

Account Services

Monthly Statement

CREWMEUP 530 7TH AVENUE NEW YORK, NY 10018 Invoice Number: CRE2022-04
Invoice Month: APRIL
Billing Date: 03/15/2022

Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1439CIGNAPR	Employee Only	2	\$500.00	\$1,000.00
1439CIGNAPR	Employee & Spouse Only	1	\$1,000.00	\$1,000.00
1439CIGNAPR	Employee Only	1	\$574.63	\$574.63
1439GUARDIA	Employee Only	3	\$38.75	\$116.25
			GRAND TOTAL	\$2,690.88

^{**} Prices vary in PRISM. Individual prices shown in census.



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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FRIEDMAN, JOSHUA	2020-12-01	1439CIGNAPR	EE	\$500.00
FRIEDMAN, JOSHUA	2020-12-01	1439GUARDIA	EE	\$38.75
KRIM, JESSE	2021-03-17	1439CIGNAPR	ES	\$1000.00
NACHAMPASSAK, VORAVONG	2020-12-01	1439CIGNAPR	EE	\$500.00
NACHAMPASSAK, VORAVONG	2020-12-01	1439GUARDIA	EE	\$38.75
STOKES, JENNIFER	2021-04-01	1439CIGNAPR	EE	\$574.63
STOKES, JENNIFER	2021-04-01	1439GUARDIA	EE	\$38.75

MEDICAL PLAN COUNTS				
Employee Only	3			
Employee & Spouse	1			
Employee & Children	0			
Family	0			