



Baker Foods Inc.
EIN: 12-3456789

Calculation of Employer Paid Group Health Insurance

Calculation of Employer Paid Group Health Insurance

Please provide the appropriate documentation to support the payments of the amounts below (Amounts per Tax Return, Paid Invoices to Insurance carrier or insurance broker)

This documentation to be printed to a PDF and combined to a PDF printout of this page

	Totals	Plan #1	Plan #2	Plan #3	Plan #4	Plan #5
	Plan Name	Oxford	Other Health if applicable	Dental	Vision	xxxxxxx
January	23,537	21,811		466	1,260	
February	23,537	21,811		466	1,260	
March	23,537	21,811		466	1,260	
April	23,537	21,811		466	1,260	
May	23,537	21,811		466	1,260	
June	24,150	22,424		466	1,260	
July	24,150	22,424		466	1,260	
August	26,359	24,633		466	1,260	
September	26,359	24,633		466	1,260	
October	26,359	24,633		466	1,260	
November	27,539	25,813		466	1,260	
December	27,539	25,813		466	1,260	
Gross Company Paid	300,140	279,428	-	5,592	15,120	-
Less: Employee Contributions	(125,070)					
Total Net Employer Health Care Cost	175,070					
Average Monthly Net Employer Health Care Cost	14,589					

Enter a negative number in this cell

Employee Contribution to Health Care Costs

You can locate this amount in your 12/31/19 Payroll Information or if you are using a different measurement period in the Year-to-Date Payroll Report for that period

We encourage you to contact your Dedicated Client Service Manager (DCSM) at **888-201-4216** with any questions regarding this invoice.

NOTE

Jill Baker, President
Baker Foods Inc.
100 Executive Drive
Deer Park, NY 11735

Thank you for choosing Oxford.

INVOICE SUMMARY

Group Number	Billing Group	Coverage Period	Invoice Number	Due Date of Payment
BF0000	BF01	01/1/2019 - 01/31/2019	51124344	January 1, 2019

Previous Balance	\$ 0.00	Adjustments to Prior Bills	\$ 0.00
Payments Received	\$21,811.00	Totals by Contract Type - Current Premium	
Debit Memos	0.00	25 Couple / 12 Family / 10 Individual	21,811.00
<i>(See Memo Details on last page of this invoice.)</i>		Total Healthcare Contracts	21,811.00
Credit Memos	0.00	Current Premium	\$ 21,811.00
<i>(See Memo Details on last page of this invoice.)</i>			
Total Balance Forward	\$0.00		

Total Balance Forward	\$ 0.00
Adjustments to Prior Bills	\$ 0.00
+ Current Premium	\$ 21,811.00
Total Amount Due	\$21,811.00

Please detach and return the remittance below with your payment

MS-12-139

Do not include any correspondence with your payment


BAKER FOODS INC.



Group Number	Billing Group	Invoice Number	Payment Due Date
BF0000	BF01	51124344	January 1, 2019

Please include this remittance advice for each billing group and indicate the amount to pay each billing group.

Return payment and remittance advice to:

OXFORD HEALTH PLANS
 PO BOX 1697
 NEWARK, NJ 07101-1697


AMOUNT DUE

\$ 21,811.00

AMOUNT PAID

We encourage you to contact your Dedicated Client Service Manager (DCSM) at **888-201-4216** with any questions regarding this invoice.

Jill Baker, President
Baker Foods Inc.
100 Executive Drive
Deer Park, NY 11735

NOTE

Thank you for choosing Oxford.

INVOICE SUMMARY

Group Number BF000	Billing Group BF01	Coverage Period 02/01/2019 - 02/28/2019	Invoice Number 51129344	Due Date of Payment February 1, 2019
------------------------------	------------------------------	---	-----------------------------------	--

Previous Balance	\$ 0.00	Adjustments to Prior Bills	\$ 0.00
Payments Received	\$21,811.00	Totals by Contract Type - Current Premium	
Debit Memos	0.00	24 Couple / 12 Family / 10 Individual	21,811.00
<i>(See Memo Details on last page of this invoice.)</i>		Total Healthcare Contracts	21,811.00
Credit Memos	0.00	Current Premium	\$ 21,811.00
<i>(See Memo Details on last page of this invoice.)</i>			
Total Balance Forward	\$0.00		

Total Balance Forward	\$ 0.00
Adjustments to Prior Bills	\$ 0.00
+ Current Premium	\$ 21,811.00
Total Amount Due	\$21,811.00

Please detach and return the remittance below with your payment

MS-12-139

Do not include any correspondence with your payment

BAKER FOODS INC.



