Account Services



KANTROWITZ GOLDHAMER & GRAIFM

Payment Program!

New Premium Payment options available using the MyNuAxess Automatic Premium

Never worry about you premium payments being made on time by enrolling in the Automatic Premium Payment Program.

Each month your premiums will be auto debited from your bank on the payment due date. You will continue to receive your invoice each month via email but the payment process will be automatic.

Just fill out and sign the ACH payment authorization form attached to this statement, scan it, and email it back to billing@MyNuAxess.com

We will contact you to confirm your enrollment.

Note: Your payment due date many be adjusted to a date a few days later to comply with bank scheduling requirments.



Account Services

Monthly Statement

KANTROWITZ GOLDHAMER & GRAIFM

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jpoppe@kgglaw.com

Invoice Number:
Invoice Month:

KAN2022-04

APRIL

Billing Date:
Payment Due Date:

03/15/2022 03/31/2022

| PLAN | COVERAGE | QTY | PRICE | TOTAL |
|-----------|------------------------|-----|-------------|------------|
| DENTAL | Employee Only | 1 | \$38.75 | \$38.75 |
| DENTAL | Employee & Spouse Only | 1 | \$78.66 | \$78.66 |
| DENTAL | Family | 1 | \$137.71 | \$137.71 |
| PLATINUM | Employee Only | 2 | \$691.83 | \$1,383.66 |
| PLATINUM | Employee & Spouse Only | 1 | \$1,479.09 | \$1,479.09 |
| PLATINUM | Family | 1 | \$2,069.54 | \$2,069.54 |
| SILVER | Employee Only | 1 | \$422.43 | \$422.43 |
| SILVER II | Employee Only | 1 | \$535.64 | \$535.64 |
| SILVER II | Employee & Spouse Only | 1 | \$1,091.31 | \$1,091.31 |
| SILVER II | Family | 1 | \$1,575.01 | \$1,575.01 |
| VISION | Employee Only | 1 | \$6.82 | \$6.82 |
| VISION | Employee & Spouse Only | 1 | \$11.48 | \$11.48 |
| VISION | Family | 1 | \$18.53 | \$18.53 |
| | | | GRAND TOTAL | \$8,848.63 |

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



Account Services

KANTROWITZ GOLDHAMER & GRAIFM

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CURRENT MONTH ENROLLMENT

| MEMBER NAME | EFF DATE | PLAN | COVERAGE | PRICE |
|--------------------------------|--------------------------|------------------|------------|---------------------|
| BRODY, JAY | 11/01/2021 | SILVER | EE | \$422.43 |
| CHAKAN, LISA CHAKAN, LISA | 03/01/2022 03/01/2022 | VISION DENTAL | EE EE | \$6.82 \$38.75 |
| EMERT, MELISSA | 11/01/2021 | PLATINUM | ES | \$1479.09 |
| KANTROWITZ, BARRY | 11/01/2021 | PLATINUM | FAM | \$2069.54 |
| MURPHY IV, WILLIAM | 11/01/2021 | SILVER II | ES | \$1091.31 |
| PERLMUTTER, RANDY | 11/01/2021 | PLATINUM | EE | \$691.83 |
| POPPE, JESSIE POPPE, JESSIE | 03/01/2022 03/01/2022 | VISION DENTAL | FAM FAM | \$18.53 \$137.71 |
| ROC, ANNE | 01/01/2022 | SILVER II | FAM | \$1575.01 |
| ROTHSTEIN, BRANDON | 11/01/2021 | PLATINUM | EE | \$691.83 |
| SMITH, SAM SMITH, SAM | 03/01/2022 03/01/2022 | DENTAL VISION | ES ES | \$78.66 \$11.48 |
| WALLIS, KASSIDI | 11/01/2021 | SILVER II | EE | \$535.64 |

Employee Only 5 Employee & Spouse 3 Employee & Children 0 Family 3