



Account Services

Monthly Statement

WILSON ASSET MANAGEMENT
187 Wolf Rd Ste 101
ALBANY, NY 12205

Invoice Number: WIL2022-04
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1791OPENAXE	Family	1	\$2,353.72	\$2,353.72
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$2,425.09

** Prices vary in PRISM.
Individual prices shown in census.

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ALBANY, NY 12205

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BURNS, CATRIONA	2022-01-01	GUARDHIGH	EE	\$47.61
BURNS, CATRIONA	2022-01-01	1791OPENAXE	FAM	\$2353.72
BURNS, CATRIONA	2022-01-01	VSP	FAM	\$23.76

MEDICAL PLAN COUNTS

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