



Account Services

Monthly Statement

SAUL WEALTH ADVISORS
10 Grand Central, 155 44th Street, 12th floor
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Matt@saulwealthadvisors.com

Invoice Number: 5897-2207
Invoice Month: JULY
Billing Date: 06/15/2022
Payment Due Date: 06/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTALGUARD	Employee Only	1	\$38.75	\$38.75
SILVER	Employee Only	1	\$603.00	\$603.00
VSP CHOICE	Employee Only	1	\$6.82	\$6.82
			GRAND TOTAL	\$648.57

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
D'ONOFRIO, ALLISON	04/01/2022	SILVER	EE	\$603
D'ONOFRIO, ALLISON	04/01/2022	VSP CHOICE	EE	\$6.82
D'ONOFRIO, ALLISON	04/01/2022	DENTALGUARD	EE	\$38.75

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