Group Number BF000	Billing Group BF01	Invoice Number 51129344	Payment Due Date February 1, 2019
------------------------------	------------------------------	-----------------------------------	---

Please include this remittance advice for each billing group and indicate the amount to pay each billing group.

Return payment and remittance advice to:

OXFORD HEALTH PLANS
PO BOX 1697
NEWARK, NJ 07101-1697

AMOUNT DUE

\$ 21,811.00



AMOUNT PAID

We encourage you to contact your Dedicated Client Service Manager (DCSM) at **888-201-4216** with any questions regarding this invoice.

NOTE

Jill Baker, President
Baker Foods Inc.
100 Executive Drive
Deer Park, NY 11735

Thank you for choosing Oxford.

INVOICE SUMMARY

Group Number	Billing Group	Coverage Period	Invoice Number	Due Date of Payment
BF0000	BF01	04/1/2019 - 04/30/2019	51129344	April 1, 2019

Previous Balance	\$ 0.00	Adjustments to Prior Bills	\$ 0.00
Payments Received	\$21,811.00	Totals by Contract Type - Current Premium	
Debit Memos	0.00	24 Couple / 12 Family / 10 Individual	21,811.00
<i>(See Memo Details on last page of this invoice.)</i>		Total Healthcare Contracts	21,811.00
Credit Memos	0.00	Current Premium	\$ 21,811.00
<i>(See Memo Details on last page of this invoice.)</i>			
Total Balance Forward	\$0.00		

Total Balance Forward	\$ 0.00
Adjustments to Prior Bills	\$ 0.00
+ Current Premium	\$ 21,811.00
Total Amount Due	\$21,811.00

Please detach and return the remittance below with your payment

MS-12-139

Do not include any correspondence with your payment


BAKER FOODS INC.



Group Number	Billing Group	Invoice Number	Payment Due Date
BF0000	BF01	51129344	April 1, 2019

Please include this remittance advice for each billing group and indicate the amount to pay each billing group.

Return payment and remittance advice to:

OXFORD HEALTH PLANS
 PO BOX 1697
 NEWARK, NJ 07101-1697


AMOUNT DUE

\$ 21,811.00

AMOUNT PAID

We encourage you to contact your Dedicated Client Service Manager (DCSM) at **888-201-4216** with any questions regarding this invoice.

NOTE

Jill Baker, President
Baker Foods Inc.
100 Executive Drive
Deer Park, NY 11735

Thank you for choosing Oxford.

INVOICE SUMMARY

Group Number BF000	Billing Group BF01	Coverage Period 05/1/2019 - 05/31/2019	Invoice Number 51129344	Due Date of Payment May 1, 2019
------------------------------	------------------------------	--	-----------------------------------	---

Previous Balance	\$ 0.00	Adjustments to Prior Bills	\$ 0.00
Payments Received	\$21,811.00	Totals by Contract Type - Current Premium	
Debit Memos	0.00	24 Couple / 12 Family / 10 Individual	21,811.00
<i>(See Memo Details on last page of this invoice.)</i>		Total Healthcare Contracts	21,811.00
Credit Memos	0.00	Current Premium	\$ 21,811.00
<i>(See Memo Details on last page of this invoice.)</i>			
Total Balance Forward	\$0.00		

Total Balance Forward	\$ 0.00
Adjustments to Prior Bills	\$ 0.00
+ Current Premium	\$ 21,811.00
Total Amount Due	\$21,811.00

Please detach and return the remittance below with your payment

MS-12-139

Do not include any correspondence with your payment


BAKER FOODS INC.



Group Number BF0000	Billing Group BF01	Invoice Number 51129344	Payment Due Date May 1, 2019
-------------------------------	------------------------------	-----------------------------------	--

Please include this remittance advice for each billing group and indicate the amount to pay each billing group.

Return payment and remittance advice to:

OXFORD HEALTH PLANS
 PO BOX 1697
 NEWARK, NJ 07101-1697


AMOUNT DUE **\$ 21,811.00**

AMOUNT PAID _____

We encourage you to contact your Dedicated Client Service Manager (DCSM) at **888-201-4216** with any questions regarding this invoice.

