84
1869OPENAXESSGOLD	Employee Only	1	\$719.19	\$719.19
1869OPENAXESSGOLD	Family	1	\$2,157.57	\$2,157.57
1869OPENAXESSSILVE	Employee & Children	1	\$1,206.00	\$1,206.00
1869OPENAXESSSILVE	Family	2	\$1,809.00	\$3,618.00
ADD	Employee Only	8	\$0.42**	\$87.78
GUARDHIGH	Employee Only	3	\$47.61	\$142.83
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee Only	7	\$29.44	\$206.08
GUARDLOW	Employee & Children	2	\$74.61	\$149.22
GUARDLOW	Family	4	\$100.74	\$402.96
LIFE	Employee Only	13	\$7.60**	\$317.54
VSP	Employee Only	5	\$8.75	\$43.75
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
VSP	Employee & Children	2	\$15.02	\$30.04
VSP	Family	4	\$23.76	\$95.04
			GRAND TOTAL	\$23,750.96



PROPERTY MANAGEMENT INC.  
2940 W Maple Loop Dr Ste 104  
LEHI, UT 84043

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ALLISON, GREG	2022-10-01	LIFE		\$21.46
ALLISON, GREG	2022-10-01	1869OPENAXESSBRONZ FAM		\$1628.10
BAUER, BRIANNA	2022-08-01	ADD		\$21.00
BAUER, BRIANNA	2022-08-01	LIFE		\$7.20
BAUER, BRIANNA	2022-08-01	VSP	EE	\$8.75
BRANAN, JESICA	2022-09-01	LIFE		\$2.40
BRANAN, JESICA	2022-09-01	GUARDLOW	EE	\$29.44
BRANAN, JESICA	2022-09-01	1869OPENAXESSBRONZ EE		\$536.10
BROMLEY, TERAH	2022-01-01	1869OPENAXESSILVE FAM		\$1809.00
CARR, KATHRYN	2022-01-01	ADD		\$4.20
CARR, KATHRYN	2022-01-01	GUARDLOW	EE	\$29.44
CARR, KATHRYN	2022-01-01	1869OPENAXESSGOLD	EE	\$719.19
CARR, KATHRYN	2022-01-01	VSP	EE	\$8.75
CARR, KATHRYN	2022-01-01	LIFE		\$59.28
DROGOWSKI, NATHAN	2022-06-01	ADD		\$0.42
DROGOWSKI, NATHAN	2022-06-01	GUARDLOW	EE	\$29.44
DROGOWSKI, NATHAN	2022-06-01	1869OPENAXESSBRONZ EE		\$536.10
GOODALL, HUNTER	2022-07-01	LIFE		\$7.60
GOODALL, HUNTER	2022-07-01	GUARDLOW	FAM	\$100.74
GOODALL, HUNTER	2022-07-01	1869OPENAXESSCOPPE FAM		\$1419.92
GOODALL, HUNTER	2022-07-01	VSP	FAM	\$23.76
HEDER, MARIANNE	2022-01-01	ADD		\$42.42
HEDER, MARIANNE	2022-01-01	GUARDHIGH	FAM	\$160.18
HEDER, MARIANNE	2022-01-01	1869OPENAXESSILVE FAM		\$1809.00
HEDER, MARIANNE	2022-01-01	VSP	FAM	\$23.76
HEDER, MARIANNE	2022-05-01	LIFE		\$73.33
HENDERSON, RANDALL	2022-04-01	GUARDLOW	EC2	\$74.61

PROPERTY MANAGEMENT INC.  
2940 W Maple Loop Dr Ste 104  
LEHI, UT 84043

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HENDERSON, RANDALL	2022-04-01	1869OPENAXESSCOPPE	EC2	\$908.07
HENDERSON, RANDALL	2022-04-01	VSP	ECN	\$15.02
HOMER, ALAN	2022-01-01	GUARDHIGH	EE	\$47.61
HOMER, ALAN	2022-01-01	1869OPENAXESSBRONZ	EE	\$536.10
HOMER, ALAN	2022-01-01	VSP	EE	\$8.75
MANWILL, MEGAN	2022-01-01	GUARDLOW	EE	\$29.44
MANWILL, MEGAN	2022-01-01	1869OPENAXESSBRONZ	EE	\$536.10
MCELHINEY, AARON	2022-01-01	GUARDLOW	FAM	\$100.74
MCELHINEY, AARON	2022-01-01	1869OPENAXESSGOLD	FAM	\$2157.57
MCELHINEY, AARON	2022-01-01	VSP	FAM	\$23.76
MORLEY, JEFFREY	2022-04-01	ADD		\$5.04
MORLEY, JEFFREY	2022-04-01	GUARDLOW	FAM	\$100.74
MORLEY, JEFFREY	2022-04-01	1869OPENAXESSBRONZ	FAM	\$1628.10
MORLEY, JEFFREY	2022-04-01	VSP	FAM	\$23.76
MORLEY, JEFFREY	2022-04-01	LIFE		\$13.30
PEDRERO, ORLANDO	2022-09-01	LIFE		\$59.28
PEDRERO, ORLANDO	2022-09-01	1869OPENAXESSBRONZ	ES	\$1085.61
PEDRERO, ORLANDO	2022-09-01	VSP	ES	\$14.73
PERCELL, ASPEN	2022-01-01	GUARDLOW	EE	\$29.44
PERCELL, BAYLEE	2022-03-01	GUARDLOW	EE	\$29.44
PHILIPPS, JAMES	2022-01-01	GUARDHIGH	EE	\$47.61
PHILIPPS, JAMES	2022-01-01	1869OPENAXESSBRONZ	EE	\$536.10
PIGGOTT, BRYAN	2022-01-01	1869OPENAXESSCOPPE	FAM	\$1419.92
ROTHER, JOANNA	2022-09-01	ADD		\$4.20

PROPERTY MANAGEMENT INC.  
2940 W Maple Loop Dr Ste 104  
LEHI, UT 84043

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ROTHE, JOANNA	2022-09-01	LIFE		\$41.25
SCHRADER, JAMES	2022-01-01	GUARDLOW	FAM	\$100.74
SCHRADER, JAMES	2022-01-01	1869OPENAXESSILVE	EC2	\$1206.00
SCHRADER, JAMES	2022-01-01	VSP	EC2	\$15.02
SCHRADER, JAMES	2022-01-01	LIFE		\$20.80
SEGRETTO, KELLI	2022-01-01	GUARDHIGH	EE	\$47.61
SEGRETTO, KELLI	2022-01-01	1869OPENAXESSBRONZ	EE	\$536.10
SEGRETTO, KELLI	2022-01-01	VSP	EE	\$8.75
SESSIONS, MORGAN	2022-07-25	ADD		\$2.10
SESSIONS, MORGAN	2022-07-25	LIFE		\$0.00
STEEN, GERALD	2022-03-01	GUARDLOW	EC	\$74.61
STEEN, GERALD	2022-03-01	1869OPENAXESSCOPPE	EC	\$908.07
STEEN, GERALD	2022-03-01	VSP	EC	\$15.02
STEEN, GERALD	2022-10-01	LIFE		\$6.64
STEEN, GERALD	2022-03-01	LIFE		\$5.00
WOOD, JESSALYN	2022-01-01	ADD		\$8.40
WOOD, JESSALYN	2022-01-01	GUARDLOW	EE	\$29.44
WOOD, JESSALYN	2022-02-01	1869OPENAXESSBRONZ	EE	\$536.10
WOOD, JESSALYN	2022-01-01	VSP	EE	\$8.75

PROPERTY MANAGEMENT INC.  
2940 W Maple Loop Dr Ste 104  
LEHI, UT 84043

## PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ALLISON, GREG	2022-10-01	LIFE		\$21.46
ALLISON, GREG	2022-10-01	1869OPENAXESSBRONZ FAM		\$1628.10

## MEDICAL PLAN COUNTS

Employee Only	8
Employee & Spouse	1
Employee & Children	1
Family	7



## Account Services

### Monthly Statement

PRP LEARNING CENTER BALTIMORE MD  
10 RED MAPLE COURT  
OWINGS MILLS, MD 21117

Invoice Number: 4609-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0449OPENAXESSPLATI	Family	2	\$2,589.09	\$5,178.18
ADD	Employee Only	1	\$21.00**	\$21.00
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$5,303.15

PRP LEARNING CENTER BALTIMORE MD  
10 RED MAPLE COURT  
OWINGS MILLS, MD 21117

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ALBRITTON, ANANA	2022-01-01	ADD		\$21.00
ALBRITTON, ANANA	2022-01-01	GUARDHIGH	EE	\$47.61
KARGMAN, DIMITRY	2022-04-01	0449OPENAXESSPLATI	FAM	\$2589.09
KLEIN, MILANA	2022-04-01	0449OPENAXESSPLATI	FAM	\$2589.09
MABRY, VALERIE	2017-12-01	GUARDHIGH	EE	\$47.61
MABRY, VALERIE	2018-12-01	VSP	EE	\$8.75

**MEDICAL PLAN COUNTS**

Employee Only	0
Employee & Spouse	0
Employee & Children	0
Family	2



**Account Services**  
**Monthly Statement**

RAMADA INN SOUTHBEND

Invoice Number: 6043-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
2051OPENAXESSBRONZ	Employee Only	2	\$578.93	\$1,157.86
2051OPENAXESSSILVE	Employee Only	1	\$651.18	\$651.18
ADD	Employee Only	2	\$1.26**	\$5.46
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
LIFE	Employee Only	2	\$30.06**	\$54.76
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$3,868.74

RAMADA INN SOUTHBEND

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KEITH, DEBBIE	2022-09-01	ADD		\$4.20
KEITH, DEBBIE	2022-09-01	LIFE		\$24.70
KEITH, DEBBIE	2022-09-01	VSP	EE	\$8.75
KEITH, DEBBIE	2022-10-01	2051OPENAXESSBRONZ	EE	\$578.93
SCINICO, DAVID	2022-09-01	GUARDHIGH	EE	\$47.61
SCINICO, DAVID	2022-09-01	2051OPENAXESSILVE	EE	\$651.18
SCINICO, DAVID	2022-09-01	VSP	EE	\$8.75
SHAW, ROSE	2022-09-01	ADD		\$1.26
SHAW, ROSE	2022-09-01	LIFE		\$30.06
VILLEDA, GREGORIA	2022-09-01	2051OPENAXESSBRONZ	EE	\$578.93



RAMADA INN SOUTHBEND

,

PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KEITH, DEBBIE	2022-09-01	ADD		\$4.20
KEITH, DEBBIE	2022-09-01	LIFE		\$24.70
KEITH, DEBBIE	2022-09-01	VSP	EE	\$8.75
KEITH, DEBBIE	2022-10-01	2051OPENAXESSBRONZ	EE	\$578.93
SCINICO, DAVID	2022-09-01	GUARDHIGH	EE	\$47.61
SCINICO, DAVID	2022-09-01	2051OPENAXESSILVE	EE	\$651.18
SCINICO, DAVID	2022-09-01	VSP	EE	\$8.75
SHAW, ROSE	2022-09-01	ADD		\$1.26
SHAW, ROSE	2022-09-01	LIFE		\$30.06
VILLEDA, GREGORIA	2022-09-01	2051OPENAXESSBRONZ	EE	\$578.93

MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

REBEL HOSPITALITY LLC  
215 W Ontario Street  
CHICAGO, IL 60654

Invoice Number: 4133-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1130OPENAXESSPRIME	Employee Only	5	\$653.75	\$3,268.75
1130OPENAXESSPRIME	Family	2	\$1,873.80	\$3,747.60
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee Only	2	\$29.44	\$58.88
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$8,906.62

REBEL HOSPITALITY LLC

215 W Ontario Street

CHICAGO, IL 60654

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DAVIS, CYNTHIA	2020-09-01	1130OPENAXESSPRIME	EE	\$653.75
DAVIS, CYNTHIA	2020-09-01	GUARDHIGH	EE	\$47.61
DAVIS, CYNTHIA	2022-01-01	VBP7	EE	\$
DAVIS, CYNTHIA	2022-01-01	GUARDHIGH	EE	\$47.61
HINES, ANGELIA	2022-01-01	1130OPENAXESSPRIME	EE	\$653.75
HINES, ANGELIA	2022-01-01	VBP7	EE	\$
HINES, ANGELIA	2022-01-01	GUARDHIGH	ES	\$89.81
HINES, ANGELIA	2022-01-01	VSP	EE	\$8.75
JACOBS, KALI	2022-03-01	1130OPENAXESSPRIME	EE	\$653.75
JACOBS, KALI	2022-03-01	GUARDLOW	EE	\$29.44
KLOK, ANTHONY	2020-09-01	1130OPENAXESSPRIME	FAM	\$1873.80
KORNOTA, EUGENE	2022-08-01	1130OPENAXESSPRIME	FAM	\$1873.80
KORNOTA, EUGENE	2022-08-01	VSP	FAM	\$23.76
LOPROTO, GERALD	2022-01-01	1130OPENAXESSPRIME	EE	\$653.75
LOPROTO, GERALD	2022-01-01	GUARDLOW	EE	\$29.44
WAECHTER, LIANA	2020-09-01	1130OPENAXESSPRIME	EE	\$653.75
WAECHTER, LIANA	2020-09-01	GUARDHIGH	FAM	\$160.18

REBEL HOSPITALITY LLC

215 W Ontario Street

CHICAGO, IL 60654

## PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DAVIS, CYNTHIA	2020-09-01	1130OPENAXESSPRIME	EE	\$653.75
DAVIS, CYNTHIA	2020-09-01	GUARDHIGH	EE	\$47.61
HINES, ANGELIA	2022-01-01	1130OPENAXESSPRIME	EE	\$653.75
HINES, ANGELIA	2022-01-01	GUARDHIGH	ES	\$89.81
HINES, ANGELIA	2022-01-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

Employee Only	7
Employee & Spouse	0
Employee & Children	0
Family	2



## Account Services

### Monthly Statement

RED HOUSE STAGING, INC.  
9950 BUSINESS PKWY SUITE 100B  
LANHAM, MD 20706

Invoice Number: 4573-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$2.52**	\$2.52
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDLOW	Employee Only	5	\$29.44	\$147.20
LIFE	Employee Only	1	\$9.60**	\$12.50
			GRAND TOTAL	\$257.44

RED HOUSE STAGING, INC.  
9950 BUSINESS PKWY SUITE 100B  
LANHAM, MD 20706

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FICOR, CHRISTINE	2022-09-01	GUARDLOW	EE	\$29.44
GASKINS, SYDNEY	2022-01-01	ADD		\$2.52
HIGGS, MICHAEL	2022-01-01	GUARDLOW	EE	\$29.44
LANGMAID, JOHN	2022-01-01	GUARDLOW	EE	\$29.44
RAMOS, BELINDA	2021-02-01	GUARDHIGH	EE	\$47.61
RINER, TUCKER	2022-02-01	GUARDHIGH	EE	\$47.61
RUFFIN, BIANCA	2022-01-01	GUARDLOW	EE	\$29.44
SUTTON, SHARIFFA	2022-01-01	LIFE		\$12.50
SUTTON, SHARIFFA	2022-01-01	GUARDLOW	EE	\$29.44

**MEDICAL PLAN COUNTS**

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



## Account Services

### Monthly Statement

REFRIGERATION TECHNOLOGIES  
1055 S Hanover St  
POTTSTOWN, PA 19465

Invoice Number: 4431-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1749OPENAXESSILVE	Employee Only	1	\$603.00	\$603.00
			GRAND TOTAL	\$603.00

## REFRIGERATION TECHNOLOGIES

1055 S Hanover St  
POTTSTOWN, PA 19465

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
WEZEL, GARY	2022-01-01	1749OPENAXESSILVE	EE	\$603.00

## MEDICAL PLAN COUNTS

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





## Account Services

### Monthly Statement

RELIABLE STAFFING CORPORATION  
360 N Pacific Coast Highway  
LOS ANGELES, CA 90245

Invoice Number: 4611-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
			GRAND TOTAL	\$74.61

## RELIABLE STAFFING CORPORATION

360 N Pacific Coast Highway

LOS ANGELES, CA 90245

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
WELLS, JAISEN	2022-08-01	GUARDLOW	EC	\$74.61

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

REMAX GOLD  
1312 MATTHEWS MINT HILL RD  
MATTHEWS, NC 28105

Invoice Number: 4106-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1046OPENAXESSBRONZ	Employee & Spouse Only	1	\$986.72	\$986.72
1046OPENAXESSGOLD	Employee Only	1	\$0.00	\$653.81
			GRAND TOTAL	\$1,640.53

REMAX GOLD  
1312 MATTHEWS MINT HILL RD  
MATTHEWS, NC 28105

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CASON, NATALIE	2022-09-01	1046OPENAXESSGOLD	EE	\$653.81
SUITOR, JASON	2020-05-01	1046OPENAXESSBRONZ	ES	\$986.72

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

RFC DRILLING. LLC  
6001 W Murphy St  
ODESSA, TX 79763

Invoice Number: 4497-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1828OPENAXESSBRONZ	Employee & Spouse Only	1	\$828.14	\$828.14
1828OPENAXESSBRONZ	Employee & Children	1	\$0.00	\$828.14
1828OPENAXESSCOPPE	Employee Only	2	\$372.66	\$745.32
1828OPENAXESSCOPPE	Employee & Spouse Only	2	\$745.33	\$1,490.66
1828OPENAXESSCOPPE	Employee & Children	2	\$745.33	\$1,490.66
1828OPENAXESSGOLD	Employee Only	5	\$712.45	\$3,562.25
1828OPENAXESSPLATI	Employee Only	1	\$783.70	\$783.70
1828OPENAXESSPLATI	Employee & Spouse Only	2	\$1,567.40	\$3,134.80
1828OPENAXESSPLATI	Employee & Children	1	\$1,567.40	\$1,567.40
1828OPENAXESSPREMI	Employee Only	14	\$574.63	\$8,044.82
1828OPENAXESSPREMI	Employee & Spouse Only	7	\$1,175.29	\$8,227.03
1828OPENAXESSPREMI	Employee & Children	2	\$1,054.53	\$2,109.06
1828OPENAXESSSILVE	Employee Only	2	\$460.08	\$920.16
ADD	Employee Only	25	\$8.40**	\$213.99
GUARDHIGH	Employee Only	16	\$47.61	\$761.76
GUARDHIGH	Employee & Spouse Only	4	\$89.81	\$359.24
GUARDHIGH	Employee & Children	2	\$89.81	\$179.62
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee Only	11	\$29.44	\$323.84
GUARDLOW	Employee & Spouse Only	7	\$55.54	\$388.78
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
GUARDLOW	Family	2	\$100.74	\$201.48
LIFE	Employee Only	30	\$47.85**	\$771.29
VSP	Employee Only	23	\$8.75	\$201.25
VSP	Employee & Spouse Only	11	\$14.73	\$162.03
VSP	Employee & Children	3	\$15.02	\$45.06
VSP	Family	3	\$23.76	\$71.28
			GRAND TOTAL	\$37,646.55

