

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

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

**Nuaxess
Wells Fargo Bank**

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

REMIT TO: Nuaxess:
 ACH Routing: #063107513
 Wire Routing: #121000248
 Account: #1079684617

IF MAILING CHECKS:

Make payable to: Nuaxess Account Services
Mail to: Nuaxess Account Services
 Lock Box #235149
 PO Box 85149
 Chicago, IL 60689-5149

WE NOW OFFER AUTOMATIC PAYMENT PROGRAMS

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



Account Services

Monthly Statement

MSQ CORP
215-04 Hempstead Ave
Queens Village, NY 11429
516-761-7000
softeem@aol.com
crzoly@gmail.com
support@nuaccess.com

Invoice Number: 5123-2212
Coverage For: DECEMBER
Payment Due Date: 11/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTAL	Employee & Spouse Only	2	\$89.81	\$179.62
PLATINUM	Employee & Spouse Only	2	\$2,079.85	\$4,159.70
VISION	Employee & Spouse Only	2	\$14.73	\$29.46
			GRAND TOTAL	\$4,368.78

Primary ACH Instructions:
Account Name: Nuaccess
Bank: Wells Fargo Bank
ACH Routing Number 063107513
Wire Routing Number 121000248
Account Number: 1079684617
Bank Address:
1524 US 1
Sebastian, FL 32958

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ZOLY, CRAIG	02/01/2022	PLATINUM	ES	\$2079.85
ZOLY, CRAIG	02/01/2022	DENTAL	ES	\$89.81
ZOLY, CRAIG	02/01/2022	VISION	ES	\$14.73
ZOLY, KEVIN	02/01/2022	PLATINUM	ES	\$2079.85
ZOLY, KEVIN	02/01/2022	DENTAL	ES	\$89.81
ZOLY, KEVIN	02/01/2022	VISION	ES	\$14.73

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