Jill Baker, President
Baker Foods Inc.
100 Executive Drive
Deer Park, NY 11735

NOTE

Thank you for choosing Oxford.

INVOICE SUMMARY

Group Number BF0000	Billing Group BF01	Coverage Period 06/1/2019 - 06/30/2019	Invoice Number 51129344	Due Date of Payment June 1, 2019
-------------------------------	------------------------------	--	-----------------------------------	--

Previous Balance	\$ 0.00	Adjustments to Prior Bills	\$ 0.00
Payments Received	\$21,811.00	Totals by Contract Type - Current Premium	
Debit Memos	0.00	24 Couple / 12 Family / 10 Individual	22,424.00
<i>(See Memo Details on last page of this invoice.)</i>		Total Healthcare Contracts	22,424.00
Credit Memos	0.00	Current Premium	\$ 22,424.00
<i>(See Memo Details on last page of this invoice.)</i>			
Total Balance Forward	\$0.00		

Total Balance Forward	\$ 0.00
Adjustments to Prior Bills	\$ 0.00
+ Current Premium	\$ 22,424.00
Total Amount Due	\$22,424.00

Please detach and return the remittance below with your payment

MS-12-139

Do not include any correspondence with your payment


BAKER FOODS INC.



Group Number BF0000	Billing Group BF01	Invoice Number 51129344	Payment Due Date June 1, 2019
-------------------------------	------------------------------	-----------------------------------	---

Please include this remittance advice for each billing group and indicate the amount to pay each billing group.

Return payment and remittance advice to:

OXFORD HEALTH PLANS
 PO BOX 1697
 NEWARK, NJ 07101-1697


AMOUNT DUE

\$ 22,424.00

AMOUNT PAID

We encourage you to contact your Dedicated Client Service Manager (DCSM) at **888-201-4216** with any questions regarding this invoice.

NOTE

Jill Baker, President
 Baker Foods Inc.
 100 Executive Drive
 Deer Park, NY 11735

Thank you for choosing Oxford.

INVOICE SUMMARY

Group Number BF0000	Billing Group BF01	Coverage Period 07/1/2019 - 07/31/2019	Invoice Number 51129344	Due Date of Payment July 1, 2019
-------------------------------	------------------------------	--	-----------------------------------	--

Previous Balance	\$ 0.00	Adjustments to Prior Bills	\$ 0.00
Payments Received	\$22,424.00	Totals by Contract Type - Current Premium	
Debit Memos	0.00	24 Couple / 12 Family / 10 Individual	22,424.00
<i>(See Memo Details on last page of this invoice.)</i>		Total Healthcare Contracts	22,424.00
Credit Memos	0.00	Current Premium	\$ 22,424.00
<i>(See Memo Details on last page of this invoice.)</i>			
Total Balance Forward	\$0.00		

Total Balance Forward	\$ 0.00
Adjustments to Prior Bills	\$ 0.00
+ Current Premium	\$ 22,424.00
Total Amount Due	\$22,424.00

Please detach and return the remittance below with your payment

MS-12-139

Do not include any correspondence with your payment

BAKER FOODS INC.



Group Number BF0000	Billing Group BF01	Invoice Number 51129344	Payment Due Date July 1, 2019
-------------------------------	------------------------------	-----------------------------------	---

Please include this remittance advice for each billing group and indicate the amount to pay each billing group.

Return payment and remittance advice to:

OXFORD HEALTH PLANS
 PO BOX 1697
 NEWARK, NJ 07101-1697

AMOUNT DUE

\$ 22,424.00



AMOUNT PAID

We encourage you to contact your Dedicated Client Service Manager (DCSM) at **888-201-4216** with any questions regarding this invoice.

NOTE

Jill Baker, President
Baker Foods Inc.
100 Executive Drive
Deer Park, NY 11735

Thank you for choosing Oxford.

INVOICE SUMMARY

Group Number BF000	Billing Group BF01	Coverage Period 08/1/2019 - 08/31/2019	Invoice Number 51129344	Due Date of Payment August 1, 2019
------------------------------	------------------------------	--	-----------------------------------	--

Previous Balance	\$ 0.00	Adjustments to Prior Bills	\$ 0.00
Payments Received	\$22,424.00	Totals by Contract Type - Current Premium	
Debit Memos	0.00	24 Couple / 12 Family / 10 Individual	24,633.00
<i>(See Memo Details on last page of this invoice.)</i>		Total Healthcare Contracts	24,633.00
Credit Memos	0.00	Current Premium	\$ 24,633.00
<i>(See Memo Details on last page of this invoice.)</i>			
Total Balance Forward	\$0.00		

Total Balance Forward	\$ 0.00
Adjustments to Prior Bills	\$ 0.00
+ Current Premium	\$ 24,633.00
Total Amount Due	\$24,633.00

Please detach and return the remittance below with your payment

MS-12-139

Do not include any correspondence with your payment


BAKER FOODS INC.



