



Account Services

Monthly Statement

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

Invoice Number: 5945-2207
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
SILVER	Employee Only	1	\$486.30	\$486.30
			GRAND TOTAL	\$5,617.65

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
CARDENAS, CARLOS	04/01/2022	PLATINUM	EE	\$612.36
CERRETO, CHRISTOPHER	02/01/2022	GOLD	EE	\$511.89
DON MARTIN JR, ANDRES	04/01/2022	SILVER	EE	\$486.3
HOVER, ELIZABETH	04/01/2022	GOLD	EC	\$1023.77
LAVECCHIA, RICHARD	02/01/2022	GOLD	EE	\$511.89
PUSCZKO, RYAN	02/01/2022	PLATINUM	FAM	\$1959.55
ROJAS, DAVID	04/01/2022	GOLD	EE	\$511.89

Employee Only	5
Employee & Spouse	0
Employee & Children	1
Family	1