RFC DRILLING. LLC  
6001 W Murphy St  
ODESSA, TX 79763

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ASHLEY, ERIC	2022-08-01	LIFE		\$41.25
ASHLEY, ERIC	2022-08-01	GUARDLOW	EE	\$29.44
ASHLEY, ERIC	2022-08-01	1828OPENAXESSPLATI	ES	\$1567.40
ASHLEY, ERIC	2022-08-01	VSP	EE	\$8.75
CARTER, JEFFERY	2022-01-01	GUARDLOW	EC2	\$74.61
CARTER, JEFFERY	2022-01-01	VSP	FAM	\$23.76
CASTEEL, AARON	2022-10-01	GUARDHIGH	EE	\$47.61
CASTEEL, AARON	2022-10-01	1828OPENAXESSGOLD	EE	\$712.45
COGGIN, RALPH	2022-08-01	LIFE		\$47.85
COGGIN, RALPH	2022-08-01	ADD		\$8.40
COGGIN, RALPH	2022-10-01	LIFE		\$71.63
COGGIN, RALPH	2022-08-01	GUARDLOW	ES	\$55.54
COGGIN, RALPH	2022-08-01	1828OPENAXESSPREMI	ES	\$1175.29
COGGIN, RALPH	2022-08-01	VSP	ES	\$14.73
COOPER, MILTON	2022-06-01	ADD		\$2.31
COOPER, MILTON	2022-06-01	LIFE		\$8.55
COOPER, MILTON	2022-06-01	GUARDHIGH	EE	\$47.61
COOPER, MILTON	2022-06-01	1828OPENAXESSPREMI	EE	\$574.63
COOPER, MILTON	2022-06-01	VSP	EE	\$8.75
COURVILLE, GEORGE	2022-02-01	GUARDHIGH	ES	\$89.81
COURVILLE, GEORGE	2022-01-01	1828OPENAXESSPREMI	ES	\$1175.29
COURVILLE, GEORGE	2022-02-01	VSP	ES	\$14.73
COURVILLE, GEORGE	2022-02-01	LIFE		\$44.46
DEMPSEY, THOMAS	2022-09-01	ADD		\$10.50
DEMPSEY, THOMAS	2022-09-01	LIFE		\$41.25
DEMPSEY, THOMAS	2022-09-01	GUARDLOW	ES	\$55.54
DEMPSEY, THOMAS	2022-09-01	1828OPENAXESSPLATI	ES	\$1567.40
DEMPSEY, THOMAS	2022-09-01	VSP	ES	\$14.73
DENNIS, JUSTIN	2022-08-01	LIFE		\$6.00

RFC DRILLING. LLC  
6001 W Murphy St  
ODESSA, TX 79763

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DENNIS, JUSTIN	2022-08-01	GUARDHIGH	EE	\$47.61
DENNIS, JUSTIN	2022-08-01	1828OPENAXESSCOPPE	EE	\$372.66
DENNIS, JUSTIN	2022-08-01	VSP	EE	\$8.75
DOWDEN, CARL	2022-01-01	GUARDHIGH	EE	\$47.61
DOWDEN, CARL	2022-01-01	1828OPENAXESSPREMI	EE	\$574.63
DOWDEN, CARL	2022-01-01	VSP	EE	\$8.75
DOWDEN, CARL	2022-01-01	LIFE		\$19.10
DUBOSE, MICHEAL	2022-09-01	ADD		\$5.04
DUBOSE, MICHEAL	2022-09-01	LIFE		\$9.55
DUBOSE, MICHEAL	2022-09-01	GUARDHIGH	ES	\$89.81
DUBOSE, MICHEAL	2022-09-01	1828OPENAXESSCOPPE	ES	\$745.33
DUBOSE, MICHEAL	2022-09-01	VSP	ES	\$14.73
FARAGOZA, JOHN	2022-11-01	GUARDHIGH	EE	\$47.61
FARAGOZA, JOHN	2022-11-01	1828OPENAXESSILVE	EE	\$460.08
FARAGOZA, JOHN	2022-11-01	ADD		\$5.04
FARAGOZA, JOHN	2022-11-01	LIFE		\$16.50
FAULKNER, CLYDE	2022-01-01	ADD		\$10.50
FAULKNER, CLYDE	2022-01-01	1828OPENAXESSGOLD	EE	\$712.45
FAULKNER, CLYDE	2022-01-01	VSP	EE	\$8.75
FAULKNER, CLYDE	2022-09-01	LIFE		\$35.75
FAULKNER, JONATHON	2022-01-01	ADD		\$4.20
FAULKNER, JONATHON	2022-01-01	GUARDHIGH	EC	\$89.81
FAULKNER, JONATHON	2022-01-01	VSP	EC	\$15.02
FAULKNER, JONATHON	2022-01-01	LIFE		\$9.60
FERGUSON, JONATHAN	2022-05-01	ADD		\$10.08
FERGUSON, JONATHAN	2022-05-01	GUARDLOW	ES	\$55.54
FERGUSON, JONATHAN	2022-05-01	1828OPENAXESSBRONZ	ES	\$828.14

RFC DRILLING. LLC  
6001 W Murphy St  
ODESSA, TX 79763

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FERGUSON, JONATHAN	2022-05-01	VSP	ES	\$14.73
FONTENOT, BRYAN	2022-02-01	GUARDHIGH	EE	\$47.61
FONTENOT, BRYAN	2022-01-01	1828OPENAXESSGOLD	EE	\$712.45
FONTENOT, BRYAN	2022-02-01	VSP	EE	\$8.75
FONTENOT, GREGORY	2022-01-01	ADD		\$12.60
FONTENOT, GREGORY	2022-03-01	GUARDLOW	EE	\$29.44
FONTENOT, GREGORY	2022-03-01	1828OPENAXESSPREMI	EE	\$574.63
FONTENOT, GREGORY	2022-03-01	VSP	EE	\$8.75
FONTENOT, GREGORY	2022-01-01	LIFE		\$61.75
GARCIA, JUAN	2022-11-01	ADD		\$10.08
GARCIA, JUAN	2022-11-01	LIFE		\$18.15
GARCIA, JUAN	2022-11-01	GUARDHIGH	ES	\$89.81
GARCIA, JUAN	2022-11-01	VSP	EE	\$8.75
GAYLE, CHARLES	2022-07-01	ADD		\$4.20
GAYLE, CHARLES	2022-07-01	LIFE		\$6.30
GAYLE, CHARLES	2022-07-01	GUARDLOW	EE	\$29.44
GAYLE, CHARLES	2022-07-01	1828OPENAXESSPREMI	EE	\$574.63
GEARLDS, ANDREW	2022-05-01	GUARDHIGH	EE	\$47.61
GEARLDS, ANDREW	2022-05-01	1828OPENAXESSILVE	EE	\$460.08
GEARLDS, JONATHAN	2022-08-01	GUARDHIGH	EE	\$47.61
GEARLDS, JONATHAN	2022-08-01	VSP	EE	\$8.75
GIOELE, BRETT	2022-11-01	VSP	EE	\$8.75
HAM, JEFF	2022-01-01	ADD		\$8.40
HAM, JEFF	2022-01-01	GUARDLOW	ES	\$55.54
HAM, JEFF	2022-01-01	1828OPENAXESSPREMI	ES	\$1175.29



RFC DRILLING. LLC  
6001 W Murphy St  
ODESSA, TX 79763

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HAM, JEFF	2022-01-01	VSP	ES	\$14.73
HAM, JEFF	2022-01-01	LIFE		\$71.50
HERNANDEZ, JOSE	2022-02-01	1828OPENAXESSPLATI	EE	\$783.70
HILL, ROBERT	2022-02-01	ADD		\$10.50
HILL, ROBERT	2022-01-24	1828OPENAXESSPREMI	EC2	\$1054.53
HILL, ROBERT	2022-02-01	VSP	FAM	\$23.76
HILL, ROBERT	2022-01-24	GUARDHIGH	FAM	\$160.18
HILL, ROBERT	2022-02-01	LIFE		\$29.40
IBARRA, RICHARD	2022-07-01	ADD		\$8.40
IBARRA, RICHARD	2022-07-01	LIFE		\$39.60
IBARRA, RICHARD	2022-07-01	VSP	EE	\$8.75
JACKSON, MEGAN	2022-06-01	LIFE		\$13.30
JACKSON, MEGAN	2022-06-01	GUARDLOW	FAM	\$100.74
JACKSON, MEGAN	2022-06-01	VSP	FAM	\$23.76
JACKSON, MEGAN	2022-06-01	ADD		\$16.80
JACKSON, MEGAN	2022-06-01	1828OPENAXESSPLATI	EC2	\$1567.40
JOHNSON, CORY	2022-09-01	GUARDHIGH	ES	\$89.81
JOHNSON, CORY	2022-09-01	VSP	ES	\$14.73
JOHNSON, CORY	2022-09-01	ADD		\$10.50
JONES, JIMMIE	2022-05-01	GUARDLOW	EE	\$29.44
JONES, JIMMIE	2022-04-01	1828OPENAXESSGOLD	EE	\$712.45
LEWIS, JUSTIN	2022-10-01	ADD		\$4.20
LEWIS, JUSTIN	2022-10-01	LIFE		\$19.10
LEWIS, JUSTIN	2022-10-01	GUARDLOW	FAM	\$100.74
LEWIS, JUSTIN	2022-10-01	1828OPENAXESSCOPPE	EC	\$745.33
LYLES, RODNEY	2022-05-01	ADD		\$21.00

RFC DRILLING. LLC  
6001 W Murphy St  
ODESSA, TX 79763

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
LYLES, RODNEY	2022-05-01	LIFE		\$19.10
LYLES, RODNEY	2022-05-01	GUARDLOW	EE	\$29.44
LYLES, RODNEY	2022-05-01	1828OPENAXESSPREMI	EE	\$574.63
LYLES, RODNEY	2022-05-01	VSP	EE	\$8.75
MALONE, DAVID	2022-02-01	GUARDHIGH	EE	\$47.61
MALONE, DAVID	2022-01-01	1828OPENAXESSPREMI	ES	\$1175.29
MALONE, DAVID	2022-02-01	VSP	ES	\$14.73
MCMURRY, BRANDON	2022-05-01	GUARDHIGH	EE	\$47.61
MCMURRY, BRANDON	2022-05-01	1828OPENAXESSGOLD	EE	\$712.45
MCMURRY, BRANDON	2022-05-01	VSP	EE	\$8.75
MENARD, TIMOTHY	2022-08-01	LIFE		\$1.60
MENARD, TIMOTHY	2022-08-01	GUARDHIGH	EE	\$47.61
MIRE, JOSHUA	2022-02-01	GUARDHIGH	EE	\$47.61
MIRE, JOSHUA	2022-01-01	1828OPENAXESSPREMI	EE	\$574.63
MIRE, JOSHUA	2022-02-01	VSP	EE	\$8.75
MIRE, JOSHUA	2022-02-01	LIFE		\$4.50
MITCHELL, TONY	2022-10-01	GUARDLOW	EE	\$29.44
MITCHELL, TONY	2022-10-01	1828OPENAXESSBRONZ	EC	\$828.14
MURPHY, DAN	2022-07-01	ADD		\$6.30
MURPHY, DAN	2022-07-01	LIFE		\$9.55
MURPHY, DAN	2022-07-01	GUARDLOW	EE	\$29.44
MURPHY, DAN	2022-07-01	1828OPENAXESSPREMI	EE	\$574.63
MURPHY, DAN	2022-07-01	VSP	EE	\$8.75
MURPHY, WENDELL	2022-07-01	ADD		\$12.60
MURPHY, WENDELL	2022-07-01	LIFE		\$71.50
MURPHY, WENDELL	2022-07-01	GUARDLOW	EE	\$29.44

RFC DRILLING. LLC  
6001 W Murphy St  
ODESSA, TX 79763

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MURPHY, WENDELL	2022-07-01	1828OPENAXESSCOPPE	ES	\$745.33
MURPHY, WENDELL	2022-07-01	VSP	EE	\$8.75
NAVA, HUMBERTO	2022-02-01	ADD		\$4.20
NAVA, HUMBERTO	2022-02-01	GUARDHIGH	EE	\$47.61
NAVA, HUMBERTO	2022-01-01	1828OPENAXESSPREMI	EE	\$574.63
NAVA, HUMBERTO	2022-02-01	LIFE		\$5.60
OWENS, KEVIN	2022-06-01	GUARDLOW	EE	\$29.44
OWENS, KEVIN	2022-06-01	1828OPENAXESSCOPPE	EE	\$372.66
OWENS, KEVIN	2022-06-01	VSP	EE	\$8.75
PEREZ, QUINTILIO	2022-06-01	1828OPENAXESSPREMI	EE	\$574.63
PEREZ, QUINTILIO	2022-06-01	VSP	EE	\$8.75
POWELL, RAMSEY	2022-10-01	ADD		\$4.20
POWELL, RAMSEY	2022-10-01	LIFE		\$13.05
POWELL, RAMSEY	2022-10-01	GUARDLOW	EE	\$29.44
POWELL, RAMSEY	2022-10-01	1828OPENAXESSPREMI	EE	\$574.63
POWELL, RAMSEY	2022-10-01	VSP	EE	\$8.75
RICHARD, MURPHY	2022-01-01	ADD		\$2.10
RICHARD, MURPHY	2022-01-01	GUARDLOW	ES	\$55.54
RICHARD, MURPHY	2022-01-01	1828OPENAXESSPREMI	ES	\$1175.29
RICHARD, MURPHY	2022-01-01	VSP	ES	\$14.73
RICHARD, MURPHY	2022-01-01	LIFE		\$19.80
SMITH, JARVIS	2022-11-01	GUARDHIGH	EE	\$47.61
SMITH, JARVIS	2022-11-01	1828OPENAXESSPREMI	EE	\$574.63
SMITH, JARVIS	2022-11-01	VSP	EE	\$8.75
SONNIER, BRENTON	2022-01-01	GUARDLOW	ES	\$55.54
SONNIER, BRENTON	2022-01-01	1828OPENAXESSPREMI	ES	\$1175.29

RFC DRILLING. LLC  
6001 W Murphy St  
ODESSA, TX 79763

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SONNIER, BRENTON	2022-01-01	VSP	ES	\$14.73
SONNIER, CURTIS	2022-02-01	GUARDLOW	ES	\$55.54
SONNIER, CURTIS	2022-01-01	1828OPENAXESSPREMI	ES	\$1175.29
SONNIER, CURTIS	2022-02-01	VSP	ES	\$14.73
TORRES JR., DAVID	2022-11-01	GUARDHIGH	EE	\$47.61
TREVINO, HUGO	2022-11-01	GUARDHIGH	EE	\$47.61
TREVINO, HUGO	2022-11-01	1828OPENAXESSPREMI	EE	\$574.63
TREVINO, HUGO	2022-11-01	VSP	EE	\$8.75
VALDEZ, EVARISTO	05/01/2022	VSP	EC2	\$15.02
VALDEZ, EVARISTO	04/01/2022	1828OPENAXESSPREMI	EC2	\$1054.53
VEILLON, DUSTIN	2022-07-01	1828OPENAXESSPREMI	EE	\$574.63
VEILLON, DUSTIN	2022-07-01	ADD		\$0.42
VEILLON, DUSTIN	2022-07-01	LIFE		\$8.00
VEILLON, DUSTIN	2022-07-01	GUARDLOW	EE	\$29.44
VEILLON, DUSTIN	2022-07-01	VSP	EE	\$8.75
WHITNEY, COREY	2022-04-01	1828OPENAXESSPREMI	EE	\$574.63
WHITNEY, COREY	2022-05-01	VSP	EE	\$8.75
WHITNEY, COREY	2022-05-01	LIFE		\$8.00
YOUNG, BENJI	2022-07-01	ADD		\$21.42
YOUNG, BENJI	2022-07-01	GUARDHIGH	EC	\$89.81
YOUNG, BENJI	2022-07-01	1828OPENAXESSCOPPE	EC	\$745.33
YOUNG, BENJI	2022-07-01	VSP	EC	\$15.02

MEDICAL PLAN COUNTS

Employee Only	24
Employee & Spouse	12
Employee & Children	3
Family	0



## Account Services

### Monthly Statement

RIGHTPRO STAFFING  
100 Reserve Rd  
Danbury, CT 06810

Invoice Number: 4726-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0903OPENAXESSBRONZ	Employee Only	3	\$438.62	\$1,315.86
0903OPENAXESSBRONZ	Employee & Children	1	\$888.23	\$888.23
0903OPENAXESSGOLD	Employee Only	7	\$588.38	\$4,118.66
0903OPENAXESSGOLD	Family	1	\$1,765.29	\$1,765.29
0903OPENAXESSILVER	Employee Only	1	\$493.36	\$493.36
0903OPENAXESSILVER	Employee & Children	2	\$986.72	\$1,973.44
ADD	Employee Only	6	\$0.42**	\$14.70
GUARDHIGH	Employee Only	8	\$47.61	\$380.88
GUARDHIGH	Employee & Children	2	\$89.81	\$235.98
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee Only	6	\$29.44	\$176.64
GUARDLOW	Employee & Children	2	\$74.61	\$149.22
GUARDLOW	Family	2	\$100.74	\$201.48
LIFE	Employee Only	10	\$14.40**	\$145.65
VSP	Employee Only	14	\$8.75	\$122.50
VSP	Employee & Children	3	\$15.02	\$45.06
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$12,865.23

