



## Account Services

### Monthly Statement

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

Invoice Number: 5952-2207  
Invoice Month: JULY  
Billing Date: 06/15/2022  
Payment Due Date: 06/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GOLD	Employee Only	3	\$511.89	\$1,535.67
GOLD	Employee & Children	1	\$1,023.77	\$1,023.77
SILVER	Employee Only	1	\$486.30	\$486.30
			GRAND TOTAL	\$3,045.74

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
BEYER, MATT	02/01/2022	GOLD	EE	\$511.89
CHINO OROZCO, JAIME	05/01/2022	GOLD	EE	\$511.89
ESPANA, MARIO	02/01/2022	GOLD	EC	\$1023.77
ESTRADA, CRYSTAL	02/01/2022	GOLD	EE	\$511.89
MONTEMURNO, NICK	02/01/2022	SILVER	EE	\$486.3

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