



Account Services

Monthly Statement

SELLIN INSURANCE GROUP
219 E 69TH ST #5HJ
NEW YORK, NY 10021
ks@kcs1960.com

Invoice Number: 5913-2206
Invoice Month: JUNE
Billing Date: 05/15/2022
Payment Due Date: 05/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
PLATINUM	Employee & Spouse Only	1	\$1,726.05	\$1,726.05
			GRAND TOTAL	\$1,726.05

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

SELLIN INSURANCE GROUP
219 E 69TH ST #5HJ
NEW YORK , NY 10021

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SELLIN, KENNETH	2022-05-01	PLATINUM	ES	\$1726.05

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