



## Account Services

### Monthly Statement

SELLIN INSURANCE GROUP  
219 E 69TH ST #5HJ  
NEW YORK, NY 10021  
ks@kcs1960.com

Invoice Number: 5913-2207  
Invoice Month: JULY  
Billing Date: 06/15/2022  
Payment Due Date: 06/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
PLATINUM	Employee & Spouse Only	1	\$1,726.05	\$1,726.05
			GRAND TOTAL	\$1,726.05

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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NEW YORK , NY 10021

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SELLIN, KENNETH	2022-05-01	PLATINUM	ES	\$1726.05

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