**RIGHTPRO STAFFING**

100 Reserve Rd  
Danbury, CT 06810

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ADELANWA, OMOBOLANIE	2022-06-01	ADD		\$0.42
ADELANWA, OMOBOLANIE	2022-06-01	LIFE		\$49.40
ADELANWA, OMOBOLANIE	2022-06-01	GUARDHIGH	EE	\$47.61
ADELANWA, OMOBOLANIE	2022-06-01	VSP	EE	\$8.75
BAILEY, SHAYNA	2022-08-01	GUARDLOW	EC2	\$74.61
BECKFORD, ANTIONETTE	2022-07-01	0903OPENAXESSILVER	EC2	\$986.72
BECKFORD, ANTIONETTE	2022-07-01	GUARDHIGH	EC2	\$117.99
BECKFORD, ANTIONETTE	2022-07-01	VSP	EC2	\$15.02
BERNOSKY, LONI LEE	2022-07-01	0903OPENAXESSBRONZ	EC2	\$888.23
BERNOSKY, LONI LEE	2022-07-01	GUARDLOW	EC2	\$74.61
BERNOSKY, LONI LEE	2022-07-01	VSP	EC2	\$15.02
GARRISON, HEATHER	2022-02-01	0903OPENAXESSILVER	EE	\$493.36
GARRISON, HEATHER	2022-02-01	GUARDHIGH	EE	\$47.61
GREEN, YANIQUE	2022-08-01	0903OPENAXESSILVER	EC2	\$986.72
GREEN, YANIQUE	2022-08-01	GUARDHIGH	EC2	\$117.99
GREEN, YANIQUE	2022-08-01	VSP	EE	\$8.75
KAIN, KYLE	2022-01-01	0903OPENAXESSGOLD	EE	\$588.38
KAIN, SIDNEY	2021-07-01	0903OPENAXESSGOLD	FAM	\$1765.29
KAIN, SIDNEY	2021-07-01	GUARDHIGH	FAM	\$160.18
LINDSAY, KIMBERLY	2022-06-01	GUARDHIGH	EE	\$47.61
LINDSAY, KIMBERLY	2022-06-01	VSP	EE	\$8.75
MARTIN, NICOLE	2022-08-01	GUARDLOW	FAM	\$100.74
MARTIN, NICOLE	2022-08-01	VSP	FAM	\$23.76
MARTINS, MONICA	2022-04-01	0903OPENAXESSGOLD	EE	\$588.38
MARTINS, MONICA	2022-04-01	GUARDLOW	EE	\$29.44
MARTINS, MONICA	2022-04-01	VSP	EE	\$8.75

**RIGHTPRO STAFFING**

100 Reserve Rd  
Danbury, CT 06810

**CURRENT MONTH ENROLLMENT (CONTINUED)**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MCGUIRE, AMY	2022-08-01	ADD		\$4.20
MCGUIRE, AMY	2022-08-01	LIFE		\$6.00
MCGUIRE, AMY	2022-08-01	GUARDHIGH	EE	\$47.61
MCGUIRE, AMY	2022-08-01	VSP	EE	\$8.75
MERCADO, JAZMIN	2022-06-01	0903OPENAXESSBRONZ	EE	\$438.62
MERCADO, JAZMIN	2022-06-01	GUARDLOW	EE	\$29.44
MIX, THOMAS	2022-01-01	LIFE		\$29.70
MOORE, SACHA	2022-07-01	0903OPENAXESSGOLD	EE	\$588.38
MOORE, SACHA	2022-07-01	LIFE		\$9.55
MOORE, SACHA	2022-07-01	GUARDLOW	EE	\$29.44
MOORE, SACHA	2022-07-01	VSP	EE	\$8.75
MUHAMMAD, T'LISECIA	2022-08-01	GUARDLOW	FAM	\$100.74
MUHAMMAD, T'LISECIA	2022-08-01	VSP	EC2	\$15.02
NIETO, EDUARDO	2022-07-01	0903OPENAXESSGOLD	EE	\$588.38
NIETO, EDUARDO	2022-07-01	GUARDHIGH	EE	\$47.61
NIETO, EDUARDO	2022-07-01	VSP	EE	\$8.75
ONWUSI, OBIOMA	2022-08-01	0903OPENAXESSGOLD	EE	\$588.38
ONWUSI, OBIOMA	2022-08-01	GUARDLOW	EE	\$29.44
ONWUSI, OBIOMA	2022-08-01	VSP	EE	\$8.75
PARNELL, ALISA	2022-06-01	0903OPENAXESSGOLD	EE	\$588.38
PARNELL, ALISA	2022-06-01	ADD		\$4.20
PARNELL, ALISA	2022-06-01	LIFE		\$7.20
PARNELL, ALISA	2022-06-01	GUARDHIGH	EE	\$47.61
PARNELL, ALISA	2022-06-01	VSP	EE	\$8.75
RICARDO, CAROLINE	2022-01-01	0903OPENAXESSBRONZ	EE	\$438.62

RIGHTPRO STAFFING

100 Reserve Rd

Danbury, CT 06810

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
RICARDO, CAROLINE	2022-01-01	GUARDLOW	EE	\$29.44
RICARDO, CAROLINE	2022-01-01	LIFE		\$7.20
RUSSELL, CANDICE	2022-10-01	0903OPENAXESSGOLD	EE	\$588.38
RUSSELL, CANDICE	2022-10-01	LIFE		\$9.60
RUSSELL, CANDICE	2022-10-01	GUARDHIGH	EE	\$47.61
RUSSELL, CANDICE	2022-10-01	VSP	EE	\$8.75
SAWNER, DANIELLE	2022-07-01	ADD		\$4.20
SAWNER, DANIELLE	2022-07-01	LIFE		\$14.40
SCHESL, KAYLE	2022-08-01	ADD		\$0.42
SCHESL, KAYLE	2022-08-01	VSP	EE	\$8.75
SIMATOVICH, MCKINLEY	2022-10-01	0903OPENAXESSBRONZ	EE	\$438.62
SIMATOVICH, MCKINLEY	2022-10-01	GUARDLOW	EE	\$29.44
SIMATOVICH, MCKINLEY	2022-10-01	VSP	EE	\$8.75
SLOAN, ERIKIA	2022-08-01	LIFE		\$6.60
SLOAN, ERIKIA	2022-06-01	GUARDHIGH	EE	\$47.61
SLOAN, ERIKIA	2022-06-01	VSP	EE	\$8.75
TROVATO, MARCIA	2022-06-01	VSP	EE	\$8.75
WARE, KELLI	2022-04-01	ADD		\$1.26
WARE, KELLI	2022-04-01	LIFE		\$6.00



## RIGHTPRO STAFFING

100 Reserve Rd  
Danbury, CT 06810

## PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
RUSSELL, CANDICE	2022-10-01	0903OPENAXESSGOLD	EE	\$588.38
RUSSELL, CANDICE	2022-10-01	LIFE		\$9.60
RUSSELL, CANDICE	2022-10-01	GUARDHIGH	EE	\$47.61
RUSSELL, CANDICE	2022-10-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

Employee Only	11
Employee & Spouse	0
Employee & Children	0
Family	1



## Account Services

### Monthly Statement

RIVER RIDERS  
408 ALSTADTS HILL RD  
HARPERS FERRY, WV 25425

Invoice Number: 4221-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$0.00**	\$2.10
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
LIFE	Employee Only	1	\$0.00**	\$15.03
			GRAND TOTAL	\$112.35

RIVER RIDERS  
408 ALSTADTS HILL RD  
HARPERS FERRY, WV 25425

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GATTON, WILLIAM	2022-01-01	GUARDHIGH	EE	\$47.61
MUMPER, SAMUEL	2022-08-01	ADD		\$2.10
MUMPER, SAMUEL	2022-08-01	LIFE		\$15.03
MUMPER, SAMUEL	2022-08-01	GUARDHIGH	EE	\$47.61

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

RLS FLORIDA  
1943 NW 104TH WAY  
GAINESVILLE, FL 32606

Invoice Number: 4423-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1739OPENAXESSILVE	Family	1	\$1,644.54	\$1,644.54
ADD	Employee Only	1	\$1.26**	\$1.26
GRAND TOTAL				\$1,645.80

RLS FLORIDA  
1943 NW 104TH WAY  
GAINESVILLE, FL 32606

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SCOTT, RANDOLPH	2022-01-01	ADD		\$1.26
SCOTT, RANDOLPH	2022-01-01	1739OPENAXESSILVE	FAM	\$1644.54

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

ROOSTERS MEN'S GROOMING CENTER  
5361 ROLLINGWOOD DR  
MILFORD, OH 45150

Invoice Number: 4661-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0666OPENAXESSGOLD	Employee Only	2	\$479.89	\$959.78
0666OPENAXESSGOLD	Employee & Spouse Only	1	\$985.30	\$985.30
0666OPENAXESSGOLD	Employee & Children	1	\$905.15	\$905.15
ADD	Employee Only	2	\$0.84**	\$1.68
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDLOW	Employee Only	1	\$29.44	\$29.44
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
LIFE	Employee Only	1	\$2.40**	\$1.60
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
GRAND TOTAL				\$3,118.46

ROOSTERS MEN'S GROOMING CENTER  
5361 ROLLINGWOOD DR  
MILFORD, OH 45150

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
AGUIRRE, AMY	2020-09-01	0666OPENAXESSGOLD	EE	\$479.89
AGUIRRE, AMY	2017-12-01	GUARDLOW	EC	\$74.61
MILLER, DARRELL	2017-12-01	GUARDHIGH	EE	\$47.61
MILLER, DARRELL	2018-12-01	VSP	EE	\$8.75
NELSON, COURTNEY	2022-01-01	0666OPENAXESSGOLD	EC2	\$905.15
NELSON, COURTNEY	2022-01-01	ADD		\$0.84
NELSON, COURTNEY	2022-04-01	LIFE		\$1.60
NELSON, JARED	2022-01-01	0666OPENAXESSGOLD	EE	\$479.89
NELSON, JARED	2022-01-01	GUARDLOW	EE	\$29.44
NELSON, LISA	2022-01-01	0666OPENAXESSGOLD	ES	\$985.30
NELSON, LISA	2022-01-01	ADD		\$0.84
NELSON, LISA	2022-01-01	GUARDHIGH	ES	\$89.81
NELSON, LISA	2022-01-01	VSP	ES	\$14.73

**MEDICAL PLAN COUNTS**

Employee Only	2
Employee & Spouse	1
Employee & Children	0
Family	0



**Account Services**  
**Monthly Statement**

ROSEMIL MANAGEMENT GROUP, LLC  
350 SYCAMORE ROAD  
GENOA, IL 60135

Invoice Number: 4653-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$29.44



ROSEMIL MANAGEMENT GROUP, LLC  
350 SYCAMORE ROAD  
GENOA, IL 60135

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
WEERTS, SARAH	2019-01-01	GUARDLOW	EE	\$29.44

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

RSL SAFETY CORPORATION  
1409 EAST BLVD  
CHARLOTTE, NC 28203

Invoice Number: 4254-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1483OPENAXESSBRONZ	Employee & Spouse Only	1	\$888.23	\$888.23
1483OPENAXESSGOLD	Employee Only	1	\$0.00	\$588.38
1483OPENAXESSSILVE	Employee & Spouse Only	1	\$0.00	\$986.72
1483OPENAXESSSILVE	Family	1	\$0.00	\$1,480.09
ADD	Employee Only	3	\$0.00**	\$44.10
GUARDHIGH	Employee Only	1	\$0.00	\$47.61
GUARDHIGH	Employee & Spouse Only	1	\$0.00	\$89.81
GUARDLOW	Family	1	\$0.00	\$100.74
LIFE	Employee Only	3	\$0.00**	\$52.82
VSP	Employee Only	1	\$0.00	\$8.75
VSP	Employee & Spouse Only	2	\$14.73	\$29.46
VSP	Family	1	\$0.00	\$23.76
			GRAND TOTAL	\$4,340.47

RSL SAFETY CORPORATION  
1409 EAST BLVD  
CHARLOTTE, NC 28203

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
JOHN, MANOJ	2022-09-01	1483OPENAXESSSILVE	FAM	\$1480.09
JOHN, MANOJ	2022-09-01	ADD		\$21.00
JOHN, MANOJ	2022-09-01	LIFE		\$19.10
JOHN, MANOJ	2022-09-01	GUARDLOW	FAM	\$100.74
JOHN, MANOJ	2022-09-01	VSP	FAM	\$23.76
KAPLAN, GARY	2022-01-01	1483OPENAXESSBRONZES		\$888.23
KAPLAN, GARY	2022-01-01	VSP	ES	\$14.73
PETRARCA, DENNIS	2022-09-01	1483OPENAXESSGOLD	EE	\$588.38
PETRARCA, DENNIS	2022-09-01	ADD		\$10.50
PETRARCA, DENNIS	2022-09-01	LIFE		\$10.80
PETRARCA, DENNIS	2022-09-01	GUARDHIGH	EE	\$47.61
PETRARCA, DENNIS	2022-09-01	VSP	EE	\$8.75
THORNTON, JAMES	2022-09-01	1483OPENAXESSSILVE	ES	\$986.72
THORNTON, JAMES	2022-09-01	GUARDHIGH	ES	\$89.81
THORNTON, JAMES	2022-09-01	VSP	ES	\$14.73
ZUJOVIC, IVAN	2022-10-01	ADD		\$12.60
ZUJOVIC, IVAN	2022-10-01	LIFE		\$22.92

**MEDICAL PLAN COUNTS**

Employee Only	1
Employee & Spouse	2
Employee & Children	0
Family	1



## Account Services

### Monthly Statement

SCGH - SUPERCUTS  
31 LOCKWOOD DRIVE  
PRINCETON, NJ 08540

Invoice Number: 4105-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1045OPENAXESSBRONZ	Employee Only	4	\$321.43	\$1,285.72
1045OPENAXESSGOLD	Employee Only	1	\$358.93	\$358.93
1045OPENAXESSSILVE	Employee Only	2	\$340.18	\$680.36
ADD	Employee Only	1	\$21.42**	\$21.42
GUARDLOW	Employee Only	6	\$29.44	\$176.64
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
LIFE	Employee Only	2	\$9.90**	\$23.80
VSP	Employee Only	2	\$8.75	\$17.50
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$2,654.00

SCGH - SUPERCUTS  
31 LOCKWOOD DRIVE  
PRINCETON, NJ 08540

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ALBERT, MICHELLE	2022-01-01	1045OPENAXESSBRONZ EE		\$321.43
ALVEY, CAROL	2022-01-01	1045OPENAXESSBRONZ EE		\$321.43
ALVEY, CAROL	2022-01-01	GUARDLOW	EE	\$29.44
ALVEY, CAROL	2022-01-01	VSP	EE	\$8.75
BRENNAN, AMANDA	2022-01-01	1045OPENAXESSGOLD	EE	\$358.93
BRENNAN, AMANDA	2022-01-01	GUARDLOW	EE	\$29.44
DICKENS, JILLIAN	2022-01-01	GUARDLOW	EE	\$29.44
GOEBEL, STACEY	2020-07-01	1045OPENAXESSBRONZ EE		\$321.43
LISA, KATELYN	2022-10-01	LIFE		\$12.50
LISA, KATELYN	2021-01-01	LIFE		\$11.30
LISA, KATELYN	2021-01-01	ADD		\$21.42
LISA, KATELYN	2021-01-01	GUARDLOW	EC	\$74.61
LISA, KATELYN	2021-01-01	VSP	EC	\$15.02
MAYHEW, RACHEL	2020-08-01	1045OPENAXESSSILVE	EE	\$340.18
MAYHEW, RACHEL	2021-01-01	GUARDLOW	EE	\$29.44
RIVERA, JACQUELYN	2022-09-01	GUARDLOW	EE	\$29.44
RIVERA, JACQUELYN	2022-09-01	VSP	EE	\$8.75
RODRIGUEZ, ROBERTO	2020-07-01	1045OPENAXESSSILVE	EE	\$340.18
SPRINGFIELD, NICOLE	2021-07-01	1045OPENAXESSBRONZ EE		\$321.43
SPRINGFIELD, NICOLE	2021-07-01	GUARDLOW	EE	\$29.44

**MEDICAL PLAN COUNTS**

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



## Account Services

### Monthly Statement

SCOOTERS COFFEE KINGSPORT  
4287 Fort Henry Dr  
KINGSPORT, TN 37663

Invoice Number: 4486-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1815OPENAXESSBRONZ	Employee Only	1	\$536.10	\$536.10
GUARDLOW	Employee Only	1	\$29.44	\$29.44
LIFE	Employee Only	1	\$6.00**	\$6.00
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$580.29

## SCOOTERS COFFEE KINGSPORT

4287 Fort Henry Dr

KINGSPORT, TN 37663

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MORELOCK, CASSIDY	2022-02-01	GUARDLOW	EE	\$29.44
MORELOCK, CASSIDY	2022-02-01	1815OPENAXESSBRONZ	EE	\$536.10
MORELOCK, CASSIDY	2022-02-01	VSP	EE	\$8.75
MORELOCK, CASSIDY	2022-02-01	LIFE		\$6.00

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

SEBENZA  
6320 BELL STATION ROAD  
GLENN DALE, MD 20769

Invoice Number: 4166-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$2.95**	\$1.26
GUARDHIGH	Employee Only	3	\$47.61	\$142.83
GUARDHIGH	Family	1	\$0.00	\$160.18
GUARDLOW	Employee Only	2	\$29.44	\$58.88
LIFE	Employee Only	2	\$30.96**	\$14.30
VSP	Employee Only	2	\$8.75	\$17.50
VSP	Family	1	\$0.00	\$23.76
			GRAND TOTAL	\$612.21



SEBENZA  
6320 BELL STATION ROAD  
GLENN DALE, MD 20769

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BOURJOLLY, MICHAEL	2022-07-01	GUARDLOW	EE	\$29.44
DUNN, IVAN	2022-09-01	LIFE		\$6.00
DUNN, IVAN	2022-09-01	GUARDHIGH	EE	\$47.61
DUNN, IVAN	2022-09-01	VSP	EE	\$8.75
FENWICK, JONATHAN	2017-12-01	GUARDHIGH	EE	\$47.61
MATTOS, SAUL	2022-01-01	GUARDHIGH	EE	\$47.61
MATTOS, SAUL	2022-01-01	VSP	EE	\$8.75
MUHAMMAD, DARRIN	2022-10-01	ADD		\$1.26
MUHAMMAD, DARRIN	2022-10-01	LIFE		\$8.30
MUHAMMAD, DARRIN	2022-10-01	GUARDHIGH	FAM	\$160.18
MUHAMMAD, DARRIN	2022-10-01	VSP	FAM	\$23.76
PRICE, FREDERICK	2021-01-01	GUARDLOW	EE	\$29.44

