

THE BLINC
40 FULTON ST 6TH FLOOR
NEW YORK, NY 10038

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

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

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 OR CALL: (844) 999-5777



Account Services

Monthly Statement

THE BLINC
40 FULTON ST 6TH FLOOR
NEW YORK, NY 10038
917-701-0839
jay@theblincgroup.com
Sarah.Bullock@insperity.com

Invoice Number: 5870-2208
Invoice Month: AUGUST
Billing Date: 07/15/2022
Payment Due Date: 07/29/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTALGUARD	Employee Only	6	\$38.75	\$232.50
DENTALGUARD	Employee & Spouse Only	1	\$78.66	\$78.66
DENTALGUARD	Family	6	\$137.71	\$826.26
PLATINUM	Employee Only	1	\$573.62	\$573.62
PLATINUM	Family	2	\$1,783.80	\$3,567.60
PLATINUM II	Employee Only	4	\$637.36	\$2,549.44
PLATINUM II	Family	4	\$1,982.00	\$7,928.00
SILVER II	Employee & Spouse Only	1	\$1,021.72	\$1,021.72
VSP CHOICE	Employee Only	6	\$6.82	\$40.92
VSP CHOICE	Employee & Spouse Only	1	\$11.48	\$11.48
VSP CHOICE	Family	5	\$18.53	\$92.65
			GRAND TOTAL	\$16,922.85

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
AKSENOV, ALEXANDER	04/01/2022	PLATINUM	FAM	\$1783.8
AKSENOV, ALEXANDER	04/01/2022	DENTALGUARD	FAM	\$137.71
AKSENOV, ALEXANDER	04/01/2022	VSP CHOICE	FAM	\$18.53
BETTINGER, ASHLEY KATHERINE	04/01/2022	PLATINUM II	EE	\$637.36
BETTINGER, ASHLEY KATHERINE	04/01/2022	DENTALGUARD	EE	\$38.75
BETTINGER, ASHLEY KATHERINE	04/01/2022	VSP CHOICE	EE	\$6.82
BURMICH, BOHDAN	04/01/2022	PLATINUM	EE	\$573.62
BURMICH, BOHDAN	04/01/2022	DENTALGUARD	EE	\$38.75
BURMICH, BOHDAN	04/01/2022	VSP CHOICE	EE	\$6.82
CLAY, NATHAN WESLEY	04/01/2022	PLATINUM II	EE	\$637.36
CLAY, NATHAN WESLEY	04/01/2022	DENTALGUARD	EE	\$38.75
CLAY, NATHAN WESLEY	04/01/2022	VSP CHOICE	EE	\$6.82
DEAN, SETH	04/01/2022	PLATINUM II	FAM	\$1982
DEAN, SETH	04/01/2022	DENTALGUARD	FAM	\$137.71
DEAN, SETH	04/01/2022	VSP CHOICE	FAM	\$18.53
DUMAS DE RAULY, ARNAUD	04/01/2022	DENTALGUARD	FAM	\$137.71
DUMAS DE RAULY, ARNAUD	04/01/2022	VSP CHOICE	ES	\$11.48
GNEDEVA, ALEXANDRA	04/01/2022	SILVER II	ES	\$1021.72
GNEDEVA, ALEXANDRA	04/01/2022	DENTALGUARD	ES	\$78.66
GREEN, NICHOLAS	04/01/2022	PLATINUM II	FAM	\$1982
GREEN, NICHOLAS	04/01/2022	DENTALGUARD	FAM	\$137.71
GREEN, NICHOLAS	04/01/2022	VSP CHOICE	FAM	\$18.53
HIRSCHSON, JAY	04/01/2022	PLATINUM II	FAM	\$1982
HIRSCHSON, JAY	04/01/2022	DENTALGUARD	FAM	\$137.71
HIRSCHSON, JAY	04/01/2022	VSP CHOICE	FAM	\$18.53

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CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MARLOW, NOLAN	04/01/2022	PLATINUM II	EE	\$637.36
MARLOW, NOLAN	04/01/2022	DENTALGUARD	EE	\$38.75
MARLOW, NOLAN	04/01/2022	VSP CHOICE	EE	\$6.82
NEWMAN, ERIC	04/01/2022	PLATINUM II	FAM	\$1982
NEWMAN, ERIC	04/01/2022	DENTALGUARD	FAM	\$137.71
NEWMAN, ERIC	04/01/2022	VSP CHOICE	FAM	\$18.53
TOPCHISHVILI, GIVI	04/01/2022	PLATINUM	FAM	\$1783.8
TOPCHISHVILI, GIVI	04/01/2022	DENTALGUARD	EE	\$38.75
TOPCHISHVILI, GIVI	04/01/2022	VSP CHOICE	EE	\$6.82
WAHLER, RACHEL	04/01/2022	PLATINUM II	EE	\$637.36
WAHLER, RACHEL	04/01/2022	DENTALGUARD	EE	\$38.75
WAHLER, RACHEL	04/01/2022	VSP CHOICE	EE	\$6.82

Employee Only	5
Employee & Spouse	1
Employee & Children	0
Family	6