

W S WILSON CORP  
24 HARBOR PARK DRIVE  
PORT WASHINGTON, NY 11050

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

**Nuaxess  
Wells Fargo Bank**

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



## Account Services

### Monthly Statement

W S WILSON CORP  
24 HARBOR PARK DRIVE  
PORT WASHINGTON, NY 11050  
516-394-4956  
malinowski@wswilson.com  
harry@hbmllc.net  
support@nuaccess.com

Invoice Number: 5060-2212  
Coverage For: DECEMBER  
Payment Due Date: 11/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTALGUARD	Employee Only	12	\$38.75	\$465.00
DENTALGUARD	Employee & Spouse Only	4	\$78.66	\$314.64
DENTALGUARD	Employee & Children	3	\$89.93	\$269.79
DENTALGUARD	Family	12	\$137.71	\$1,652.52
GOLD	Employee Only	1	\$845.14	\$845.14
GOLD	Employee & Children	1	\$1,436.74	\$1,436.74
PLATINUM	Employee Only	1	\$1,067.29	\$1,067.29
PLATINUM	Employee & Children	2	\$1,814.40	\$3,628.80
SILVER HSA	Family	2	\$1,704.52	\$3,409.04
SILVER II	Employee Only	11	\$664.37	\$7,308.07
SILVER II	Employee & Spouse Only	2	\$1,329.06	\$2,658.12
SILVER II	Family	6	\$1,893.91	\$11,363.46
VSP CHOICE	Employee Only	12	\$6.82	\$81.84
VSP CHOICE	Employee & Spouse Only	4	\$11.48	\$45.92
VSP CHOICE	Employee & Children	3	\$11.70	\$35.10
VSP CHOICE	Family	12	\$18.53	\$222.36
			GRAND TOTAL	\$34,803.83

Primary ACH Instructions:  
Account Name: Nuaccess  
Bank: Wells Fargo Bank  
ACH Routing Number 063107513  
Wire Routing Number 121000248  
Account Number: 1079684617  
Bank Address:  
1524 US 1  
Sebastian, FL 32958

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**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BAUGHER, RALPH	01/01/2022	PLATINUM	EC	\$1814.4
BAUGHER, RALPH	01/01/2022	DENTALGUARD	EC	\$89.93
BAUGHER, RALPH	01/01/2022	VSP CHOICE	EC	\$11.7
BAUGHER, RICHARD	01/01/2022	PLATINUM	EC	\$1814.4
BAUGHER, RICHARD	01/01/2022	DENTALGUARD	EC	\$89.93
BAUGHER, RICHARD	01/01/2022	VSP CHOICE	EC	\$11.7
BIGLER, LINDA	01/01/2022	DENTALGUARD	ES	\$78.66
BIGLER, LINDA	01/01/2022	VSP CHOICE	ES	\$11.48
BIGLER, LINDA	01/01/2022	SILVER II	EE	\$664.37
BINNS, WAYNE	01/01/2022	SILVER II	EE	\$664.37
BINNS, WAYNE	01/01/2022	DENTALGUARD	EE	\$38.75
BINNS, WAYNE	01/01/2022	VSP CHOICE	EE	\$6.82
BOUSRI, ANOOP	01/01/2022	SILVER II	FAM	\$1893.91
BOUSRI, ANOOP	01/01/2022	DENTALGUARD	FAM	\$137.71
BOUSRI, ANOOP	01/01/2022	VSP CHOICE	FAM	\$18.53
CASPER, JOHN	01/01/2022	DENTALGUARD	ES	\$78.66
CASPER, JOHN	01/01/2022	VSP CHOICE	ES	\$11.48
CONDELL, YOLANDA	01/01/2022	SILVER II	EE	\$664.37
CONDELL, YOLANDA	01/01/2022	DENTALGUARD	EE	\$38.75
CONDELL, YOLANDA	01/01/2022	VSP CHOICE	EE	\$6.82
CONROY , MICHAEL	01/01/2022	DENTALGUARD	FAM	\$137.71
CONROY , MICHAEL	01/01/2022	VSP CHOICE	FAM	\$18.53
CORLEY, ROBERT	01/01/2022	SILVER HSA	FAM	\$1704.52
CORLEY, ROBERT	01/01/2022	DENTALGUARD	FAM	\$137.71
CORLEY, ROBERT	01/01/2022	VSP CHOICE	FAM	\$18.53