SEBENZA  
6320 BELL STATION ROAD  
GLENN DALE, MD 20769

## PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MUHAMMAD, DARRIN	2022-10-01	ADD		\$1.26
MUHAMMAD, DARRIN	2022-10-01	LIFE		\$8.30
MUHAMMAD, DARRIN	2022-10-01	GUARDHIGH	FAM	\$160.18
MUHAMMAD, DARRIN	2022-10-01	VSP	FAM	\$23.76

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

SENIOR CARE AUTHORITY - BOYNTON BEACH

Invoice Number: 6050-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
2063OPENAXESS	Employee Only	2	\$535.44	\$1,070.88
SCOPPE	Employee Only	2	\$29.44	\$58.88
GUARDLOW	Employee Only	2	\$8.75	\$17.50
VSP	Employee Only			
			GRAND TOTAL	\$2,218.14

## SENIOR CARE AUTHORITY - BOYNTON BEACH

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GLACER, JODI	2022-09-01	GUARDLOW	EE	\$29.44
GLACER, JODI	2022-09-01	VSP	EE	\$8.75
GLACER, JODI	2022-09-01	2063OPENAXESSCOPPE	EE	\$535.44
MCDONALD, TABITHANETHA	2022-09-01	GUARDLOW	EE	\$29.44
MCDONALD, TABITHANETHA	2022-09-01	VSP	EE	\$8.75
MCDONALD, TABITHANETHA	2022-09-01	2063OPENAXESSCOPPE	EE	\$535.44

SENIOR CARE AUTHORITY - BOYNTON BEACH

,

PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GLACER, JODI	2022-09-01	2063OPENAXESSCOPPE	EE	\$535.44
MCDONALD, TABITHANETHA	2022-09-01	2063OPENAXESSCOPPE	EE	\$535.44

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

SENIOR CARE AUTHORITY, LLC  
755 BAYWOOD DRIVE  
PETALUMA, CA 94954

Invoice Number: 4709-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$3.36**	\$7.56
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
LIFE	Employee Only	1	\$19.76**	\$28.60
			GRAND TOTAL	\$83.77

SENIOR CARE AUTHORITY, LLC  
755 BAYWOOD DRIVE  
PETALUMA, CA 94954

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ALEXANDER, LAURA	2020-01-01	GUARDHIGH	EE	\$47.61
MARSTON, PHYLLIS	2022-07-01	ADD		\$4.20
SIEGWARTH, LORIANN	2020-01-01	ADD		\$3.36
SIEGWARTH, LORIANN	2022-08-01	LIFE		\$28.60

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

SENIOR HELPERS ALPHARETTA GA  
294 So Main Street  
Alpharetta, GA 30009

Invoice Number: 4209-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GRAND TOTAL				\$47.61



SENIOR HELPERS ALPHARETTA GA

294 So Main Street

Alpharetta, GA 30009

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SILAS, DORIS	2022-05-01	GUARDHIGH	EE	\$47.61

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

SENIOR HELPERS CHRISTIANA DE  
630 CHURCHMANS RD  
NEWARK, DE 19702

Invoice Number: 4205-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee & Children	1	\$0.00	\$74.61
VSP	Employee Only	1	\$0.00	\$8.75
			GRAND TOTAL	\$83.36

SENIOR HELPERS CHRISTIANA DE  
630 CHURCHMANS RD  
NEWARK, DE 19702

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DUNN, KIMBERLEY	2022-08-01	GUARDLOW	EC	\$74.61
DUNN, KIMBERLEY	2022-08-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

SENIOR HELPERS FORT COLLINS CO  
3101 Kintzley Ct  
LaPorte, CO 80535

Invoice Number: 4668-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$2.10**	\$31.50
GUARDHIGH	Employee & Children	1	\$89.81	\$89.81
GUARDLOW	Employee Only	2	\$29.44	\$58.88
GUARDLOW	Family	1	\$100.74	\$100.74
LIFE	Employee Only	2	\$3.82**	\$5.02
VSP	Employee Only	2	\$8.75	\$17.50
VSP	Employee & Children	2	\$15.02	\$30.04
			GRAND TOTAL	\$333.49

SENIOR HELPERS FORT COLLINS CO  
3101 Kintzley Ct  
LaPorte, CO 80535

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CALEB, EDDY	2022-10-01	LIFE		\$1.20
CERVANTES, BARBARA	2019-01-01	GUARDLOW	EE	\$29.44
CERVANTES, BARBARA	2019-01-01	VSP	EE	\$8.75
LEMPKE, MARY	2022-01-01	ADD		\$21.00
LEMPKE, MARY	2022-01-01	GUARDLOW	EE	\$29.44
LEMPKE, MARY	2022-01-01	VSP	EE	\$8.75
POULIOT, LAWNA	2022-03-01	LIFE		\$3.82
PURDY, DANETTE	2021-10-01	ADD		\$10.50
ROSSI, ROSEMARIE	2021-10-01	GUARDHIGH	EC	\$89.81
ROSSI, ROSEMARIE	2021-10-01	VSP	EC	\$15.02
SCHNEIDER, CHRISTINA	2022-01-01	GUARDLOW	FAM	\$100.74
SCHNEIDER, CHRISTINA	2022-01-01	VSP	EC2	\$15.02

**MEDICAL PLAN COUNTS**

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



## Account Services

### Monthly Statement

SENIOR HELPERS GREATER MARIN  
777 Grand Ave Suite 101  
SAN RAFAEL, CA 94901

Invoice Number: 4300-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$21.00**	\$21.00
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$110.63

## SENIOR HELPERS GREATER MARIN

777 Grand Ave Suite 101

SAN RAFAEL, CA 94901

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GARCIA, AMY	2022-01-01	ADD		\$21.00
GARCIA, AMY	2022-01-01	GUARDLOW	EC	\$74.61
GARCIA, AMY	2022-01-01	VSP	EC	\$15.02

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

SENIOR HELPERS HARRISBURG PA  
3806 Market St. Ste 3  
Camp Hill, PA 17011

Invoice Number: 4208-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$6.30**	\$1.68
GUARDHIGH	Employee Only	4	\$47.61	\$190.44
GUARDLOW	Employee Only	2	\$29.44	\$58.88
GUARDLOW	Employee & Spouse Only	2	\$55.54	\$111.08
LIFE	Employee Only	1	\$6.00**	\$6.00
VSP	Employee Only	5	\$8.75	\$43.75
			GRAND TOTAL	\$411.83



**SENIOR HELPERS HARRISBURG PA**

3806 Market St. Ste 3

Camp Hill, PA 17011

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ALLABAUGH, WENDY	2022-01-01	ADD		\$1.26
ALLABAUGH, WENDY	2022-01-01	GUARDHIGH	EE	\$47.61
ALLABAUGH, WENDY	2022-01-01	VSP	EE	\$8.75
BANKS, JEANNINE	2022-01-01	ADD		\$0.42
BANKS, JEANNINE	2022-01-01	VSP	EE	\$8.75
BANKS, JEANNINE	2022-01-01	LIFE		\$6.00
BOWER, CAROL	2022-01-01	GUARDLOW	EE	\$29.44
GARISTO, STEPHEN	2020-01-01	GUARDHIGH	EE	\$47.61
HAWKES, BILLIE	2020-01-01	GUARDLOW	ES	\$55.54
HEIM, BELINDA	2022-01-01	GUARDHIGH	EE	\$47.61
JOWANOWITCH, JESSICA	2020-01-01	GUARDLOW	ES	\$55.54
MOSES, BETHANY	2020-01-01	VSP	EE	\$8.75
NALLY, JENNIFER	2022-01-01	GUARDLOW	EE	\$29.44
NALLY, JENNIFER	2022-01-01	VSP	EE	\$8.75
POST, SUZANNE	2022-01-01	GUARDHIGH	EE	\$47.61
POST, SUZANNE	2022-01-01	VSP	EE	\$8.75

**MEDICAL PLAN COUNTS**

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



## Account Services

### Monthly Statement

SENIOR HELPERS HOUSTON CENTRAL  
1919 N Loop W, Suite 443  
HOUSTON, TX 77008

Invoice Number: 4714-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$137.24

## SENIOR HELPERS HOUSTON CENTRAL

1919 N Loop W, Suite 443

HOUSTON, TX 77008

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GARCIA, MARIA	2022-04-01	GUARDLOW	EC	\$74.61
GARCIA, MARIA	2022-04-01	VSP	EC2	\$15.02
SAMPLE, NICKI	2022-02-01	GUARDHIGH	EE	\$47.61

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

SENIOR HELPERS MCKINNEY TX  
2190 ALCOVE DR  
FRISCO, TX 75034

Invoice Number: 4236-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$0.00	\$29.44
GUARDLOW	Employee & Children	1	\$0.00	\$74.61
VSP	Employee Only	1	\$0.00	\$8.75
			GRAND TOTAL	\$196.16

SENIOR HELPERS MCKINNEY TX  
2190 ALCOVE DR  
FRISCO, TX 75034

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HUGHES, CANDICE	2022-10-01	GUARDLOW	EC	\$74.61
MONTANO, MARINA	2022-09-01	VSP	EE	\$8.75
MONTANO, MARINA	2022-09-01	GUARDLOW	EE	\$29.44

SENIOR HELPERS MCKINNEY TX  
2190 ALCOVE DR  
FRISCO, TX 75034

## PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HUGHES, CANDICE	2022-10-01	GUARDLOW	EC	\$74.61
MONTANO, MARINA	2022-09-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

SH TOWN SQUARE COMPANY STORE  
9708 BELAIR RD  
BALTIMORE, MD 21236

Invoice Number: 4468-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$16.80**	\$58.80
GUARDLOW	Employee Only	2	\$29.44	\$58.88
LIFE	Employee Only	3	\$1.20**	\$28.50
VSP	Employee Only	2	\$8.75	\$17.50
VSP	Family	1	\$23.76	\$23.76
GRAND TOTAL				\$270.60

SH TOWN SQUARE COMPANY STORE  
9708 BELAIR RD  
BALTIMORE, MD 21236

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DILWORTH, LAURA	2022-03-01	GUARDLOW	EE	\$29.44
DILWORTH, LAURA	2022-03-01	VSP	EE	\$8.75
DILWORTH, LAURA	2022-03-01	LIFE		\$1.20
JORDAN, KEYONNA	2022-01-01	ADD		\$16.80
JORDAN, KEYONNA	2022-01-01	GUARDLOW	EE	\$29.44
JORDAN, KEYONNA	2022-01-01	VSP	EE	\$8.75
JORDAN, KEYONNA	2022-01-01	LIFE		\$9.90
KUHN, SARA	2021-05-01	ADD		\$42.00
KUHN, SARA	2021-12-01	VSP	FAM	\$23.76
KUHN, SARA	2021-05-01	LIFE		\$17.40



SH TOWN SQUARE COMPANY STORE  
9708 BELAIR RD  
BALTIMORE, MD 21236

## PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KUHN, SARA	2021-05-01	ADD		\$42.00
KUHN, SARA	2021-12-01	VSP	FAM	\$23.76
KUHN, SARA	2021-05-01	LIFE		\$17.40

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

SH TOWN SQUARE FRANCHISING  
9708 Belair Rd  
BALTIMORE, MD 21236

Invoice Number: 4359-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$4.20**	\$4.20
GUARDLOW	Employee Only	1	\$29.44	\$29.44
GUARDLOW	Family	1	\$100.74	\$100.74
LIFE	Employee Only	1	\$59.28**	\$59.28
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$226.17

SH TOWN SQUARE FRANCHISING  
9708 Belair Rd  
BALTIMORE, MD 21236

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BOWERS, MARC	2022-01-01	ADD		\$4.20
BOWERS, MARC	2022-01-01	GUARDLOW	EE	\$29.44
BOWERS, MARC	2022-01-01	VSP	EE	\$8.75
BOWERS, MARC	2022-01-01	LIFE		\$59.28
SPILLUM, PETER	2021-11-01	GUARDLOW	FAM	\$100.74
SPILLUM, PETER	2021-11-01	VSP	FAM	\$23.76

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

SKY LLC  
67 TOWER RD  
WHITE PLAINS, NY 10604

Invoice Number: 4313-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1585OPENAXESSGOLD	Employee & Spouse Only	1	\$1,307.62	\$1,307.62
1585OPENAXESSGOLD	Employee & Children	1	\$1,307.62	\$1,307.62
1585OPENAXESSGOLD	Family	1	\$1,961.43	\$1,961.43
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDHIGH	Employee & Children	1	\$89.81	\$89.81
GUARDHIGH	Family	1	\$160.18	\$160.18
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
VSP	Employee & Children	1	\$15.02	\$15.02
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$5,026.34

SKY LLC  
67 TOWER RD  
WHITE PLAINS, NY 10604

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DIMITROVA, MARINA	2021-01-01	1585OPENAXESSGOLD	FAM	\$1961.43
DIMITROVA, MARINA	2021-01-01	GUARDHIGH	FAM	\$160.18
DIMITROVA, MARINA	2021-01-01	VSP	FAM	\$23.76
KAHL, MELINDA	2022-09-01	GUARDHIGH	EE	\$47.61
KAHL, MELINDA	2022-09-01	VSP	EE	\$8.75
MACKONCHIE, JOANNE	2021-01-01	1585OPENAXESSGOLD	ES	\$1307.62
MACKONCHIE, JOANNE	2021-01-01	GUARDHIGH	ES	\$89.81
MACKONCHIE, JOANNE	2021-01-01	VSP	ES	\$14.73
MENENDEZ, YULISSA	2021-10-13	1585OPENAXESSGOLD	EC	\$1307.62
MENENDEZ, YULISSA	2021-10-13	GUARDHIGH	EC	\$89.81
MENENDEZ, YULISSA	2021-10-13	VSP	EC	\$15.02

**MEDICAL PLAN COUNTS**

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



## Account Services

### Monthly Statement

SOUTHERN MARYLAND ENDOSCOPY CENTER, LLC  
7700 OLD BRANCH AVENUE  
CLINTON, MD 20735

Invoice Number: 4567-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee Only	2	\$29.44	\$58.88
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$236.79

SOUTHERN MARYLAND ENDOSCOPY CENTER, LLC  
7700 OLD BRANCH AVENUE  
CLINTON, MD 20735

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CHESLEY, JACQUELINE	2021-01-01	GUARDLOW	EE	\$29.44
ROBINSON, SHALETA	2022-07-01	GUARDLOW	EE	\$29.44
ROBINSON, SHALETA	2022-01-01	VSP	EE	\$8.75
SMITH, DENISE	2017-12-01	GUARDHIGH	EE	\$47.61
SMITH, DENISE	2018-12-01	VSP	EE	\$8.75
WOODHOUSE, SONNA	2017-12-01	GUARDLOW	EC	\$74.61

SOUTHERN MARYLAND ENDOSCOPY CENTER, LLC  
7700 OLD BRANCH AVENUE  
CLINTON, MD 20735

## PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ROBINSON, SHALETA	2022-07-01	GUARDLOW	EE	\$29.44
ROBINSON, SHALETA	2022-01-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

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





## Account Services

### Monthly Statement

STAFFINGMEDICAL USA  
118 WEST 5TH STREET SUITE 202  
COVINGTON, KY 41011

Invoice Number: 4220-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1399OPENAXESSGOLD	Employee Only	6	\$653.81	\$3,922.86
1399OPENAXESSGOLD	Employee & Children	1	\$1,307.62	\$1,307.62
GUARDHIGH	Employee Only	3	\$47.61	\$142.83
GUARDHIGH	Employee & Children	1	\$117.99	\$117.99
GUARDLOW	Employee Only	3	\$29.44	\$88.32
VSP	Employee Only	4	\$8.75	\$35.00
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$5,629.64

STAFFINGMEDICAL USA  
118 WEST 5TH STREET SUITE 202  
COVINGTON, KY 41011

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ALBISHARI, OSAMAH	2021-01-01	VSP	EE	\$8.75
ALBISHARI, OSAMAH	2022-07-01	1399OPENAXESSGOLD	EE	\$653.81
ALBISHARI, OSAMAH	2022-08-01	GUARDLOW	EE	\$29.44
BENAVIDES, JANIE	2021-04-01	1399OPENAXESSGOLD	EE	\$653.81
BENAVIDES, JANIE	2021-04-01	GUARDLOW	EE	\$29.44
CAGLE, TARA	2022-01-01	1399OPENAXESSGOLD	EE	\$653.81
CAGLE, TARA	2022-01-01	GUARDHIGH	EE	\$47.61
CAGLE, TARA	2022-01-01	VSP	EE	\$8.75
CATRON, JOSEPH	2021-08-01	1399OPENAXESSGOLD	EC2	\$1307.62
CATRON, JOSEPH	2021-08-01	GUARDHIGH	EC2	\$117.99
CATRON, JOSEPH	2021-08-01	VSP	EC2	\$15.02
DIAZ, GRACE	2022-01-01	1399OPENAXESSGOLD	EE	\$653.81
DIAZ, GRACE	2022-01-01	GUARDHIGH	EE	\$47.61
PLEMONS, HEATHER	2022-08-01	1399OPENAXESSGOLD	EE	\$653.81
PLEMONS, HEATHER	2022-09-01	GUARDLOW	EE	\$29.44
PLEMONS, HEATHER	2022-09-01	VSP	EE	\$8.75
SCOTT, CATHERINE	2021-01-01	1399OPENAXESSGOLD	EE	\$653.81
SCOTT, CATHERINE	2021-01-01	GUARDHIGH	EE	\$47.61
SCOTT, CATHERINE	2021-01-01	VSP	EE	\$8.75

