



Account Services

Monthly Statement

LYNCH DEVELOPMENT CORP
410 EAST MAIUN ST
CENTERPORT, NY 11721
dlynch@lynchdevelopment.com

Invoice Number: 5921-2206
Invoice Month: JUNE
Billing Date: 05/15/2022
Payment Due Date: 05/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
BRONZE 4K	Employee Only	1	\$655.36	\$655.36
DENTALGUARD	Family	1	\$137.71	\$137.71
GOLD	Family	1	\$2,481.21	\$2,481.21
VSP	Family	1	\$18.53	\$18.53
			GRAND TOTAL	\$3,292.81

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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CENTERPORT, NY 11721

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GAPP, KATARINA		BRONZE 4K	EE	\$655.36
LYNCH, KEVIN		GOLD	FAM	\$2481.21
LYNCH, KEVIN		DENTALGUARD	FAM	\$137.71
LYNCH, KEVIN		VSP	FAM	\$18.53

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