

SILVERSEARCH CONSULTING SERVICES INC. 45 EISENHOWER DRIVE SUITE 555 PARAMUS, NJ 07652

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

SILVERSEARCH CONSULTING SERVICES INC. 45 EISENHOWER DRIVE SUITE 555

PARAMUS, NJ 07652 201-987-7022

nmartin@silversearchinc.com nmartin+1@silversearchinc.com Invoice Number: 5563-2207
Invoice Month: JULY
Billing Date: 06/15/2022
Payment Due Date: 06/30/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
DENTALGUARD	Employee Only	4	\$38.75	\$155.00
DENTALGUARD	Employee & Spouse Only	1	\$78.66	\$78.66
DENTALGUARD	Employee & Children	4	\$89.93	\$359.72
DENTALGUARD	Family	2	\$137.71	\$275.42
GOLD	Employee Only	1	\$674.50	\$674.50
GOLD HSA	Employee Only	2	\$490.31	\$980.62
PLATINUM	Employee Only	3	\$682.68	\$2,048.04
PLATINUM	Employee & Spouse Only	1	\$1,365.36	\$1,365.36
PLATINUM	Employee & Children	4	\$1,194.69	\$4,778.76
PLATINUM	Family	1	\$2,048.04	\$2,048.04
VSP CHOICE	Employee Only	4	\$6.82	\$27.28
VSP CHOICE	Employee & Spouse Only	2	\$11.48	\$22.96
VSP CHOICE	Employee & Children	5	\$11.70	\$58.50
VSP CHOICE	Family	1	\$18.53	\$18.53
			GRAND TOTAL	\$12,891.39

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



Account Services

SILVERSEARCH CONSULTING SERVICES INC. 45 EISENHOWER DRIVE SUITE 555 PARAMUS, NJ 07652

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ADAMO, JOHN	01/01/2022	PLATINUM	EC	\$1194.69
ADAMO, JOHN	01/01/2022	DENTALGUARD	EC	\$89.93
ADAMO, JOHN	01/01/2022	VSP CHOICE	EC	\$11.7
ARCILLA-CAGIAO, RACHEL	01/01/2022	DENTALGUARD	EE	\$38.75
ARCILLA-CAGIAO, RACHEL	01/01/2022	VSP CHOICE	EC	\$11.7
BRIGANTI, CYNTHIA	2022-05-01	GOLD	EE	\$674.5
BRIGANTI, CYNTHIA	2022-05-01	DENTALGUARD	EE	\$38.75
BRIGANTI, CYNTHIA	2022-05-01	VSP CHOICE	EE	\$6.82
BUSSEY, MARIA	2022-05-01	DENTALGUARD	FAM	\$137.71
GOLDSTEIN, MICHAEL	01/01/2022	PLATINUM	FAM	\$2048.04
GOLDSTEIN, MICHAEL	01/01/2022	DENTALGUARD	FAM	\$137.71
GOLDSTEIN, MICHAEL	01/01/2022	VSP CHOICE	FAM	\$18.53
GRALLA, JANET	2022-05-01	VSP CHOICE	ES	\$11.48
HOWARD, JINELL	01/01/2022	PLATINUM	EC	\$1194.69
HOWARD, JINELL	01/01/2022	DENTALGUARD	EC	\$89.93
HOWARD, JINELL	01/01/2022	VSP CHOICE	EC	\$11.7
KEELEY, MICHAEL	01/01/2022	PLATINUM	EE	\$682.68
KILLMAN, WADE	01/01/2022	GOLD HSA	EE	\$490.31
MEYER, MARGARET	01/01/2022	PLATINUM	EC	\$1194.69
MEYER, MARGARET	01/01/2022	DENTALGUARD	EC	\$89.93
MEYER, MARGARET	01/01/2022	VSP CHOICE	EC	\$11.7
MORDVINOV, ANDREY	05/01/2022	PLATINUM	ES	\$1365.36
MORDVINOV, ANDREY	05/01/2022	DENTALGUARD	ES	\$78.66
MORDVINOV, ANDREY	05/01/2022	VSP CHOICE	ES	\$11.48
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CURRENT MONTH ENROLLMENT (CONTINUED)

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
NEARY, TRACYANN	01/01/2022	DENTA	LGUARD EE	\$38.75
NEARY, TRACYANN	01/01/2022	VSP CH	OICE EE	\$6.82
NEARY, TRACYANN	01/01/2022	PLATIN	UM EE	\$682.68
PAPADOPOULOS, KONS			LGUARD EE	\$38.75
PAPADOPOULOS, KONS	TANTINO S 1/01/2022	VSP CH	OICE EE	\$6.82
PAPADOPOULOS, KONS	TANTINO S 1/01/2022	PLATIN	UM EE	\$682.68
	01/01/2022	TION OIL	OLGE DE	h < 0 2
RUBY, SYDNEY	01/01/2022			\$6.82
RUBY, SYDNEY	01/01/2022	GOLD H	ISA EE	\$490.31
	01/01/2020	DENTA	CHARD EC	Φ00.02
SILVERBERG, ALISA	01/01/2022		LGUARD EC	\$89.93
SILVERBERG, ALISA	01/01/2022	VSP CH	OICE EC	\$11.7
SILVERBERG, ALISA	01/01/2022	PLATIN	UM EC	\$1194.69

Employee Only	6
Employee & Spouse	1
Employee & Children	4
Family	1