



Account Services

Monthly Statement

NEW COUNTY SERVICE CORP
PO Box 944
New York, NY 10113
Support@NewCountyService.com

Invoice Number: 5026-2206
Invoice Month: JUNE
Billing Date: 05/15/2022
Payment Due Date: 05/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTAL	Employee & Spouse Only	2	\$78.66	\$157.32
DENTAL	Family	4	\$137.71	\$550.84
GOLD	Employee & Spouse Only	2	\$1,352.88	\$2,705.76
GOLD	Family	4	\$2,029.32	\$8,117.28
VISION	Employee & Spouse Only	2	\$11.48	\$22.96
VISION	Family	4	\$18.53	\$74.12
			GRAND TOTAL	\$11,628.28

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

NEW COUNTY SERVICE CORP
PO Box 944
New York, NY 10113

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
DAUBER, MICHAEL	10/01/2021	GOLD	FAM	\$2029.32
DAUBER, MICHAEL	10/01/2021	DENTAL	FAM	\$137.71
DAUBER, MICHAEL	10/01/2021	VISION	FAM	\$18.53
DAUBER, RICHARD	03/01/2022	GOLD	ES	\$1352.88
DAUBER, RICHARD	03/01/2022	DENTAL	ES	\$78.66
DAUBER, RICHARD	03/01/2022	VISION	ES	\$11.48
HAYMES, EVAN	10/01/2021	GOLD	FAM	\$2029.32
HAYMES, EVAN	10/01/2021	DENTAL	FAM	\$137.71
HAYMES, EVAN	10/01/2021	VISION	FAM	\$18.53
HAYMES-KEMPIN, STARR	10/01/2021	GOLD	FAM	\$2029.32
HAYMES-KEMPIN, STARR	10/01/2021	DENTAL	FAM	\$137.71
HAYMES-KEMPIN, STARR	10/01/2021	VISION	FAM	\$18.53
ROSE, MINDY	10/01/2021	DENTAL	FAM	\$137.71
ROSE, MINDY	10/01/2021	VISION	FAM	\$18.53
ROSE, MINDY	10/01/2021	GOLD	FAM	\$2029.32
WEINSTEIN, STEVE	11/01/2021	DENTAL	ES	\$78.66
WEINSTEIN, STEVE	11/01/2021	VISION	ES	\$11.48
WEINSTEIN, STEVE	11/01/2021	GOLD	ES	\$1352.88

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