

1030 826 ROUTE 3 LIQUOR PARTNERS 101 CRAWFORDS CORNER ROAD HOLMDEL, NJ 07733

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

# Nuaxess Wells Fargo Bank

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:

ACH Routing: #063107513 Wire Routing: #121000248

Account: #1079684617

### 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: dropbox@mynuaxess.com OR CALL: (844) 999-5777



#### **Account Services**

# **Monthly Statement**

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patricia.h@tttnj.com

noreen@walshbenefits.com

Invoice Number: Coverage For:

5944-2211 NOVEMBER

Payment Due Date:

10/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GOLD	Employee Only	2	\$511.89	\$1,023.78
GOLD	Employee & Children	1	\$1,023.77	\$1,023.77
PLATINUM	Employee Only	2	\$612.36	\$1,224.72
_			GRAND TOTAL	\$3,272.27

Primary ACH Instructions: Account Name: Nuaxess Bank: Wells Fargo Bank

ACH Routing Number 063107513 Wire Routing Number 121000248 Account Number: 1079684617

Bank Address: 1524 US 1

Sebastian, FL 32958



# **Account Services**

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#### CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GONZALEZ, VICTOR	2022-01-01	PLATINUM	EE	\$612.36
IZZO, SALVATORE	02/01/2022	GOLD	EC	\$1023.77
MODICA, MARISA	08/01/2022	GOLD	EE	\$511.89
SROKA, JENNIFER	10/01/2022	GOLD	EE	\$511.89
YAMEL, WALTER	06/01/2022	PLATINUM	EE	\$612.36

Employee Only 4 Employee & Spouse 0 Employee & Children 1 Family 0