



## Account Services

### Monthly Statement

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

Invoice Number: 5944-2207  
Invoice Month: JULY  
Billing Date: 06/15/2022  
Payment Due Date: 06/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GOLD	Employee & Children	1	\$1,023.77	\$1,023.77
			GRAND TOTAL	\$1,023.77

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

1030 CLIFTON  
101 CRAWFORDS CORNER ROAD  
HOLMDEL, NJ 07733

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
IZZO, SALVATORE	02/01/2022	GOLD	EC	\$1023.77

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