**MEDICAL PLAN COUNTS**

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



## Account Services

### Monthly Statement

STAT EXPERTS  
4455 Brookfield Corporate Dr  
Chantilly, VA 20151

Invoice Number: 4598-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0397DENTAL	Employee Only	20	\$36.68	\$733.60
0397DENTAL	Employee & Spouse Only	3	\$73.36	\$220.08
0397DENTAL	Employee & Children	1	\$88.03	\$88.03
0397DENTAL	Family	2	\$143.58	\$287.16
0397VIS	Employee Only	25	\$12.94	\$323.50
0397VIS	Employee & Spouse Only	2	\$30.19	\$60.38
0397VIS	Employee & Children	3	\$24.44	\$73.32
0397VIS	Family	3	\$35.94	\$107.82
ADD	Employee Only	7	\$3.36**	\$24.78
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
LIFE	Employee Only	11	\$9.70**	\$300.95
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$2,275.98

**STAT EXPERTS**

4455 Brookfield Corporate Dr

Chantilly, VA 20151

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ABSALON, ALLEN	2021-12-01	0397VIS	FAM	\$35.94
ABSALON, ALLEN	2021-12-01	0397DENTAL	FAM	\$143.58
ANDREWS, CARLOS	2021-12-01	0397VIS	EE	\$12.94
ANDREWS, CARLOS	2021-12-01	0397DENTAL	EE	\$36.68
BATES, STEPHEN	2021-12-01	0397VIS	EE	\$12.94
BROWN, ANTHEA	2021-12-01	ADD		\$2.10
BROWN, ANTHEA	2022-09-01	LIFE		\$4.50
CAPPENDYCK, STEVEN	2021-12-01	LIFE		\$11.58
CAPPENDYCK, STEVEN	2021-12-01	0397VIS	FAM	\$35.94
CHAHARBAGHI, HAMED	2021-12-01	0397VIS	ES	\$30.19
CHAHARBAGHI, HAMED	2021-12-01	0397DENTAL	ES	\$73.36
COX, TERESA	2021-12-01	LIFE		\$59.28
DAVIS, DARIUS	2021-12-01	0397VIS	EC	\$24.44
DAVIS, KHADIJA	2021-12-01	0397VIS	EC	\$24.44
FRANCHINI, AARON	2021-12-01	0397VIS	EE	\$12.94
FRENZEL, DAVID	2021-12-01	0397VIS	EE	\$12.94
GOLDSTEIN, SHANNON	2021-12-01	0397VIS	EE	\$12.94
GOLDSTEIN, SHANNON	2021-12-01	0397DENTAL	EE	\$36.68
HAMILTON, JR, BRUCE	2021-12-01	LIFE		\$59.28
HAMILTON, JR, BRUCE	2021-12-01	0397VIS	FAM	\$35.94
HAMILTON, JR, BRUCE	2021-12-01	0397DENTAL	FAM	\$143.58
HARRIS III, WILLIAM	2022-01-31	0397VIS	EE	\$12.94
HASKINS, CHRISTINA	2021-12-01	0397VIS	EC	\$24.44

**STAT EXPERTS**

4455 Brookfield Corporate Dr

Chantilly, VA 20151

**CURRENT MONTH ENROLLMENT (CONTINUED)**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HASKINS, CHRISTINA	2021-12-01	0397DENTAL	EC	\$88.03
HOLT, WILLIAM	2021-12-01	0397VIS	EE	\$12.94
HOLT, WILLIAM	2021-12-01	0397DENTAL	EE	\$36.68
HUSSAINI, TAMEEM	2021-12-01	0397DENTAL	ES	\$73.36
JACKSON, JOSEPH	2021-12-01	0397VIS	EE	\$12.94
JEFFERSON, ERICK	2021-12-01	0397VIS	EE	\$12.94
JEFFERSON, ERICK	2021-12-01	0397DENTAL	EE	\$36.68
JENNINGS, CHESTER	2022-04-01	0397VIS	EE	\$12.94
JENNINGS, CHESTER	2022-04-01	0397DENTAL	EE	\$36.68
JENNINGS, CHESTER	2022-04-01	ADD		\$7.14
JENNINGS, CHESTER	2022-04-01	LIFE		\$21.01
JONES, CHARLIE	2021-12-01	ADD		\$4.62
KLEIN, BROY	2021-12-01	ADD		\$3.36
KLEIN, BROY	2021-12-01	LIFE		\$7.20
KLEIN, BROY	2021-12-01	0397DENTAL	EE	\$36.68
LAUER, KURT	2021-12-01	0397VIS	EE	\$12.94
LURKS, LATOYA	2021-12-01	0397VIS	EE	\$12.94
MAZUR, MARTHA	2022-01-01	0397DENTAL	EE	\$36.68
MCCABE, KELLY	2021-12-01	0397VIS	EE	\$12.94
MCCABE, KELLY	2021-12-01	0397DENTAL	EE	\$36.68
MCCABE, SEAN	2021-12-01	0397DENTAL	EE	\$36.68
MCKOY, VICTOR	2021-12-01	0397VIS	EE	\$12.94

STAT EXPERTS  
4455 Brookfield Corporate Dr  
Chantilly, VA 20151

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MCKOY, VICTOR	2021-12-01	0397DENTAL	EE	\$36.68
MCTEER, SEAN	2021-12-01	0397VIS	EE	\$12.94
MCTEER, SEAN	2021-12-01	0397DENTAL	EE	\$36.68
MCTEER, SEAN	2021-12-01	ADD		\$2.10
MOOD, AIMEE	2021-12-01	LIFE		\$41.25
MOOD, AIMEE	2021-12-01	0397VIS	ES	\$30.19
MOOD, AIMEE	2021-12-01	0397DENTAL	ES	\$73.36
MYERS, SANDRA	2021-12-01	ADD		\$4.20
MYERS, SANDRA	2021-12-01	LIFE		\$35.75
MYERS, SANDRA	2021-12-01	0397VIS	EE	\$12.94
MYERS, SANDRA	2021-12-01	0397DENTAL	EE	\$36.68
NABER, TALIB	2021-12-01	0397VIS	EE	\$12.94
NABER, TALIB	2021-12-01	0397DENTAL	EE	\$36.68
NABER, TALIB	2021-12-01	ADD		\$1.26
RIVERS, ALEXXUS	2021-12-01	0397VIS	EE	\$12.94
RIVERS, ALEXXUS	2021-12-01	0397DENTAL	EE	\$36.68
ROBINSON, CATHY	2021-12-01	0397VIS	EE	\$12.94
ROBINSON, CATHY	2021-12-01	0397DENTAL	EE	\$36.68
ROBINSON, GEORGENA	2022-08-01	0397VIS	EE	\$12.94
ROBINSON, GEORGENA	2022-08-01	0397DENTAL	EE	\$36.68
ROBINSON, GEORGENA	2022-08-01	LIFE		\$7.20
RODRIGUEZ, JANET	2022-06-01	LIFE		\$4.50
SHAH, VIPUL	2021-12-01	LIFE		\$49.40
SHAH, VIPUL	2021-12-01	0397VIS	EE	\$12.94
SPANN, BRANDON	2021-12-01	0397DENTAL	EE	\$36.68

**STAT EXPERTS**

4455 Brookfield Corporate Dr

Chantilly, VA 20151

**CURRENT MONTH ENROLLMENT (CONTINUED)**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
THOMAS, MALCOLM	2022-03-01	0397DENTAL	EE	\$36.68
THOMAS, MALCOLM	2022-03-01	0397VIS	EE	\$12.94
THORNTON, THOMAS	2021-12-01	0397DENTAL	EE	\$36.68
TODD, ALEXIS	2021-12-01	0397VIS	EE	\$12.94
TURNER, TIMOTHY	2021-12-01	0397VIS	EE	\$12.94
WINSTON, JORDAN	2021-12-01	0397VIS	EE	\$12.94
WINSTON, JORDAN	2021-12-01	0397DENTAL	EE	\$36.68
YOUNGSIN, ALBERT	2021-02-01	GUARDHIGH	EE	\$47.61
YOUNGSIN, ALBERT	2021-02-01	VSP	EE	\$8.75

**MEDICAL PLAN COUNTS**

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



## Account Services

### Monthly Statement

STAYBRIDGE SUITES KANSAS CITY - INDEPENDENCE

Invoice Number: 6107-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$4.20**	\$9.24
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
LIFE	Employee Only	2	\$19.10**	\$78.38
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$344.32



STAYBRIDGE SUITES KANSAS CITY - INDEPENDENCE

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CARR, MICHELLE	2022-10-01	ADD		\$5.04
CARR, MICHELLE	2022-10-01	LIFE		\$59.28
CARR, MICHELLE	2022-10-01	GUARDHIGH	EE	\$47.61
CARR, MICHELLE	2022-10-01	VSP	EE	\$8.75
FLETCHER, THOMAS	2022-11-01	GUARDHIGH	EE	\$47.61
HAWKINS, ETTA	2022-10-01	VSP	EE	\$8.75
WESSEL, KENNA	2022-10-01	ADD		\$4.20
WESSEL, KENNA	2022-10-01	LIFE		\$19.10

STAYBRIDGE SUITES KANSAS CITY - INDEPENDENCE

,

## PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CARR, MICHELLE	2022-10-01	ADD		\$5.04
CARR, MICHELLE	2022-10-01	LIFE		\$59.28
CARR, MICHELLE	2022-10-01	GUARDHIGH	EE	\$47.61
HAWKINS, ETTA	2022-10-01	VSP	EE	\$8.75
WESSEL, KENNA	2022-10-01	ADD		\$4.20
WESSEL, KENNA	2022-10-01	LIFE		\$19.10

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

STAYBRIDGE SUITES RACINE

Invoice Number: 5540-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$146.17

STAYBRIDGE SUITES RACINE

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BROWN, DANILLIE	2022-04-01	GUARDHIGH	EE	\$47.61
VELAZQUEZ, ROGELIO	2022-03-01	GUARDHIGH	ES	\$89.81
VELAZQUEZ, ROGELIO	2022-03-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

STELLAR TRANSPORT  
4720 Salisbury Rd Ste 215  
JACKSONVILLE, FL 32256

Invoice Number: 4274-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$56.36

STELLAR TRANSPORT  
4720 Salisbury Rd Ste 215  
JACKSONVILLE, FL 32256

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DEJESUS, TOMAS	2022-07-01	GUARDHIGH	EE	\$47.61
DEJESUS, TOMAS	2022-07-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

SUBURBAN EXTENDED STAY HOTEL QUANTICO STAFFORD

Invoice Number:

6066-2022-1

Coverage Month:

NOV

Payment Due Date:

10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
30142OPENAXESSCOPP	Employee Only	1	\$535.44	\$535.44
ADD	Employee Only	1	\$4.20**	\$4.20
LIFE	Employee Only	1	\$14.30**	\$14.30
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$1,098.13

SUBURBAN EXTENDED STAY HOTEL QUANTICO STAFFORD

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ALDE, BENITA	2022-09-01	30142OPENAXESSCOPP	EE	\$535.44
JACKSON, ANNA	2022-08-01	ADD		\$4.20
JACKSON, ANNA	2022-08-01	LIFE		\$14.30
JACKSON, ANNA	2022-08-01	VSP	EE	\$8.75



SUBURBAN EXTENDED STAY HOTEL QUANTICO STAFFORD

,

PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ALDE, BENITA	2022-09-01	30142OPENAXESSCOPP	EE	\$535.44

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

SUPERCUTS MIAMI  
3193 MARY STREET  
MIAMI, FL 33133

Invoice Number: 4099-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$1.26**	\$1.26
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDLOW	Employee Only	2	\$29.44	\$58.88
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$172.86

SUPERCUTS MIAMI  
3193 MARY STREET  
MIAMI, FL 33133

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CLAY, ARLENE	2022-01-01	VSP	EE	\$8.75
MODESTI, JOHANNA	2022-01-01	ADD		\$1.26
NIEBLA, VERONICA	06/01/2019	GUARDHIGH	EE	\$47.61
RODRIGUEZ VIAMONTES, ROSA	05/01/2019	GUARDLOW	EE	\$29.44
RODRIGUEZ VIAMONTES, ROSA	05/01/2019	VSP	EE	\$8.75
TARGAN, CHRISTINE	2019-05-01	GUARDLOW	EE	\$29.44
UCANAN, FELICITA	2019-05-01	GUARDHIGH	EE	\$47.61

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

SUPERCUTS MURRO OF FLEMINGTON  
32 ROUTE 31 SUITE 400  
FLEMINGTON, NJ 08822

Invoice Number: 4143-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1159OPENAXESSPREMI	Employee Only	1	\$498.36	\$498.36
ADD	Employee Only	1	\$0.42**	\$0.42
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$507.53

SUPERCUTS MURRO OF FLEMINGTON  
32 ROUTE 31 SUITE 400  
FLEMINGTON, NJ 08822

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GRAY, KELLY	2020-01-01	1159OPENAXESSPREMI	EE	\$498.36
GRAY, KELLY	2020-01-01	ADD		\$0.42
SCARANO, SARAH	2019-01-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

SUPERCUTS PHOENIX  
8205 S Priest Dr #12586  
TEMPE, AZ 85284

Invoice Number: 4080-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$6.30**	\$27.30
GUARDHIGH	Employee Only	4	\$47.61	\$190.44
GUARDHIGH	Employee & Children	1	\$0.00	\$117.99
GUARDLOW	Employee Only	1	\$29.44	\$29.44
GUARDLOW	Employee & Spouse Only	1	\$0.00	\$55.54
LIFE	Employee Only	1	\$180.36**	\$180.36
VSP	Employee Only	5	\$8.75	\$43.75
VSP	Employee & Spouse Only	1	\$0.00	\$14.73
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$674.57

SUPERCUTS PHOENIX  
8205 S Priest Dr #12586  
TEMPE, AZ 85284

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ABLES, HILLARY	2022-08-01	GUARDLOW	ES	\$55.54
ABLES, HILLARY	2022-08-01	VSP	ES	\$14.73
BROWN, STACIE	2022-01-01	GUARDLOW	EE	\$29.44
BROWN, STACIE	2022-01-01	VSP	EE	\$8.75
CASTRO, EDWARD	2022-07-01	ADD		\$6.30
CASTRO, EDWARD	2022-07-01	GUARDHIGH	EE	\$47.61
CASTRO, EDWARD	2022-07-01	VSP	EE	\$8.75
CUELLAR-PARAMO, ROCIO	2022-07-01	VSP	EE	\$8.75
KULAGA, COLLEEN	2022-08-01	GUARDHIGH	EE	\$47.61
KULAGA, COLLEEN	2022-08-01	VSP	EE	\$8.75
MARTINEZ TEUSCHER, MARIA	2022-01-01	GUARDHIGH	EE	\$47.61
MARTINEZ TEUSCHER, MARIA	2022-01-01	VSP	EE	\$8.75
RAMLJAK, IVANA	2022-06-01	VSP	EC2	\$15.02
RAMLJAK, IVANA	2022-06-01	GUARDHIGH	EC2	\$117.99
TEUSCHER KRUGER, TERESA	2022-01-01	ADD		\$21.00
TEUSCHER KRUGER, TERESA	2022-01-01	GUARDHIGH	EE	\$47.61
TEUSCHER KRUGER, TERESA	2022-01-01	LIFE		\$180.36

**MEDICAL PLAN COUNTS**

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



## Account Services

### Monthly Statement

SURE STAY HOTEL BY BEST WESTERN GREENVILLE IL

Invoice Number: 5705-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$2.10**	\$2.10
LIFE	Employee Only	1	\$7.20**	\$7.20
GRAND TOTAL				\$9.30



SURE STAY HOTEL BY BEST WESTERN GREENVILLE IL

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
INTRAVAIA, ALLESSANDRA	2022-09-01	ADD		\$2.10
INTRAVAIA, ALLESSANDRA	2022-09-01	LIFE		\$7.20

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

SURESTAY PLUS BY BEST WESTERN MORGANTOWN  
15 Lawless Rd  
MORGANTOWN, WV 26501

Invoice Number: 4262-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$56.36

## SURESTAY PLUS BY BEST WESTERN MORGANTOWN

15 Lawless Rd

MORGANTOWN, WV 26501

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
RUSSELL, MARK	2022-01-01	GUARDHIGH	EE	\$47.61
RUSSELL, MARK	2022-01-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

SWA GROUP  
2200 BRIDGEWAY  
SAUSALITO, CA 94965

Invoice Number: 4556-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1902OPENAXESSPLATI	Employee Only	2	\$784.57	\$1,569.14
1902OPENAXESSPLATI	Employee & Spouse Only	1	\$0.00	\$1,569.14
ADD	Employee Only	1	\$2.10**	\$2.10
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee & Spouse Only	1	\$55.54	\$55.54
LIFE	Employee Only	1	\$4.00**	\$4.00
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$3,256.28

SWA GROUP  
2200 BRIDGEWAY  
SAUSALITO, CA 94965

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DOMLESKY, ANYA	2022-02-01	1902OPENAXESSPLATI	EE	\$784.57
LINDLEY, CARSON	2022-02-01	1902OPENAXESSPLATI	EE	\$784.57
LINDLEY, CARSON	2022-02-01	ADD		\$2.10
LINDLEY, CARSON	2022-02-01	GUARDHIGH	EE	\$47.61
LINDLEY, CARSON	2022-02-01	LIFE		\$4.00
WALDO, BENJAMIN	2022-07-01	GUARDLOW	ES	\$55.54
WALDO, BENJAMIN	2022-07-01	1902OPENAXESSPLATI	ES	\$1569.14
WALDO, BENJAMIN	2022-07-01	VSP	EE	\$8.75

**MEDICAL PLAN COUNTS**

Employee Only	2
Employee & Spouse	1
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

TALEM HOME CARE  
80 GARDEN CTR  
BROOMFIELD, CO 80020

Invoice Number: 4230-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$21.00**	\$21.00
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee Only	1	\$29.44	\$29.44
GUARDLOW	Family	1	\$100.74	\$100.74
OPENAXESSBRONZE	Family	1	\$1,332.08	\$1,332.08
OPENAXESSGOLD	Employee Only	2	\$588.38	\$1,176.76
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$2,725.13

