



Account Services

Monthly Statement

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

Invoice Number: 5950-2207
Invoice Month: JULY
Billing Date: 06/15/2022
Payment Due Date: 06/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GOLD	Employee Only	2	\$511.89	\$1,023.78
GOLD	Family	1	\$1,638.03	\$1,638.03
PLATINUM	Employee Only	1	\$612.36	\$612.36
PLATINUM	Family	1	\$1,959.55	\$1,959.55
SILVER	Employee Only	1	\$486.30	\$486.30
			GRAND TOTAL	\$5,720.02

Primary ACH Instructions:
Account Name: Nuaxess Account Services
Bank: 5/3 Bank
Routing Number 071923909
Account Number: 7242568934
Bank Address:
38 Fountain Square Plaza
Cincinnati, OH 45263

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DABAS, ISSAM	02/01/2022	GOLD	FAM	\$1638.03
FEBLES, JOHANN	02/01/2022	SILVER	EE	\$486.3
GRAZIANO, KRISTI	04/01/2022	PLATINUM	FAM	\$1959.55
MONTANEZ, TROY	02/01/2022	PLATINUM	EE	\$612.36
RENTAS, MICHAEL	02/01/2022	GOLD	EE	\$
SAEZ, BRANDON	02/01/2022	GOLD	EE	\$511.89

Employee Only	4
Employee & Spouse	0
Employee & Children	0
Family	2