Group Number BF0000	Billing Group BF01	Invoice Number 51129344	Payment Due Date August 1, 2019
-------------------------------	------------------------------	-----------------------------------	---

Please include this remittance advice for each billing group and indicate the amount to pay each billing group.

Return payment and remittance advice to:

OXFORD HEALTH PLANS
 PO BOX 1697
 NEWARK, NJ 07101-1697


AMOUNT DUE

\$ 24,633.00

AMOUNT PAID

We encourage you to contact your Dedicated Client Service Manager (DCSM) at **888-201-4216** with any questions regarding this invoice.

NOTE

Jill Baker, President
Baker Foods Inc.
100 Executive Drive
Deer Park, NY 11735

Thank you for choosing Oxford.

INVOICE SUMMARY

Group Number BF000	Billing Group BF01	Coverage Period 09/1/2019 - 09/30/2019	Invoice Number 51129344	Due Date of Payment September 1, 2019
------------------------------	------------------------------	--	-----------------------------------	---

Previous Balance	\$ 0.00	Adjustments to Prior Bills	\$ 0.00
Payments Received	\$24,633.00	Totals by Contract Type - Current Premium	
Debit Memos	0.00	24 Couple / 12 Family / 10 Individual	24,633.00
<i>(See Memo Details on last page of this invoice.)</i>		Total Healthcare Contracts	24,633.00
Credit Memos	0.00	Current Premium	\$ 24,633.00
<i>(See Memo Details on last page of this invoice.)</i>			
Total Balance Forward	\$0.00		

Total Balance Forward	\$ 0.00
Adjustments to Prior Bills	\$ 0.00
+ Current Premium	\$ 24,633.00
Total Amount Due	\$24,633.00

Please detach and return the remittance below with your payment

MS-12-139

Do not include any correspondence with your payment


BAKER FOODS INC.



Group Number BF000	Billing Group BF01	Invoice Number 51129344	Payment Due Date September 1, 2019
------------------------------	------------------------------	-----------------------------------	--

Please include this remittance advice for each billing group and indicate the amount to pay each billing group.

Return payment and remittance advice to:

OXFORD HEALTH PLANS
 PO BOX 1697
 NEWARK, NJ 07101-1697


AMOUNT DUE

\$ 24,633.00

AMOUNT PAID

We encourage you to contact your Dedicated Client Service Manager (DCSM) at **888-201-4216** with any questions regarding this invoice.

NOTE

Jill Baker, President
Baker Foods Inc.
100 Executive Drive
Deer Park, NY 11735

Thank you for choosing Oxford.

INVOICE SUMMARY

Group Number	Billing Group	Coverage Period	Invoice Number	Due Date of Payment
BF0000	BF01	10/1/2019 - 10/31/2019	51129344	October 1, 2019

Previous Balance	\$ 0.00	Adjustments to Prior Bills	\$ 0.00
Payments Received	\$24,633.00	Totals by Contract Type - Current Premium	
Debit Memos	0.00	24 Couple / 12 Family / 10 Individual	24,633.00
<i>(See Memo Details on last page of this invoice.)</i>		Total Healthcare Contracts	24,633.00
Credit Memos	0.00	Current Premium	\$ 24,633.00
<i>(See Memo Details on last page of this invoice.)</i>			
Total Balance Forward	\$0.00		

Total Balance Forward	\$ 0.00
Adjustments to Prior Bills	\$ 0.00
+ Current Premium	\$ 24,633.00
Total Amount Due	\$24,633.00

Please detach and return the remittance below with your payment

MS-12-139

Do not include any correspondence with your payment

BAKER FOODS INC.



Group Number	Billing Group	Invoice Number	Payment Due Date
BF0000	BF01	51129344	October 1, 2019

Please include this remittance advice for each billing group and indicate the amount to pay each billing group.