TALEM HOME CARE  
80 GARDEN CTR  
BROOMFIELD, CO 80020

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CRUTCHER, RANDALL	2022-01-01	OPENAXESSBRONZE	FAM	\$1332.08
CRUTCHER, RANDALL	2022-01-01	ADD		\$21.00
CRUTCHER, RANDALL	2022-01-01	GUARDLOW	FAM	\$100.74
PIERCE, LAURA	2022-01-01	OPENAXESSGOLD	EE	\$588.38
PIERCE, LAURA	2022-01-01	GUARDLOW	EE	\$29.44
PIERCE, LAURA	2022-01-01	VSP	EE	\$8.75
PIERCE, MICHAEL	2022-01-01	OPENAXESSGOLD	EE	\$588.38
PIERCE, MICHAEL	2022-01-01	GUARDHIGH	EE	\$47.61
PIERCE, MICHAEL	2022-01-01	VSP	EE	\$8.75

**MEDICAL PLAN COUNTS**

Employee Only	2
Employee & Spouse	0
Employee & Children	0
Family	1



## Account Services

### Monthly Statement

TALEM HOME CARE - BROOMFIELD  
80 GARDEN CTR SUITE A6  
BROOMFIELD, CO 80020

Invoice Number: 4231-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
OPENAXESSCOPPER	Employee Only	1	\$399.75	\$399.75
OPENAXESSSILVER	Employee Only	1	\$493.36	\$493.36
			GRAND TOTAL	\$893.11



TALEM HOME CARE - BROOMFIELD  
80 GARDEN CTR SUITE A6  
BROOMFIELD, CO 80020

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SHAW-PATTON, BECKIE	2020-05-01	OPENAXESSCOPPER	EE	\$399.75
VALDEZ, ROBERT	2020-05-01	OPENAXESSSILVER	EE	\$493.36

## MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	0
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

TALEM HOME CARE - COLORADO SPRINGS  
3230 E WOODMEN RD SUITE 110 G  
COLORADO SPRINGS, CO 80920

Invoice Number: 4258-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
OPENAXESSGOLD	Employee Only	1	\$588.38	\$588.38
			GRAND TOTAL	\$635.99

TALEM HOME CARE - COLORADO SPRINGS  
3230 E WOODMEN RD SUITE 110 G  
COLORADO SPRINGS, CO 80920

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
WEST, SHAIENE	2021-07-01	OPENAXESSGOLD	EE	\$588.38
WEST, SHAIENE	2021-01-01	GUARDHIGH	EE	\$47.61

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

TALEM HOME CARE - DENVER  
3600 S BEELER ST. SUITE 320  
DENVER, CO 80237

Invoice Number: 4239-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee Only	1	\$29.44	\$29.44
OPENAXESSBRONZE	Employee Only	1	\$438.62	\$438.62
OPENAXESSCOPPER	Employee Only	1	\$399.75	\$399.75
			GRAND TOTAL	\$915.42

TALEM HOME CARE - DENVER  
3600 S BEELER ST. SUITE 320  
DENVER, CO 80237

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
COLANGELO, MARIAH	2022-01-01	OPENAXESSBRONZE	EE	\$438.62
COLANGELO, MARIAH	2022-01-01	GUARDLOW	EE	\$29.44
ROGERS, MATTHEW	2022-01-01	OPENAXESSCOPPER	EE	\$399.75
ROGERS, MATTHEW	2022-01-01	GUARDHIGH	EE	\$47.61

## MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	0
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

TALEM HOME CARE - FORT COLLINS  
2601 S LEMAY AVE SUITE 33  
FORT COLLINS, CO 80525

Invoice Number: 4273-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee Only	1	\$29.44	\$29.44
OPENAXESSBRONZE	Family	1	\$1,332.08	\$1,332.08
OPENAXESSGOLD	Employee Only	1	\$588.38	\$588.38
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$2,142.59

TALEM HOME CARE - FORT COLLINS  
 2601 S LEMAY AVE SUITE 33  
 FORT COLLINS, CO 80525

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KOWALSKI, MARCY	2021-11-01	OPENAXESSBRONZE	FAM	\$1332.08
KOWALSKI, MARCY	2021-11-01	GUARDHIGH	FAM	\$160.18
KOWALSKI, MARCY	2021-11-01	VSP	FAM	\$23.76
METZ, MIKAYLA	2022-04-01	OPENAXESSGOLD	EE	\$588.38
METZ, MIKAYLA	2022-04-01	GUARDLOW	EE	\$29.44
METZ, MIKAYLA	2022-04-01	VSP	EE	\$8.75

**MEDICAL PLAN COUNTS**

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



## Account Services

### Monthly Statement

TALEM HOME CARE - MILWAUKEE  
10335 W. Oklahoma Ave  
MILWAUKEE, WI 53227

Invoice Number: 4232-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
LIFE	Employee Only	1	\$1.28**	\$9.55
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$65.91



TALEM HOME CARE - MILWAUKEE  
10335 W. Oklahoma Ave  
MILWAUKEE, WI 53227

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
WEATHERS, LYNETTE	2022-05-01	LIFE		\$9.55
WEATHERS, LYNETTE	2022-05-01	GUARDHIGH	EE	\$47.61
WEATHERS, LYNETTE	2022-05-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

TALEM HOME CARE - NASHVILLE

Invoice Number: 5790-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$5.88**	\$5.88
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee Only	1	\$29.44	\$29.44
LIFE	Employee Only	1	\$3.20**	\$3.20
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$94.88

TALEM HOME CARE - NASHVILLE

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CHAMBERS, ANGELICA	2022-07-01	LIFE		\$3.20
CHAMBERS, ANGELICA	2022-07-01	GUARDLOW	EE	\$29.44
CHAMBERS, ANGELICA	2022-07-01	VSP	EE	\$8.75
CONNER, STELLA	2022-05-01	ADD		\$5.88
MARTIN, TIFFANY	2022-09-01	GUARDHIGH	EE	\$47.61

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

TALENT PRO  
6707 DEMOCRACY BLVD. STE. 905  
BETHESDA, MD 20817

Invoice Number: 4694-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	3	\$47.61	\$142.83
LIFE	Employee Only	1	\$6.00**	\$6.00
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$166.33

TALENT PRO  
6707 DEMOCRACY BLVD. STE. 905  
BETHESDA, MD 20817

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DELCID, CARLOS	2022-11-01	LIFE		\$6.00
DELCID, CARLOS	2022-11-01	GUARDHIGH	EE	\$47.61
FAKIR, MOHAMMAD	2022-03-01	GUARDHIGH	EE	\$47.61
MUSAH, IBRAHIM	2022-01-01	VSP	EE	\$8.75
THOMAS, DANIELLE	2018-02-01	GUARDHIGH	EE	\$47.61
THOMAS, DANIELLE	2018-12-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

TALENTUITION  
8340 NORTHFIELD BLVD  
DENVER, CO 80238

Invoice Number: 4081-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0993OPENAXESSBRONZ	Employee Only	1	\$487.36	\$487.36
GUARDLOW	Employee Only	1	\$29.44	\$29.44
GRAND TOTAL				\$516.80

TALENTUITION  
8340 NORTHFIELD BLVD  
DENVER, CO 80238

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GAFFNEY, GRETCHEN	2021-01-01	0993OPENAXESSBRONZ EE		\$487.36
GAFFNEY, GRETCHEN	2020-01-01	GUARDLOW	EE	\$29.44

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

TECH CHAIN SOFTWARE

Invoice Number: 5549-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1920OPENAXESSPLATI	Family	2	\$2,589.09	\$5,178.18
1920OPENAXESSILVE	Employee Only	1	\$603.00	\$603.00
ADD	Employee Only	4	\$4.20**	\$75.60
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee Only	1	\$29.44	\$29.44
GUARDLOW	Family	1	\$100.74	\$100.74
LIFE	Employee Only	4	\$14.40**	\$49.85
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$6,249.50



**TECH CHAIN SOFTWARE**

,

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CUMMINGS, WILLIAM	2022-06-01	ADD		\$4.20
CUMMINGS, WILLIAM	2022-06-01	LIFE		\$14.40
GHANCHI, NIDA	2022-02-01	ADD		\$42.00
GHANCHI, NIDA	2022-02-01	GUARDHIGH	FAM	\$160.18
GHANCHI, NIDA	2022-02-01	VSP	FAM	\$23.76
GHANCHI, NIDA	2022-02-01	LIFE		\$13.05
GHANCHI, NIDA	2022-06-01	1920OPENAXESSPLATI	FAM	\$2589.09
LE, MINDY	2022-03-01	GUARDLOW	EE	\$29.44
LE, MINDY	2022-03-01	VSP	EE	\$8.75
LE, MINDY	2022-06-01	1920OPENAXESSILVE	EE	\$603.00
MALIK, SHAHZAD	2022-03-01	ADD		\$21.00
MALIK, SHAHZAD	2022-03-01	GUARDLOW	FAM	\$100.74
MALIK, SHAHZAD	2022-03-01	1920OPENAXESSPLATI	FAM	\$2589.09
MALIK, SHAHZAD	2022-03-01	LIFE		\$10.80
RAMIREZ, MERY	2022-03-01	ADD		\$8.40
RAMIREZ, MERY	2022-03-01	LIFE		\$11.60

TECH CHAIN SOFTWARE

,

PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
RAMIREZ, MERY	2022-03-01	ADD		\$8.40
RAMIREZ, MERY	2022-03-01	LIFE		\$11.60

## MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	2



## Account Services

### Monthly Statement

TEMUJIN 11 CT, LLC DBA SUPERCUTS  
800 Westchester Avenue  
Rye Brook, NY 10573

Invoice Number: 4722-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0893OPENAXESSCOPPE	Employee Only	1	\$495.83	\$495.83
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$552.19

TEMUJIN 11 CT, LLC DBA SUPERCUTS  
800 Westchester Avenue  
Rye Brook, NY 10573

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CALLAHAN, ALISON	2021-09-01	0893OPENAXESSCOPPE	EE	\$495.83
LINDROTH, LISSA	2022-01-01	GUARDHIGH	EE	\$47.61
LINDROTH, LISSA	2022-01-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

TEMUJIN 2 NY, LLC DBA SUPERCUTS  
800 Westchester Avenue  
Rye Brook, NY 10573

Invoice Number: 4720-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0893OPENAXESSGOLD	Employee Only	1	\$0.00	\$719.19
GUARDLOW	Employee Only	2	\$29.44	\$58.88
			GRAND TOTAL	\$778.07

TEMUJIN 2 NY, LLC DBA SUPERCUTS  
800 Westchester Avenue  
Rye Brook, NY 10573

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BARTICCIOTTO, JULI	2022-01-01	GUARDLOW	EE	\$29.44
GRANGER, LASHAWNE	2022-06-01	GUARDLOW	EE	\$29.44
GRANGER, LASHAWNE	2022-06-01	0893OPENAXESSGOLD	EE	\$719.19

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

TEMUJIN 3 NY, LLC DBA SUPERCUTS  
800 Westchester Avenue  
Rye Brook, NY 10573

Invoice Number: 4713-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0893OPENAXESSGOLD	Employee Only	1	\$719.19	\$719.19
0893OPENAXESSGOLD	Employee & Spouse Only	1	\$1,438.38	\$1,438.38
0893OPENAXESSILVE	Employee Only	1	\$603.00	\$603.00
ADD	Employee Only	2	\$8.40**	\$29.40
GUARDLOW	Employee Only	1	\$29.44	\$29.44
GUARDLOW	Employee & Spouse Only	1	\$55.54	\$55.54
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$2,883.70

TEMUJIN 3 NY, LLC DBA SUPERCUTS  
 800 Westchester Avenue  
 Rye Brook, NY 10573

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
AUSTIN, MAHOGANY	2022-04-01	ADD		\$8.40
HAMZIC, MIRSA DA	2022-01-01	0893OPENAXESSILVE	EE	\$603.00
KAALUND, IRENE	2022-01-01	ADD		\$21.00
LICATA, BRIAN	2022-01-01	GUARDLOW	ES	\$55.54
LICATA, BRIAN	2022-01-01	0893OPENAXESSGOLD	ES	\$1438.38
MCCABE, IVANILDA	2020-06-01	VSP	EE	\$8.75
MERRIMAN, KATHARINE	2022-01-01	GUARDLOW	EE	\$29.44
MERRIMAN, KATHARINE	2022-01-01	0893OPENAXESSGOLD	EE	\$719.19

**MEDICAL PLAN COUNTS**

Employee Only	2
Employee & Spouse	1
Employee & Children	0
Family	0





## Account Services

### Monthly Statement

TEMUJIN 4 NY DBA SUPERCUTS  
800 Westchester Avenue  
Rye Brook, NY 10573

Invoice Number: 4111-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0893OPENAXESSCOPPE	Employee Only	1	\$495.83	\$495.83
0893OPENAXESSILVE	Employee Only	2	\$603.00	\$1,206.00
ADD	Employee Only	2	\$0.84**	\$2.10
GUARDLOW	Employee Only	3	\$29.44	\$88.32
VSP	Employee Only	1	\$8.75	\$8.75
GRAND TOTAL				\$1,801.00

TEMUJIN 4 NY DBA SUPERCUTS

800 Westchester Avenue

Rye Brook, NY 10573

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HUYNH, TUYEN	2019-07-01	GUARDLOW	EE	\$29.44
HUYNH, TUYEN	2021-09-01	0893OPENAXESSCOPPE	EE	\$495.83
SCIDA, JULIE	2022-01-01	ADD		\$1.26
SCIDA, JULIE	2022-01-01	GUARDLOW	EE	\$29.44
SCIDA, JULIE	2022-01-01	0893OPENAXESSSILVE	EE	\$603.00
TRAINO, MICHELLE	2019-07-01	GUARDLOW	EE	\$29.44
TRAINO, MICHELLE	2021-09-01	0893OPENAXESSSILVE	EE	\$603.00
WOLF, EMILY	2022-03-01	ADD		\$0.84
WOLF, EMILY	2022-03-01	VSP	EE	\$8.75

**MEDICAL PLAN COUNTS**

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



## Account Services

### Monthly Statement

TEMUJIN 5 NY DBA SUPERCUTS  
800 Westchester Avenue  
Rye Brook, NY 10573

Invoice Number: 4112-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0893OPENAXESSCOPPE	Employee Only	1	\$495.83	\$495.83
0893OPENAXESSGOLD	Employee Only	1	\$719.19	\$719.19
0893OPENAXESSILVE	Employee Only	1	\$603.00	\$603.00
ADD	Employee Only	2	\$42.00**	\$63.42
GUARDHIGH	Employee Only	3	\$47.61	\$142.83
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDLOW	Employee Only	3	\$29.44	\$88.32
LIFE	Employee Only	1	\$27.70**	\$13.05
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$2,238.93

TEMUJIN 5 NY DBA SUPERCUTS

800 Westchester Avenue

Rye Brook, NY 10573

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
COON, RONALD	2020-10-01	GUARDLOW	EE	\$29.44
CZAPLINSKI, SHANNON	2021-11-01	LIFE		\$13.05
LITWINSKI, SHELLEY	2021-11-01	ADD		\$21.42
LITWINSKI, SHELLEY	2021-01-01	GUARDHIGH	EE	\$47.61
LITWINSKI, SHELLEY	2021-09-01	0893OPENAXESSGOLD	EE	\$719.19
LITWINSKI, SHELLEY	2020-01-01	VSP	ES	\$14.73
LUZAK, AMANDA	2022-01-01	GUARDHIGH	EE	\$47.61
MYERS, JASMINE	2022-05-01	GUARDHIGH	EE	\$47.61
PITZ, JOYCE	2021-11-01	ADD		\$42.00
PITZ, JOYCE	2020-08-01	GUARDHIGH	ES	\$89.81
PITZ, JOYCE	2021-09-01	0893OPENAXESSCOPPE	EE	\$495.83
SCHULER, LEAH	2020-10-01	GUARDLOW	EE	\$29.44
SCHULER, LEAH	2019-08-01	VSP	EE	\$8.75
SNYDER, TAMARA	2022-01-01	GUARDLOW	EE	\$29.44
SNYDER, TAMARA	2022-01-01	0893OPENAXESSILVE	EE	\$603.00

MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

TEMUJIN ENTERPRISES 1 LLC , DBA SUPERCUTS  
800 Westchester Avenue  
Rye Brook, NY 10573

Invoice Number: 4723-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
			GRAND TOTAL	\$95.22

TEMUJIN ENTERPRISES 1 LLC , DBA SUPERCUTS

800 Westchester Avenue

Rye Brook, NY 10573

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MOORE, QUINCY	2022-04-01	GUARDHIGH	EE	\$47.61

TEMUJIN ENTERPRISES 1 LLC , DBA SUPERCUTS  
800 Westchester Avenue  
Rye Brook, NY 10573

## PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MOORE, QUINCY	2022-04-01	GUARDHIGH	EE	\$47.61

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

THE FLYING LOCKSMITHS OF JACKSONVILLE, FL  
7933 Baymeadows Way  
JACKSONVILLE, FL 32256

Invoice Number: 4587-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$6.30**	\$10.50
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
LIFE	Employee Only	2	\$39.60**	\$45.60
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$112.46



THE FLYING LOCKSMITHS OF JACKSONVILLE, FL  
7933 Baymeadows Way  
JACKSONVILLE, FL 32256

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BREWER, CARLIE	2022-01-01	ADD		\$4.20
BREWER, CARLIE	2022-01-01	GUARDHIGH	EE	\$47.61
BREWER, CARLIE	2022-01-01	VSP	EE	\$8.75
BREWER, CARLIE	2022-01-01	LIFE		\$6.00
SAMS, MARK	2022-03-01	ADD		\$6.30
SAMS, MARK	2022-03-01	LIFE		\$39.60

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

THE FLYING LOCKSMITHS OF MEMPHIS  
408 Cecilia Dr.  
MEMPHIS, TN 38117

Invoice Number: 4606-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee Only	3	\$29.44	\$88.32
LIFE	Employee Only	1	\$9.88**	\$9.88
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$163.31

THE FLYING LOCKSMITHS OF MEMPHIS

408 Cecilia Dr.

MEMPHIS, TN 38117

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BANDY, TERRY	2022-01-01	LIFE		\$9.88
BURT, ANDREW	2022-01-01	GUARDLOW	EE	\$29.44
EDWARDS, DAWN	2022-01-01	GUARDLOW	EE	\$29.44
EDWARDS, TIMOTHY	2022-01-01	GUARDLOW	EE	\$29.44
EDWARDS, TIMOTHY	2022-01-01	VSP	EE	\$8.75
SHAW, JOHNATHAN	2022-01-01	GUARDHIGH	EE	\$47.61
SHAW, JOHNATHAN	2022-01-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