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CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CRIVILLARO, ANTONINO	01/01/2022	SILVER II	FAM	\$1893.91
CRIVILLARO, ANTONINO	01/01/2022	DENTALGUARD	FAM	\$137.71
CRIVILLARO, ANTONINO	01/01/2022	VSP CHOICE	FAM	\$18.53
D'ANDREA, STEVEN	01/01/2022	SILVER II	FAM	\$1893.91
D'ANDREA, STEVEN	01/01/2022	DENTALGUARD	FAM	\$137.71
D'ANDREA, STEVEN	01/01/2022	VSP CHOICE	FAM	\$18.53
DAHILL, EDWARD	01/01/2022	SILVER II	EE	\$664.37
DAHILL, EDWARD	01/01/2022	DENTALGUARD	EE	\$38.75
DAHILL, EDWARD	01/01/2022	VSP CHOICE	EE	\$6.82
DANIELLE, BARBARA	01/01/2022	DENTALGUARD	FAM	\$137.71
DANIELLE, BARBARA	01/01/2022	VSP CHOICE	FAM	\$18.53
FANTACI, ANTHONY	01/01/2022	SILVER II	FAM	\$1893.91
FANTACI, ANTHONY	01/01/2022	DENTALGUARD	FAM	\$137.71
FANTACI, ANTHONY	01/01/2022	VSP CHOICE	FAM	\$18.53
FINNEN, KATHERINE	01/01/2022	SILVER II	EE	\$664.37
FINNEN, KATHERINE	01/01/2022	DENTALGUARD	EE	\$38.75
FINNEN, KATHERINE	01/01/2022	VSP CHOICE	EE	\$6.82
GAUDIO , CARMINE	09/01/2022	SILVER II	EE	\$664.37
GAUDIO , CARMINE	09/01/2022	DENTALGUARD	EE	\$38.75
GAUDIO , CARMINE	09/01/2022	VSP CHOICE	EE	\$6.82
HONICKMAN, STEVEN	01/01/2022	DENTALGUARD	FAM	\$137.71
HONICKMAN, STEVEN	01/01/2022	VSP CHOICE	FAM	\$18.53
KAUR, BALJIT	01/01/2022	SILVER II	FAM	\$1893.91
KAUR, BALJIT	01/01/2022	DENTALGUARD	FAM	\$137.71
KAUR, BALJIT	01/01/2022	VSP CHOICE	FAM	\$18.53

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CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MAGUIRE, JENNIFER	01/01/2022	SILVER II	EE	\$664.37
MAGUIRE, JENNIFER	01/01/2022	DENTALGUARD	EE	\$38.75
MAGUIRE, JENNIFER	01/01/2022	VSP CHOICE	EE	\$6.82
MALLICK, JESA	01/01/2022	SILVER II	ES	\$1329.06
MALLICK, JESA	01/01/2022	DENTALGUARD	ES	\$78.66
MALLICK, JESA	01/01/2022	VSP CHOICE	ES	\$11.48
MANAKER, ANNE	01/01/2022	SILVER II	FAM	\$1893.91
MANAKER, ANNE	01/01/2022	DENTALGUARD	FAM	\$137.71
MANAKER, ANNE	01/01/2022	VSP CHOICE	FAM	\$18.53
MCDONALD, ANDREW	01/01/2022	SILVER II	EE	\$664.37
MCDONALD, ANDREW	01/01/2022	DENTALGUARD	EE	\$38.75
MCDONALD, ANDREW	01/01/2022	VSP CHOICE	EE	\$6.82
ORR, TIMOTHY	01/01/2022	SILVER II	EE	\$664.37
ORR, TIMOTHY	01/01/2022	DENTALGUARD	EE	\$38.75
ORR, TIMOTHY	01/01/2022	VSP CHOICE	EE	\$6.82
PATEL, KALPANA	01/01/2022	SILVER II	EE	\$664.37
PATEL, KALPANA	01/01/2022	DENTALGUARD	EE	\$38.75
PATEL, KALPANA	01/01/2022	VSP CHOICE	EE	\$6.82
PATEL, PRADIP	01/01/2022	SILVER II	ES	\$1329.06
PATEL, PRADIP	01/01/2022	DENTALGUARD	ES	\$78.66
PATEL, PRADIP	01/01/2022	VSP CHOICE	ES	\$11.48
PINTO, ANA	01/01/2022	SILVER II	EE	\$664.37
PINTO, ANA	01/01/2022	DENTALGUARD	EE	\$38.75
PINTO, ANA	01/01/2022	VSP CHOICE	EE	\$6.82
RABBITT, PAUL	01/01/2022	GOLD	EC	\$1436.74

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MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
RABBITT, PAUL	01/01/2022	DENTALGUARD	EC	\$89.93
RABBITT, PAUL	01/01/2022	VSP CHOICE	EC	\$11.7
SHOWERMAN, CHRISTOFER	01/01/2022	DENTALGUARD	FAM	\$137.71
SHOWERMAN, CHRISTOFER	01/01/2022	VSP CHOICE	FAM	\$18.53
STUEK, LARAINÉ	01/01/2022	PLATINUM	EE	\$1067.29
STUEK, LARAINÉ	01/01/2022	DENTALGUARD	EE	\$38.75
STUEK, LARAINÉ	01/01/2022	VSP CHOICE	EE	\$6.82
YULE, ROBERT	01/01/2022	GOLD	EE	\$845.14
YULE, ROBERT	01/01/2022	DENTALGUARD	EE	\$38.75
YULE, ROBERT	01/01/2022	VSP CHOICE	EE	\$6.82
YULE II, ROBERT	01/01/2022	SILVER HSA	FAM	\$1704.52
YULE II, ROBERT	01/01/2022	DENTALGUARD	FAM	\$137.71
YULE II, ROBERT	01/01/2022	VSP CHOICE	FAM	\$18.53

Employee Only	13
Employee & Spouse	2
Employee & Children	3
Family	8