Return payment and remittance advice to:

OXFORD HEALTH PLANS
PO BOX 1697
NEWARK, NJ 07101-1697

AMOUNT DUE

\$ 24,633.00



AMOUNT PAID _____

We encourage you to contact your Dedicated Client Service Manager (DCSM) at **888-201-4216** with any questions regarding this invoice.

NOTE

Jill Baker, President
Baker Foods Inc.
100 Executive Drive
Deer Park, NY 11735

Thank you for choosing Oxford.

INVOICE SUMMARY

Group Number BF0000	Billing Group BF01	Coverage Period 11/1/2019 - 11/30/2019	Invoice Number 51129344	Due Date of Payment November 1, 2019
-------------------------------	------------------------------	--	-----------------------------------	--

Previous Balance	\$ 0.00	Adjustments to Prior Bills	\$ 0.00
Payments Received	\$24,633.00	Totals by Contract Type - Current Premium	
Debit Memos	0.00	24 Couple / 12 Family / 10 Individual	25,813.00
<i>(See Memo Details on last page of this invoice.)</i>		Total Healthcare Contracts	25,813.00
Credit Memos	0.00	Current Premium	\$ 25,813.00
<i>(See Memo Details on last page of this invoice.)</i>			
Total Balance Forward	\$0.00		

Total Balance Forward	\$ 0.00
Adjustments to Prior Bills	\$ 0.00
+ Current Premium	\$ 25,813.00
Total Amount Due	\$25,813.00

Please detach and return the remittance below with your payment

MS-12-139

Do not include any correspondence with your payment


BAKER FOODS INC.



Group Number BF0000	Billing Group BF01	Invoice Number 51129344	Payment Due Date November 1, 2019
-------------------------------	------------------------------	-----------------------------------	---

Please include this remittance advice for each billing group and indicate the amount to pay each billing group.

Return payment and remittance advice to:

OXFORD HEALTH PLANS
 PO BOX 1697
 NEWARK, NJ 07101-1697


AMOUNT DUE

\$ 25,813.00

AMOUNT PAID

We encourage you to contact your Dedicated Client Service Manager (DCSM) at **888-201-4216** with any questions regarding this invoice.

NOTE

Jill Baker, President
Baker Foods Inc.
100 Executive Drive
Deer Park, NY 11735

Thank you for choosing Oxford.

INVOICE SUMMARY

Group Number BF000	Billing Group BF01	Coverage Period 12/1/2019 - 12/31/2019	Invoice Number 51129344	Due Date of Payment December 1, 2019
------------------------------	------------------------------	--	-----------------------------------	--

Previous Balance	\$ 0.00	Adjustments to Prior Bills	\$ 0.00
Payments Received	\$25,813.00	Totals by Contract Type - Current Premium	
Debit Memos	0.00	24 Couple / 12 Family / 10 Individual	25,813.00
<i>(See Memo Details on last page of this invoice.)</i>		Total Healthcare Contracts	25,813.00
Credit Memos	0.00	Current Premium	\$ 25,813.00
<i>(See Memo Details on last page of this invoice.)</i>			
Total Balance Forward	\$0.00		

Total Balance Forward	\$ 0.00
Adjustments to Prior Bills	\$ 0.00
+ Current Premium	\$ 25,813.00
Total Amount Due	\$25,813.00

Please detach and return the remittance below with your payment

MS-12-139

Do not include any correspondence with your payment


BAKER FOODS INC.



Group Number BF0000	Billing Group BF01	Invoice Number 51129344	Payment Due Date December 1, 2019
-------------------------------	------------------------------	-----------------------------------	---

Please include this remittance advice for each billing group and indicate the amount to pay each billing group.

Return payment and remittance advice to:

OXFORD HEALTH PLANS
 PO BOX 1697
 NEWARK, NJ 07101-1697


AMOUNT DUE

\$ 25,813.00

AMOUNT PAID

LEGEND FOR INVOICE DETAILS

CONTRACT TYPE		CODE		CODE (continued)	
S	Single	BGXFER	Billing Group Transfer	SBCA	Add Benefit Coverage to Subscriber
D	Double	CTERM	Contract Term	SBCT	Terminate Subscriber Benefit Coverage
C	Couple	CTIER	Contract Tier Change	SUBA	Activate a Subscriber
PC	Parent/Child	DBCA	Add Benefit Coverage for a Dependent	SUBT	Terminate a Subscriber
PCH	Parent/Children	DBCT	Terminate Benefit Coverage for a Dependent		
F	Family				
BENEFIT		DEPA	Activate a Dependent or a Spouse		
HEALTHCR	Healthcare Benefits	DEPT	Terminate a Dependent or a Spouse		
DENTAL	Dental Benefits	DOB	Date of Birth Change		
LIFE	Life Insurance	DTCG	Member Date Change		
AD&D	Accidental Death and Dismemberment Insurance	MLCT	Member Life Class Termination		
		PREM	Premium Change		
		SALARY	Salary Change		