THE FLYING LOCKSMITHS- NASHVILLE EAST  
814 S Church St. Suite 110  
Murfreesboro, TN 37130

Invoice Number: 4748-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
GUARDLOW	Employee & Spouse Only	1	\$55.54	\$55.54
LIFE	Employee Only	1	\$71.63**	\$71.63
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$165.36

THE FLYING LOCKSMITHS- NASHVILLE EAST  
814 S Church St. Suite 110  
Murfreesboro, TN 37130

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
LEGATO III, ROBERT	2021-01-01	GUARDLOW	EE	\$29.44
LEGATO III, ROBERT	2021-01-01	VSP	EE	\$8.75
LEGATO JR., ROBERT	2020-06-01	GUARDLOW	ES	\$55.54
LEGATO JR., ROBERT	2020-01-01	LIFE		\$71.63

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

THE LAW OFFICES OF MICHAEL SHAWN  
929 Alton Rd Ste 500  
MIAMI BEACH, FL 33139

Invoice Number: 4482-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1803OPENAXESSPLATI	Employee & Spouse Only	1	\$1,726.05	\$1,726.05
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GRAND TOTAL				\$1,815.86

THE LAW OFFICES OF MICHAEL SHAWN  
929 Alton Rd Ste 500  
MIAMI BEACH, FL 33139

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SHAWN, MICHAEL	2022-01-01	GUARDHIGH	ES	\$89.81
SHAWN, MICHAEL	2022-01-01	1803OPENAXESSPLATI	ES	\$1726.05

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

TROUTBROOK DEVELOPMENT LLC  
18 EAST 87TH - GROUND FLOOR  
NEW YORK, NY 10128

Invoice Number: 4599-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0401OPENAXESSGOLD	Employee Only	1	\$443.13	\$443.13
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$472.57



TROUTBROOK DEVELOPMENT LLC  
18 EAST 87TH - GROUND FLOOR  
NEW YORK, NY 10128

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
TORAL, GABRIELA	2021-01-01	0401OPENAXESSGOLD	EE	\$443.13
TORAL, GABRIELA	2021-11-01	GUARDLOW	EE	\$29.44

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

UNITED PREMIUM FOODS  
1 AMBOY AVE  
WOODBIDGE, NJ 07095

Invoice Number: 4311-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1581OPENAXESSBRONZ	Employee Only	1	\$467.36	\$467.36
1581OPENAXESSBRONZ	Employee & Spouse Only	1	\$986.92	\$986.92
1581OPENAXESSBRONZ	Employee & Children	1	\$986.92	\$986.92
1581OPENAXESSBRONZ	Family	4	\$1,480.09	\$5,920.36
1581OPENAXESSGOLD	Employee Only	2	\$633.81	\$1,267.62
1581OPENAXESSGOLD	Employee & Spouse Only	1	\$1,307.62	\$1,307.62
1581OPENAXESSGOLD	Family	2	\$1,961.43	\$3,922.86
1581OPENAXESSSILVE	Employee Only	1	\$0.00	\$528.18
ADD	Employee Only	6	\$2.52**	\$33.60
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDHIGH	Employee & Children	1	\$89.81	\$89.81
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee Only	1	\$29.44	\$29.44
GUARDLOW	Employee & Spouse Only	2	\$55.54	\$111.08
GUARDLOW	Family	6	\$100.74	\$604.44
LIFE	Employee Only	1	\$7.80**	\$7.80
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Employee & Spouse Only	3	\$14.73	\$44.19
VSP	Employee & Children	2	\$15.02	\$30.04
VSP	Family	6	\$23.76	\$142.56
			GRAND TOTAL	\$16,787.15

UNITED PREMIUM FOODS  
1 AMBOY AVE  
WOODBIDGE, NJ 07095

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
AL ABSI, HAMZA	2022-05-01	1581OPENAXESSBRONZ FAM		\$1480.09
AL ABSI, HAMZA	2022-05-01	ADD		\$2.10
AL ABSI, HAMZA	2022-05-01	GUARDLOW	FAM	\$100.74
AL ABSI, HAMZA	2022-05-01	VSP	FAM	\$23.76
ANDREWS, MICHAEL	2022-01-01	1581OPENAXESSBRONZ FAM		\$1480.09
ANDREWS, MICHAEL	2022-01-01	VSP	ES	\$14.73
COX, MICHAEL	2021-02-01	1581OPENAXESSGOLD	FAM	\$1961.43
COX, MICHAEL	2021-02-01	GUARDLOW	FAM	\$100.74
COX, MICHAEL	2021-02-01	VSP	FAM	\$23.76
DUDITS, ANDREI	2022-10-01	1581OPENAXESSILVE	EE	\$528.18
DUDITS, ANDREI	2022-10-01	ADD		\$14.28
ENGROFF, HENRY	2022-01-01	1581OPENAXESSBRONZ ES		\$986.92
ENGROFF, HENRY	2022-01-01	ADD		\$2.10
ENGROFF, HENRY	2022-01-01	GUARDHIGH	ES	\$89.81
ENGROFF, HENRY	2022-01-01	LIFE		\$7.80
GORAYA, JANNA	2022-11-01	1581OPENAXESSGOLD	EE	\$633.81
GORAYA, JANNA	2022-11-01	ADD		\$2.10
GORAYA, JANNA	2022-11-01	GUARDLOW	ES	\$55.54
GORAYA, JANNA	2022-11-01	VSP	ES	\$14.73
HAMMER, JOSEPH	2022-07-01	GUARDLOW	FAM	\$100.74
HAMMER, JOSEPH	2022-07-01	VSP	FAM	\$23.76
LISTON, BRIAN	2021-02-01	1581OPENAXESSGOLD	FAM	\$1961.43
LISTON, BRIAN	2021-02-01	GUARDLOW	FAM	\$100.74
LISTON, BRIAN	2021-02-01	VSP	FAM	\$23.76
MARTIN, ROBERT	2022-01-01	1581OPENAXESSBRONZ EE		\$467.36
MARTIN, ROBERT	2022-01-01	GUARDLOW	EE	\$29.44
MAYER, KENNETH	2021-02-01	1581OPENAXESSGOLD	ES	\$1307.62

UNITED PREMIUM FOODS  
1 AMBOY AVE  
WOODBIDGE, NJ 07095

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MAYER, KENNETH	2021-02-01	GUARDLOW	ES	\$55.54
MAYER, KENNETH	2021-02-01	VSP	ES	\$14.73
NORRIS, EBONEE	2022-04-01	1581OPENAXESSGOLD	EE	\$633.81
NORRIS, EBONEE	2022-04-01	GUARDHIGH	EE	\$47.61
NORRIS, EBONEE	2022-04-01	VSP	EE	\$8.75
OGLESBY, CHARTOINE	2022-05-01	1581OPENAXESSBRONZ	EC2	\$986.92
OGLESBY, CHARTOINE	2022-05-01	GUARDLOW	FAM	\$100.74
OGLESBY, CHARTOINE	2022-05-01	VSP	EC2	\$15.02
POULSON, ALLYSON	2021-09-01	1581OPENAXESSBRONZ	FAM	\$1480.09
POULSON, ALLYSON	2021-09-01	GUARDHIGH	FAM	\$160.18
POULSON, ALLYSON	2021-09-01	VSP	FAM	\$23.76
SANCHEZ, NELFYS	2022-06-01	ADD		\$2.52
SANCHEZ, NELFYS	2022-06-01	GUARDHIGH	EC	\$89.81
SANCHEZ, NELFYS	2022-06-01	VSP	EC	\$15.02
YAE, JOHN	2022-09-01	1581OPENAXESSBRONZ	FAM	\$1480.09
YAE, JOHN	2022-09-01	ADD		\$10.50
YAE, JOHN	2022-09-01	GUARDLOW	FAM	\$100.74
YAE, JOHN	2022-09-01	VSP	FAM	\$23.76

MEDICAL PLAN COUNTS

Employee Only	4
Employee & Spouse	2
Employee & Children	0
Family	6



## Account Services

### Monthly Statement

UPSHIFT HR LLC

Invoice Number: 5548-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Family	2	\$160.18	\$320.36
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$344.12

UPSHIFT HR LLC

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HENRY, NICOLE	2022-03-01	GUARDHIGH	FAM	\$160.18
HENRY, NICOLE	2022-03-01	VSP	FAM	\$23.76
SEWARD, DARREN	2022-03-01	GUARDHIGH	FAM	\$160.18

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

VIA MODA GROUP  
2370 N Terrace Ave  
Milwaukee, WI 53211

Invoice Number: 4719-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0889OPENAXESSBRONZ	Employee Only	1	\$286.06	\$286.06
0889OPENAXESSBRONZ	Employee & Children	1	\$515.64	\$515.64
0889OPENAXESSBRONZ	Family	2	\$798.96	\$1,597.92
0889OPENAXESSBRONZ	Employee Only	3	\$286.06	\$858.18
0889OPENAXESSBRONZ	Family	1	\$798.96	\$798.96
0889OPENAXESSGOLDC	Employee Only	2	\$415.17	\$830.34
0889OPENAXESSGOLDS	Employee Only	2	\$415.17	\$830.34
ADD	Employee Only	1	\$21.00**	\$5.04
GUARDHIGH	Employee Only	5	\$47.61	\$238.05
GUARDHIGH	Employee & Children	1	\$117.99	\$117.99
GUARDLOW	Employee Only	2	\$29.44	\$58.88
GUARDLOW	Employee & Children	2	\$74.61	\$149.22
LIFE	Employee Only	2	\$22.92**	\$30.12
VSP	Employee Only	5	\$8.75	\$43.75
VSP	Employee & Children	1	\$15.02	\$15.02
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$6,399.27

VIA MODA GROUP  
2370 N Terrace Ave  
Milwaukee, WI 53211

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
COE, COLLETTE	2022-01-01	0889OPENAXESSBRONZ EE		\$286.06
COE, COLLETTE	2022-01-01	GUARDHIGH	EE	\$47.61
COE, COLLETTE	2022-01-01	VSP	EE	\$8.75
CRANK, KELSEY	2022-10-01	0889OPENAXESSGOLDC EE		\$415.17
CRANK, KELSEY	2022-10-01	ADD		\$5.04
CRANK, KELSEY	2022-10-01	LIFE		\$7.20
CRANK, KELSEY	2022-10-01	GUARDHIGH	EE	\$47.61
CRAPEAU, SARAH	2022-06-01	LIFE		\$22.92
GERLOFF ROUZAN, VICKI	2022-01-01	0889OPENAXESSBRONZ EE		\$286.06
HENDRICKS, GABRIELLE	2022-01-01	0889OPENAXESSGOLDS EE		\$415.17
HENDRICKS, GABRIELLE	2022-01-01	GUARDHIGH	EE	\$47.61
JONES, STEPHANIE	2022-03-24	0889OPENAXESSBRONZ FAM		\$798.96
JONES, STEPHANIE	2022-03-24	GUARDLOW	EC	\$74.61
JONES, STEPHANIE	2022-03-24	VSP	EE	\$8.75
KING, KAREN	2022-01-01	VSP	EE	\$8.75
MUELLER, CANDICE	2022-01-01	0889OPENAXESSGOLDC EE		\$415.17
MUELLER, CANDICE	2022-01-01	GUARDHIGH	EE	\$47.61
NELSON, JESSICA	2022-01-01	0889OPENAXESSBRONZ EE		\$286.06
ORCHEL, ALEXANDRA	2020-07-01	GUARDLOW	EE	\$29.44
ORCHEL, ALEXANDRA	2020-07-01	VSP	EE	\$8.75
RUSSELL, BETH	2022-01-01	0889OPENAXESSBRONZ EC2		\$515.64
RUSSELL, BETH	2022-01-01	GUARDLOW	EC2	\$74.61
SCHAUER, BAILLEY	2022-01-01	0889OPENAXESSGOLDS EE		\$415.17
SCHAUER, BAILLEY	2022-01-01	GUARDLOW	EE	\$29.44
SCHAUER, BAILLEY	2022-01-01	VSP	EE	\$8.75



VIA MODA GROUP  
2370 N Terrace Ave  
Milwaukee, WI 53211

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SCHROEDER, DEBRA	2022-01-01	0889OPENAXESSBRONZ FAM		\$798.96
SCHROEDER, DEBRA	2022-01-01	GUARDHIGH	EC2	\$117.99
SCHROEDER, DEBRA	2022-01-01	VSP	EC	\$15.02
SLOCK, JADEANN	2022-01-01	0889OPENAXESSBRONZ EE		\$286.06
TROLINGER, JESSICA	2022-01-01	GUARDHIGH	EE	\$47.61
VAN DE SYPE, MIRIAM	2022-01-01	0889OPENAXESSBRONZ FAM		\$798.96
VAN DE SYPE, MIRIAM	2022-01-01	VSP	FAM	\$23.76

MEDICAL PLAN COUNTS

Employee Only	8
Employee & Spouse	0
Employee & Children	0
Family	3



## Account Services

### Monthly Statement

VIB BY BEST WESTERN  
6201 N 24th Pkwy  
PHOENIX, AZ 85016

Invoice Number: 4382-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1678OPENAXESSGOLD	Family	1	\$1,961.43	\$1,961.43
1678OPENAXESSPLATI	Employee Only	5	\$784.50	\$3,922.50
1678OPENAXESSPLATI	Family	1	\$2,353.72	\$2,353.72
1678OPENAXESSILVE	Employee Only	1	\$548.18	\$548.18
ADD	Employee Only	4	\$2.31**	\$14.49
GUARDHIGH	Employee Only	9	\$47.61	\$428.49
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDLOW	Employee Only	2	\$29.44	\$58.88
GUARDLOW	Family	1	\$100.74	\$100.74
LIFE	Employee Only	5	\$6.00**	\$14.30
VSP	Employee Only	6	\$8.75	\$52.50
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$10,435.18

VIB BY BEST WESTERN  
6201 N 24th Pkwy  
PHOENIX, AZ 85016

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BROWN, JOHNNY	2022-02-01	ADD		\$9.24
BROWN, JOHNNY	2022-02-01	GUARDHIGH	EE	\$47.61
BROWN, JOHNNY	2022-02-01	1678OPENAXESSPLATI	EE	\$784.50
BROWN, JOHNNY	2022-02-01	VSP	EE	\$8.75
EAST, ANTIONETTE	2022-08-01	GUARDHIGH	EE	\$47.61
FORD, JAMEDA	2022-10-01	GUARDHIGH	EE	\$47.61
FORD, JAMEDA	2022-10-01	VSP	EE	\$8.75
HANSON, CYNTHIA	2022-01-01	GUARDHIGH	EE	\$47.61
HANSON, CYNTHIA	2022-01-01	1678OPENAXESSPLATI	EE	\$784.50
HANSON, CYNTHIA	2022-01-01	VSP	EE	\$8.75
MANGIONE, NICOLE	2022-08-01	GUARDHIGH	EE	\$47.61
MCCORMICK, LEAH	2022-04-01	ADD		\$2.31
MCCORMICK, LEAH	2022-04-01	GUARDLOW	FAM	\$100.74
MCCORMICK, LEAH	2022-04-01	1678OPENAXESSPLATI	FAM	\$2353.72
MCCORMICK, LEAH	2022-04-01	VSP	FAM	\$23.76
MCCORMICK, LEAH	2022-04-01	LIFE		\$5.00
MOELLER JENKINS, KAYLA	2022-11-01	ADD		\$2.10
MOELLER JENKINS, KAYLA	2022-11-01	GUARDHIGH	EE	\$47.61
PALMA, MAKALIE	2022-09-01	LIFE		\$1.20
SETTEFRATI, STEVEN	2022-03-01	GUARDLOW	EE	\$29.44
SETTEFRATI, STEVEN	2022-03-01	1678OPENAXESSPLATI	EE	\$784.50
SETTEFRATI, STEVEN	2022-03-01	VSP	EE	\$8.75
SETTEFRATI, STEVEN	2022-07-01	LIFE		\$0.90
VALDEZ, GLORIA	2022-08-01	GUARDHIGH	EE	\$47.61
VILLAGOMEZ-CRUZ, ROSARIO	2022-03-01	GUARDLOW	EE	\$29.44
VILLAGOMEZ-CRUZ, ROSARIO	2022-03-01	1678OPENAXESSILVE	EE	\$548.18

VIB BY BEST WESTERN  
6201 N 24th Pkwy  
PHOENIX, AZ 85016

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
VILLAGOMEZ-CRUZ, ROSARIO	2022-03-01	VSP	EE	\$8.75
VOGT-NILSEN, ERIKA	2022-04-01	GUARDHIGH	EE	\$47.61
VOGT-NILSEN, ERIKA	2022-04-01	1678OPENAXESSPLATI	EE	\$784.50
WATKINS, DAVID	2021-08-01	1678OPENAXESSGOLD	FAM	\$1961.43
WILHELM, ASHLYNN	2022-04-01	GUARDHIGH	ES	\$89.81
WILHELM, ASHLYNN	2022-04-01	VSP	ES	\$14.73
WRAY, BETHANY	2022-06-01	LIFE		\$6.00
WRAY, BETHANY	2022-06-01	GUARDHIGH	EE	\$47.61
ZARATE, JACOB	2022-10-01	ADD		\$0.84
ZARATE, JACOB	2022-10-01	LIFE		\$1.20
ZARATE, JACOB	2022-10-01	1678OPENAXESSPLATI	EE	\$784.50
ZARATE, JACOB	2022-10-01	VSP	EE	\$8.75

VIB BY BEST WESTERN  
6201 N 24th Pkwy  
PHOENIX, AZ 85016

## PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FORD, JAMEDA	2022-10-01	GUARDHIGH	EE	\$47.61
FORD, JAMEDA	2022-10-01	VSP	EE	\$8.75
ZARATE, JACOB	2022-10-01	ADD		\$0.84
ZARATE, JACOB	2022-10-01	LIFE		\$1.20
ZARATE, JACOB	2022-10-01	1678OPENAXESSPLATI	EE	\$784.50
ZARATE, JACOB	2022-10-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

