



Account Services

Monthly Statement

1030 PRINCETON
101 CRAWFORDS CORNER ROAD
HOLMDEL, NJ 07733
patricia.h@tttnj.com
noreen@walshbenefits.com

Invoice Number: 5947-2207
Invoice Month: JULY
Billing Date: 06/15/2022
Payment Due Date: 06/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
PLATINUM	Employee Only	1	\$612.36	\$612.36
			GRAND TOTAL	\$612.36

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
GRIMALDI, JENNIFER	02/01/2022	PLATINUM	EE	\$612.36

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