

COUNTY HALL INSURANCE COMPANY

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**In order to properly credit your account all payments must be made to**

**Nuaxess Account Services  
5/3 (Fifth-Third) Bank Account**

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REMINDER: Please put invoice number(s) in the memo or notes on all forms of payment to ensure proper credit is applied to your account.

REMIT TO:           Nuaxess Account Services:  
ACH Routing: #071923909  
Wire Routing: #042000314  
Account: #7242568934

**IF MAILING CHECKS:**

Make payable to:   Nuaxess Account Services  
Mail to:           Nuaxess Account Services  
Lock Box #235149  
PO Box 85149  
Chicago, IL 60689-5149

**WE NOW OFFER AUTOMATIC PAYMENT PROGRAMS**

Contact: [billing@mynuaxess.com](mailto:billing@mynuaxess.com)   OR CALL: (844) 999-5777



## Account Services

### Monthly Statement

COUNTY HALL INSURANCE COMPANY

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Invoice Number: 4984-2207  
Invoice Month: JULY  
Billing Date: 06/15/2022  
Payment Due Date: 06/30/2022

| PLAN   | COVERAGE            | QTY | PRICE       | TOTAL       |
|--------|---------------------|-----|-------------|-------------|
| GOLD   | Family              | 1   | \$2,570.72  | \$2,570.72  |
| SILVER | Employee Only       | 17  | \$588.20    | \$9,999.40  |
| SILVER | Employee & Children | 2   | \$1,506.21  | \$3,012.42  |
| SILVER | Family              | 2   | \$2,279.52  | \$4,559.04  |
|        |                     |     | GRAND TOTAL | \$37,712.44 |

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

## COUNTY HALL INSURANCE COMPANY

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## CURRENT MONTH ENROLLMENT

| MEMBER NAME           | EFF DATE   | PLAN   | COVERAGE | PRICE     |
|-----------------------|------------|--------|----------|-----------|
| BRIGHT, CAROL         | 07/01/2020 | SILVER | EE       | \$588.2   |
| CHRISTIANSON, ALICIA  | 07/01/2020 | SILVER | EC       | \$1506.21 |
| COLEMAN, KEOWA        | 07/01/2020 | SILVER | EE       | \$588.2   |
| CURTRIGHT, JENELLE    | 07/01/2020 | SILVER | EE       | \$588.2   |
| DEVINE, STEPHANIE     | 07/01/2020 | SILVER | EE       | \$588.2   |
| FANOELE, MICHAEL      | 07/01/2020 | SILVER | FAM      | \$2279.52 |
| FINEGAN, CARMEN       | 07/01/2020 | SILVER | FAM      | \$2279.52 |
| FLORES, MARIAJOSE     | 07/01/2020 | SILVER | EE       | \$588.2   |
| FOUAD, LESLEY         | 07/01/2020 | SILVER | EE       | \$588.2   |
| GILKEY, MORGAN        | 01/01/2021 | SILVER | EE       | \$588.2   |
| HOLLINGSHEAD, PHILLIP | 07/01/2020 | SILVER | EE       | \$588.2   |
| HUNT, BRYAN           | 07/01/2020 | SILVER | EE       | \$588.2   |
| MAHAN, JENNIFER       | 07/01/2020 | SILVER | EE       | \$588.2   |
| MCCORMICK, KASEY      | 07/01/2020 | SILVER | EE       | \$588.2   |
| PARTIDA, DANIEL       | 07/01/2020 | SILVER | EC       | \$1506.21 |
| PORTER, CRYSTAL       | 07/01/2020 | SILVER | EE       | \$588.2   |
| RADTKE, JANA E        | 09/01/2020 | SILVER | EE       | \$588.2   |
| SNEED, ANDREA         | 07/01/2020 | SILVER | EE       | \$588.2   |

## COUNTY HALL INSURANCE COMPANY

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## CURRENT MONTH ENROLLMENT (CONTINUED)

| MEMBER NAME       | EFF DATE   | PLAN   | COVERAGE | PRICE     |
|-------------------|------------|--------|----------|-----------|
| VINCE, MELISSA    | 07/01/2020 | GOLD   | FAM      | \$2570.72 |
| WARREN, CHEYENNE  | 07/01/2020 | SILVER | EE       | \$588.2   |
| WESTRICH, MATTHEW | 07/01/2020 | SILVER | EE       | \$588.2   |
| WILLIS, CHRIS     | 07/01/2020 | SILVER | EE       | \$588.2   |

|                     |    |
|---------------------|----|
| Employee Only       | 17 |
| Employee & Spouse   | 0  |
| Employee & Children | 2  |
| Family              | 3  |