Employee Only	6
Employee & Spouse	0
Employee & Children	0
Family	2



## Account Services

### Monthly Statement

VIOTAS TEXAS

Invoice Number: 6071-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
2074OPENAXESSILVE	Family	1	\$0.00	\$1,644.54
GUARDHIGH	Family	1	\$0.00	\$160.18
LIFE	Employee Only	1	\$14.40**	\$14.40
			GRAND TOTAL	\$3,638.24

VIOTAS TEXAS

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
LOCKERD, PATRICK	2022-06-01	LIFE		\$14.40
LOCKERD, PATRICK	2022-06-01	GUARDHIGH	FAM	\$160.18
LOCKERD, PATRICK	2022-09-01	2074OPENAXESSILVE	FAM	\$1644.54

VIOTAS TEXAS

,

## PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
LOCKERD, PATRICK	2022-06-01	LIFE		\$14.40
LOCKERD, PATRICK	2022-06-01	GUARDHIGH	FAM	\$160.18
LOCKERD, PATRICK	2022-09-01	2074OPENAXESSILVE	FAM	\$1644.54

## MEDICAL PLAN COUNTS

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





## Account Services

### Monthly Statement

VITALITY BOWLS OF MOUNTAIN VIEW

Invoice Number: 5627-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$4.20**	\$4.20
LIFE	Employee Only	1	\$6.00**	\$6.00
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$18.95

## VITALITY BOWLS OF MOUNTAIN VIEW

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
COLLADO, SHERYSSE	2022-11-01	ADD		\$4.20
COLLADO, SHERYSSE	2022-11-01	LIFE		\$6.00
SMITH, ASHLEY	2022-08-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

WAG N' WASH - PHOENIX  
4230 N 7TH AVE  
PHOENIX, AZ 85013

Invoice Number: 4158-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee & Spouse Only	1	\$0.00	\$89.81
GUARDLOW	Employee Only	2	\$29.44	\$58.88
VSP	Employee Only	2	\$8.75	\$17.50
VSP	Employee & Spouse Only	1	\$0.00	\$14.73
			GRAND TOTAL	\$180.92

WAG N' WASH - PHOENIX  
4230 N 7TH AVE  
PHOENIX, AZ 85013

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ALCALA, LAURA	2022-09-01	GUARDHIGH	ES	\$89.81
ALCALA, LAURA	2022-09-01	VSP	ES	\$14.73
EDGE, SHELBY	2021-05-01	GUARDLOW	EE	\$29.44
EDGE, SHELBY	2021-05-01	VSP	EE	\$8.75
RICHARDS, CHRISTIAN	2022-06-01	GUARDLOW	EE	\$29.44
RICHARDS, CHRISTIAN	2022-06-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

WAG N' WASH - SCOTTSDALE  
7777 E INDIAN SCHOOL RD  
SCOTTSDALE, AZ 85251

Invoice Number: 4159-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$0.00**	\$2.10
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
LIFE	Employee Only	2	\$14.40**	\$15.00
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$219.63

WAG N' WASH - SCOTTSDALE  
7777 E INDIAN SCHOOL RD  
SCOTTSDALE, AZ 85251

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CHAVEZ, DANIEL	2021-07-01	GUARDHIGH	ES	\$89.81
GONZALEZ, JEREMY	2022-01-01	LIFE		\$14.40
HOWELL, KIMBERLY	2022-11-01	ADD		\$2.10
MEEKER, SHANE	2022-09-01	GUARDHIGH	EE	\$47.61
PIEPER, AURORA	2022-09-01	LIFE		\$0.60
PIEPER, AURORA	2022-09-01	VSP	EE	\$8.75
RODRIGUEZ MARTINEZ, YESENIA	2022-01-01	GUARDHIGH	EE	\$47.61
RODRIGUEZ MARTINEZ, YESENIA	2022-01-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

WEBSpace, INC.

Invoice Number: 5974-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1993OPENAXESSGOLD	Employee & Children	1	\$1,307.62	\$1,307.62
ADD	Employee Only	1	\$8.40**	\$8.40
GUARDHIGH	Employee & Children	1	\$0.00	\$117.99
LIFE	Employee Only	1	\$27.70**	\$27.70
			GRAND TOTAL	\$2,769.33

WEBSpace, INC.

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HELLINGER, MATTHEW	2022-06-30	ADD		\$8.40
HELLINGER, MATTHEW	2022-06-30	LIFE		\$27.70
HELLINGER, MATTHEW	2022-06-30	GUARDHIGH	EC2	\$117.99
HELLINGER, MATTHEW	2022-06-30	1993OPENAXESSGOLD	EC2	\$1307.62



WEBSpace, INC.

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## PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HELLINGER, MATTHEW	2022-06-30	1993OPENAXESSGOLD	EC2	\$1307.62

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

WECONNECT GLOBAL  
1013 Centre Rd Ste 403B  
WILMINGTON, DE 19805

Invoice Number: 4352-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1643OPENAXESSBRONZ	Employee Only	1	\$487.36	\$487.36
1643OPENAXESSGOLD	Employee Only	1	\$653.81	\$653.81
ADD	Employee Only	1	\$3.36**	\$3.36
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Employee Only	1	\$29.44	\$29.44
LIFE	Employee Only	1	\$14.40**	\$9.60
VSP	Employee Only	1	\$8.75	\$8.75
GRAND TOTAL				\$1,239.93

WECONNECT GLOBAL  
1013 Centre Rd Ste 403B  
WILMINGTON, DE 19805

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BEGUE, DEREK	2022-01-01	1643OPENAXESSBRONZ	EE	\$487.36
BEGUE, DEREK	2022-01-01	ADD		\$3.36
BEGUE, DEREK	2022-01-01	GUARDLOW	EE	\$29.44
BEGUE, DEREK	2022-01-01	VSP	EE	\$8.75
BEGUE, DEREK	2022-01-01	LIFE		\$9.60
KLOOSTER, ADAM	2021-05-01	1643OPENAXESSGOLD	EE	\$653.81
KLOOSTER, ADAM	2022-06-01	GUARDHIGH	EE	\$47.61

**MEDICAL PLAN COUNTS**

Employee Only	2
Employee & Spouse	0
Employee & Children	0
Family	0



## Account Services

### Monthly Statement

WILD-OX CONSULTING, INC.  
15508 Williston Rd  
SILVER SPRING, MD 20905

Invoice Number: 4499-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1831OPENAXESSCOPPE	Employee Only	1	\$495.83	\$495.83
1831OPENAXESSPLATI	Employee Only	1	\$862.95	\$862.95
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$1,415.14

WILD-OX CONSULTING, INC.  
15508 Williston Rd  
SILVER SPRING, MD 20905

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CUSHMAN, GARDNER	2022-02-01	1831OPENAXESSCOPPE	EE	\$495.83
WHITTIER, ROBERT	2022-04-01	GUARDHIGH	EE	\$47.61
WHITTIER, ROBERT	2022-04-01	1831OPENAXESSPLATI	EE	\$862.95
WHITTIER, ROBERT	2022-04-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

Employee Only	2
Employee & Spouse	0
Employee & Children	0
Family	0



**Account Services**  
**Monthly Statement**

WILLOW TREE, INC.  
1935 PACIFIC AVE  
SAN FRANCISCO, CA 94109

Invoice Number: 4680-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$42.42**	\$42.42
			GRAND TOTAL	\$42.42

WILLOW TREE, INC.  
1935 PACIFIC AVE  
SAN FRANCISCO, CA 94109

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
YEE, STEPHANIE	2022-01-01	ADD		\$42.42

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

WILSON ASSET MANAGEMENT  
187 Wolf Rd Ste 101  
ALBANY, NY 12205

Invoice Number: 4470-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1791OPENAXESSPLATI	Family	1	\$2,353.72	\$2,353.72
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$2,425.09



## WILSON ASSET MANAGEMENT

187 Wolf Rd Ste 101

ALBANY, NY 12205

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BURNS, CATRIONA	2022-01-01	GUARDHIGH	EE	\$47.61
BURNS, CATRIONA	2022-01-01	1791OPENAXESSPLATI	FAM	\$2353.72
BURNS, CATRIONA	2022-01-01	VSP	FAM	\$23.76

## MEDICAL PLAN COUNTS

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



**Account Services**  
**Monthly Statement**

WINDOW GENIE OF NORTH INDIANAPOLIS  
4431 SUMMER DR  
ZIONSVILLE, IN 46077

Invoice Number: 4637-2022-1  
Coverage Month: NOV  
Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$29.44

WINDOW GENIE OF NORTH INDIANAPOLIS  
4431 SUMMER DR  
ZIONSVILLE, IN 46077

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GAINES, CHRISTOPHER	2019-01-01	GUARDLOW	EE	\$29.44

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

WINDOW GENIE OF THE EAST BAY CA  
21001 SAN RAMON VALLEY BLVD, Suite A4-333  
SAN RAMON, CA 94583

Invoice Number: 4619-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
GRAND TOTAL				\$190.34

WINDOW GENIE OF THE EAST BAY CA  
21001 SAN RAMON VALLEY BLVD, Suite A4-333  
SAN RAMON, CA 94583

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GARCIA, JESSE	2022-06-01	GUARDLOW	EE	\$29.44
JOBRAK, ESTHER	2022-07-01	GUARDHIGH	EE	\$47.61
JOBRAK, ESTHER	2022-07-01	VSP	EE	\$8.75
TOWNSLEY, JOHN	2022-01-01	GUARDHIGH	ES	\$89.81
TOWNSLEY, LISA	2022-01-01	VSP	ES	\$14.73

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

WOOF GANG BAKERY INC.  
7575 Dr Phillips Blvd Ste 275  
ORLANDO, FL 32819

Invoice Number: 4457-2022-1  
Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1778OPENAXESSBRONZ	Employee Only	1	\$0.00	\$536.10
1778OPENAXESSGOLD	Employee Only	4	\$719.19	\$2,876.76
1778OPENAXESSGOLD	Family	4	\$2,157.57	\$8,630.28
1778OPENAXESSPLATI	Employee Only	7	\$862.95	\$6,040.65
1778OPENAXESSPLATI	Employee & Spouse Only	2	\$1,726.05	\$3,452.10
1778OPENAXESSPLATI	Family	3	\$2,589.09	\$7,767.27
ADD	Employee Only	6	\$8.40**	\$23.52
GUARDHIGH	Employee Only	6	\$47.61	\$285.66
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee Only	3	\$29.44	\$88.32
GUARDLOW	Employee & Spouse Only	1	\$0.00	\$55.54
GUARDLOW	Family	3	\$0.00	\$302.22
LIFE	Employee Only	7	\$30.06**	\$128.81
VSP	Employee Only	6	\$8.75	\$52.50
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
VSP	Family	2	\$23.76	\$47.52
			GRAND TOTAL	\$32,720.47

WOOF GANG BAKERY INC.  
7575 Dr Phillips Blvd Ste 275  
ORLANDO, FL 32819

**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
AVERETTE, ALYS	2022-01-01	1778OPENAXESSGOLD	EE	\$719.19
AZEVEDO, RICARDO	2022-09-01	ADD		\$0.42
AZEVEDO, RICARDO	2022-09-01	GUARDLOW	FAM	\$100.74
AZEVEDO, RICARDO	2022-09-01	1778OPENAXESSPLATI	FAM	\$2589.09
AZEVEDO, RICARDO	2022-09-01	VSP	FAM	\$23.76
BARNETT, MARGARITA	2022-09-01	GUARDHIGH	EE	\$47.61
BARNETT, MARGARITA	2022-09-01	1778OPENAXESSPLATI	EE	\$862.95
BRANT, ASHLEY	2022-01-01	GUARDHIGH	EE	\$47.61
BRANT, ASHLEY	2022-01-01	1778OPENAXESSPLATI	EE	\$862.95
BRAZZODURO, SANDRA	2022-09-01	LIFE		\$19.10
BRAZZODURO, SANDRA	2022-09-01	GUARDHIGH	FAM	\$160.18
BRAZZODURO, SANDRA	2022-09-01	1778OPENAXESSGOLD	FAM	\$2157.57
BRUEGGEMANN, TIM	2022-10-01	GUARDLOW	FAM	\$100.74
BRUEGGEMANN, TIM	2022-10-01	1778OPENAXESSGOLD	FAM	\$2157.57
CICIARELLI, ANDREA	2022-09-01	ADD		\$1.26
CICIARELLI, ANDREA	2022-09-01	LIFE		\$7.20
CICIARELLI, ANDREA	2022-09-01	GUARDHIGH	EE	\$47.61
CICIARELLI, ANDREA	2022-08-01	1778OPENAXESSBRONZ	EE	\$536.10
CICIARELLI, ANDREA	2022-09-01	VSP	EE	\$8.75
DE MACEDO, ALEXANDRE	2022-09-01	1778OPENAXESSPLATI	EE	\$862.95
EVANS, PAMELA	2022-01-01	VSP	EE	\$8.75
EVANS, PAMELA	2022-01-01	LIFE		\$30.06
GRITZER, MORGAN	2022-01-01	VSP	EE	\$8.75
GRITZER, MORGAN	2022-01-01	GUARDLOW	EE	\$29.44
GRITZER, MORGAN	2022-01-01	1778OPENAXESSGOLD	EE	\$719.19
HERNANDEZ, ERIN	2022-09-01	1778OPENAXESSGOLD	FAM	\$2157.57

WOOF GANG BAKERY INC.  
7575 Dr Phillips Blvd Ste 275  
ORLANDO, FL 32819

CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
LINDE, GUSTAVO	2022-09-01	1778OPENAXESSPLATI	FAM	\$2589.09
LINDE, GUSTAVO	2022-09-01	VSP	FAM	\$23.76
MARIN, JOSEPH	2022-08-01	ADD		\$5.04
MARIN, JOSEPH	2022-08-01	LIFE		\$9.60
MARIN, JOSEPH	2022-08-01	GUARDLOW	FAM	\$100.74
MARIN, JOSEPH	2022-08-01	1778OPENAXESSPLATI	FAM	\$2589.09
MAZZI, NICOLA	2022-08-01	1778OPENAXESSGOLD	FAM	\$2157.57
MCDERMOTT, MADELINE	2022-10-01	1778OPENAXESSPLATI	EE	\$862.95
MORALES, MICHAEL	2022-08-01	GUARDLOW	EE	\$29.44
MORALES, MICHAEL	2022-08-01	1778OPENAXESSGOLD	EE	\$719.19
MORALES, MICHAEL	2022-08-01	VSP	EE	\$8.75
PENA FERRO, JOSE	2022-08-01	GUARDHIGH	EE	\$47.61
PENA FERRO, JOSE	2022-08-01	1778OPENAXESSPLATI	EE	\$862.95
ROUNDS, MICHELLE	2022-08-01	ADD		\$8.40
ROUNDS, MICHELLE	2022-08-01	LIFE		\$41.25
ROUNDS, MICHELLE	2022-08-01	GUARDLOW	ES	\$55.54
ROUNDS, MICHELLE	2022-09-01	1778OPENAXESSPLATI	ES	\$1726.05
ROUNDS, MICHELLE	2022-08-01	VSP	ES	\$14.73
SALIB, MATTHEW	2022-11-01	ADD		\$4.20
SALIB, MATTHEW	2022-11-01	LIFE		\$7.20
SALIB, MATTHEW	2022-11-01	GUARDHIGH	EE	\$47.61
SALIB, MATTHEW	2022-11-01	1778OPENAXESSPLATI	EE	\$862.95
SALIB, MATTHEW	2022-11-01	VSP	EE	\$8.75
SUAREZ, DIEGO	2022-09-01	GUARDLOW	EE	\$29.44
SUAREZ, DIEGO	2022-09-01	1778OPENAXESSGOLD	EE	\$719.19



WOOF GANG BAKERY INC.  
7575 Dr Phillips Blvd Ste 275  
ORLANDO, FL 32819

## CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
THOMAS, MICHAEL	2022-08-01	1778OPENAXESSPLATI	ES	\$1726.05
WESNER, RYAN	2022-08-01	ADD		\$4.20
WESNER, RYAN	2022-08-01	LIFE		\$14.40
WESNER, RYAN	2022-08-01	GUARDHIGH	EE	\$47.61
WESNER, RYAN	2022-08-01	1778OPENAXESSPLATI	EE	\$862.95
WESNER, RYAN	2022-08-01	VSP	EE	\$8.75

WOOF GANG BAKERY INC.  
7575 Dr Phillips Blvd Ste 275  
ORLANDO, FL 32819

## PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BRUEGGEMANN, TIM	2022-10-01	GUARDLOW	FAM	\$100.74
BRUEGGEMANN, TIM	2022-10-01	1778OPENAXESSGOLD	FAM	\$2157.57

## MEDICAL PLAN COUNTS

Employee Only	12
Employee & Spouse	2
Employee & Children	0
Family	7



**Account Services**  
**Monthly Statement**

YOGASIX HYDE PARK

Invoice Number: 5718-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1657OPENAXESS	SCOPPE Employee Only	1	\$535.44	\$535.44
			GRAND TOTAL	\$1,070.88

YOGASIX HYDE PARK

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HUDNELL, JAMEILA	2022-09-01	1657OPENAXESSCOPPE	EE	\$535.44

YOGASIX HYDE PARK

,

## PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HUDNELL, JAMEILA	2022-09-01	1657OPENAXESSCOPPE	EE	\$535.44

## MEDICAL PLAN COUNTS

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



## Account Services

### Monthly Statement

YOGASIX MOUNTAIN VIEW

Invoice Number: 5531-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$58.88

YOGASIX MOUNTAIN VIEW

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ERICKSON, BONNIE	2021-08-01	GUARDLOW	EE	\$29.44

YOGASIX MOUNTAIN VIEW

,

## PRIOR MONTH UNBILLED ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ERICKSON, BONNIE	2021-08-01	GUARDLOW	EE	\$29.44

## MEDICAL PLAN COUNTS

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





## Account Services

### Monthly Statement

ZUGGIT, LLC

Invoice Number: 5641-2022-1

Coverage Month: NOV

Payment Due Date: 10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$2.10**	\$2.10
LIFE	Employee Only	1	\$16.50**	\$16.50
GRAND TOTAL				\$18.60

ZUGGIT, LLC

,

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FELDE, VICTORIA	2022-08-01	ADD		\$2.10
FELDE, VICTORIA	2022-08-01	LIFE		\$16.50

## MEDICAL PLAN COUNTS

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