

MSQ CORP
215-04 Hempstead Ave
Queens Village, NY 11429

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

**Nuaxess Account Services
5/3 (Fifth-Third) Bank Account**

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 Account Services:
 ACH Routing: #071923909
 Wire Routing: #042000314
 Account: #7242568934

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: billing@mynuaxess.com OR CALL: (844) 999-5777



Account Services

Monthly Statement

MSQ CORP
215-04 Hempstead Ave
Queens Village, NY 11429
516-761-7000
softeem@aol.com
crzoly@gmail.com

Invoice Number: 5123-2209
Coverage For: SEPTEMBER
Payment Due Date: 08/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTAL	Employee & Spouse Only	2	\$78.66	\$157.32
PLATINUM	Employee & Spouse Only	2	\$1,981.00	\$3,962.00
VISION	Employee & Spouse Only	2	\$11.48	\$22.96
			GRAND TOTAL	\$4,142.28

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
ZOLY, CRAIG	2022-01-01	PLATINUM	ES	\$1981
ZOLY, CRAIG	2022-01-01	DENTAL	ES	\$78.66
ZOLY, CRAIG	2022-01-01	VISION	ES	\$11.48
ZOLY, KEVIN	02/01/2022	PLATINUM	ES	\$1981
ZOLY, KEVIN	02/01/2022	DENTAL	ES	\$78.66
ZOLY, KEVIN	02/01/2022	VISION	ES	\$11.48

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