



Account Services

Monthly Statement

GOLDENSTATE LANDSCAPES INC.
5235 Mission Oaks Blvd # 348
Camarillo, CA 93012
shereen@goldenstatelandscapes.com
alisha@goldenstatelandscapes.com

Invoice Number: 5021-2207
Invoice Month: JULY
Billing Date: 06/15/2022
Payment Due Date: 06/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
BRONZE	Employee Only	1	\$415.09	\$415.09
BRONZE	Family	2	\$1,452.82	\$2,905.64
DENTAL	Employee Only	3	\$38.75	\$116.25
DENTAL	Family	2	\$137.71	\$275.42
SILVER	Employee Only	1	\$456.60	\$456.60
VISION	Employee Only	4	\$6.82	\$27.28
			GRAND TOTAL	\$4,196.28

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
BELLO, ALONZO	09/01/2021	DENTAL	EE	\$38.75
BELLO, ALONZO	09/01/2021	VISION	EE	\$6.82
ESPINOZA PEREZ, GABRIEL	03/01/2022	BRONZE	FAM	\$1452.82
ESPINOZA PEREZ, GABRIEL	03/01/2022	DENTAL	FAM	\$137.71
NELSON, SHEREEN	09/01/2021	SILVER	EE	\$456.6
NELSON, SHEREEN	09/01/2021	DENTAL	EE	\$38.75
NELSON, SHEREEN	09/01/2021	VISION	EE	\$6.82
OLSEN, ROBERT	09/01/2021	DENTAL	FAM	\$137.71
OLSEN, ROBERT	09/01/2021	BRONZE	FAM	\$1452.82
SANCHEZ, DAVID	09/01/2021	BRONZE	EE	\$415.09
SANCHEZ, DAVID	09/01/2021	DENTAL	EE	\$38.75
SANCHEZ, DAVID	09/01/2021	VISION	EE	\$6.82
SHUSHAN, ALISHA	09/01/2021	VISION	EE	\$6.82

Employee Only	2
Employee & Spouse	0
Employee & Children	0
Family	2