



## Account Services

### Monthly Statement

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

Invoice Number: 5946-2207  
Invoice Month: JULY  
Billing Date: 06/15/2022  
Payment Due Date: 06/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GOLD	Employee Only	2	\$511.89	\$1,023.78
GOLD	Employee & Spouse Only	2	\$1,126.15	\$2,252.30
GOLD	Family	1	\$1,638.03	\$1,638.03
PLATINUM	Employee Only	3	\$612.36	\$1,837.08
PLATINUM	Employee & Spouse Only	1	\$1,347.19	\$1,347.19
			GRAND TOTAL	\$8,098.38

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
BRAXTON, ANDRE	02/01/2022	GOLD	FAM	\$1638.03
D'ALESSIO, MICHAEL	02/01/2022	PLATINUM	EE	\$612.36
GUTIERREZ, JEFFRI	06/01/2022	GOLD	ES	\$1126.15
HYDE, ROBERT	02/01/2022	GOLD	ES	\$1126.15
LOVELAND, STEVEN	02/01/2022	GOLD	EE	\$511.89
NARDO, RAYMOND	02/01/2022	PLATINUM	EE	\$612.36
QUINTANILLA, REIDER	06/01/2022	PLATINUM	EE	\$612.36
ROJAS OLIVEROS, FERNANDO	02/01/2022	GOLD	EE	\$
ROMANO, JACQUELINE	06/01/2022	PLATINUM	ES	\$

Employee Only	5
Employee & Spouse	3
Employee & Children	0
Family	1