



Account Services

Monthly Statement

1030 BRIDGEWATER
101 CRAWFORDS CORNER ROAD
HOLMDEL, NJ 07733
patricia.h@ttnj.com
noreen@walshbenefits.com

Invoice Number: 5943-2207
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	Family	1	\$1,638.03	\$1,638.03
PLATINUM	Employee Only	1	\$612.36	\$612.36
			GRAND TOTAL	\$3,786.06

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
CAMPBELL, BRETT	02/01/2022	GOLD	EE	\$511.89
COLON, CHRISTIAN	02/01/2022	GOLD	EE	\$511.89
KALTHOFF, BRAD	02/01/2022	GOLD	EE	\$511.89
PINTO III, JOSEPH	04/01/2022	GOLD	FAM	\$1638.03
RUBERTO , FELICIA	04/01/2022	PLATINUM	EE	\$612.36

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