

LEONARD C. GREEN COMPANY
900 ROUTE 9 #601
WOODBIDGE, NJ 07095

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

**Nuaxess Account Services
5/3 (Fifth-Third) Bank Account**

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

REMIT TO: Nuaxess Account Services:
 ACH Routing: #071923909
 Wire Routing: #042000314
 Account: #7242568934

IF MAILING CHECKS:

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

WE NOW OFFER AUTOMATIC PAYMENT PROGRAMS

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



Account Services

Monthly Statement

LEONARD C. GREEN COMPANY
900 ROUTE 9 #601
WOODBIDGE, NJ 07095
kmurray@greenco.com

Invoice Number: 5002-2207
Invoice Month: JULY
Billing Date: 06/15/2022
Payment Due Date: 06/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GOLD	Employee Only	1	\$610.00	\$610.00
GOLD	Employee & Spouse Only	2	\$1,410.00	\$2,820.00
GOLD	Family	1	\$1,750.00	\$1,750.00
GOLD HSA	Employee Only	4	\$537.00	\$2,148.00
GOLD HSA	Employee & Children	1	\$980.00	\$980.00
GOLD HSA	Family	1	\$1,689.00	\$1,689.00
			GRAND TOTAL	\$9,997.00

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
BAUER, KARLENE	07/01/2021	GOLD HSA	FAM	\$1689
CAMPAGNA, DIANE	04/01/2021	GOLD HSA	EE	\$537
GREEN, DEBRA	04/01/2021	GOLD HSA	EC	\$980
GREEN, JONATHAN	04/01/2021	GOLD	FAM	\$1750
KAGAN, AGNIESZKA	04/01/2021	GOLD	ES	\$1410
LAORDEN, FELI	09/01/2021	GOLD	EE	\$610
LEE, JANET	04/01/2021	GOLD HSA	EE	\$537
TUMMINIA, DONNA	04/01/2021	GOLD HSA	EE	\$537
WOLLENBERG, JOHN	04/01/2021	GOLD	ES	\$1410
ZHANG, ZHE	04/01/2021	GOLD HSA	EE	\$537

Employee Only	5
Employee & Spouse	2
Employee & Children	1
Family	2