



## Account Services

### Monthly Statement

1030 SEA BRIGHT  
101 CRAWFORDS CORNER ROAD  
HOLMDEL, NJ 07733  
patricia.h@ttnj.com  
noreen@walshbenefits.com

Invoice Number: 5949-2207  
Invoice Month: JULY  
Billing Date: 06/15/2022  
Payment Due Date: 06/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GOLD	Employee Only	3	\$511.89	\$1,535.67
GOLD	Employee & Children	1	\$1,023.77	\$1,023.77
PLATINUM	Employee Only	1	\$612.36	\$612.36
PLATINUM	Family	1	\$1,959.55	\$1,959.55
			GRAND TOTAL	\$5,131.35

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
KEEGAN, JACLYN	04/01/2022	GOLD	EC	\$1023.77
MASCO, JOHN	06/01/2022	GOLD	EE	\$511.89
MONTEFINESE, NICHOLAS	04/01/2022	PLATINUM	FAM	\$1959.55
ORECCHIO JR, JOSEPH	02/01/2022	PLATINUM	EE	\$612.36
PASSENTI, DANA	02/01/2022	GOLD	EE	\$511.89
SCHILL, JON	06/01/2022	GOLD	EE	\$511.89

Employee Only	4
Employee & Spouse	0
Employee & Children	1
Family	1