All adjustments for Membership activity are made automatically by our system. Please do not make any manual adjustments to the total due. Any financial adjustment for Membership activity not displayed in this invoice summary will be reflected in a future invoice. If you would like your payment applied to a specific plan design, you must send the Remittance Advice for that plan design and indicate the amount to be paid in the Amount Remitted field of the Advice.

NOTICE

Failure to remit payment by the end of the grace period may result in termination of coverage by Oxford.*

According to the terms of your Group Policy and Group Enrollment Agreement with Oxford, premium payments are due on the first of the month. The purpose of this notice is to advise you that your group coverage may terminate on the last day of the coverage period indicated on page one of this bill (the "Coverage Period") if we do not receive the required premium payment by the end of the grace period specified in your Group Policy and Group Enrollment Agreement.

For New York groups, if we do not receive any payment by the end of the grace period, the termination date of coverage will be retroactive to the last paid date of coverage. If we receive a partial payment, the termination process described in the prior paragraph will apply.

For all groups, if termination occurs, your employees and their dependents will receive coverage for all claims incurred on or before the last day of the Coverage Period or, in the case of a New York employer who has made no payment before the end of the grace period, the last paid date of coverage. No coverage will be provided for claims incurred thereafter. Any employee or dependent who has access to no other health insurance may be able to convert to an individual policy with Oxford. More information about this conversion option can be obtained by contacting your Oxford group representative directly.

FOR NEW YORK EMPLOYERS ONLY

In addition to the above, pursuant to section 217 of the New York Labor Law, you are required to inform your employees of the intended termination of their health coverage. This law requires that you do so by either hand-delivering or mailing to each of your employees, and by posting at conspicuous locations chosen as most likely to give notice to your employees, at least nine days prior to the intended termination date, a copy of this notice along with your own cover letter advising as to the intended termination of coverage. However, if your premium payment is sent to Oxford on or before the 20th day of the Coverage Period, or if you have arranged for similar replacement coverage for your employees provided by a different carrier (and filed affidavits to that effect with the Commission of Labor and Superintendent of Insurance), the law does not require that you provide your employees with notification as described above.

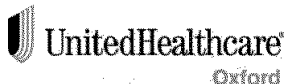
The Contract Type on the Invoice Details list refers to the Contract Type of the core health care benefit, unless no such benefit exists for the Subscriber. Please refer to the Legend For Invoice Details above for an explanation of Contract Type, Benefit, and Code abbreviations.

*Oxford HMO products are underwritten by Oxford Health Plans (NY), Inc., Oxford Health Plans (NJ), Inc. and Oxford Health Plans (CT), Inc. Oxford insurance products are underwritten by Oxford Health Insurance, Inc.

Invoice Details may be continued on the other side.

OUR GOAL IS HELPING PEOPLE LIVE HEALTHIER LIVES

How do we do this? Better information. Better decisions. Better health. We're committed to providing better information to support better decisions that help drive better health for our members. A leading physician network, 24-hour health care guidance with *Oxford On-Call*[®], a wealth of wellness resources, and online access at oxfordhealth.com, are just a few examples of our ongoing efforts to help our members live healthier lives.





For period covering: **January 1, 2019 - January 31, 2019**

\$466.00

PAYMENT DUE BY: 1 February 2019

JILL BAKER
Baker Foods
100 Enterprise Dr
Deer Park, NY 11735

Delta Dental
One Delta Drive
Mechanicsburg, PA 17055
(800) 422-4234

QUANTITY	DETAILS	UNIT PRICE	LINE TOTAL
6	Monthly Dental Plan- Individual	8.00	48.00
12	Monthly Dental Plan- Individual + Spouse	14.00	168.00
10	Monthly Dental Plan- Individual + Family	25.00	250.00

Discount
 Net Total \$466.00
 Tax

#REF!	\$466.00
--------------	-----------------

PAYMENT DETAILS

OTHER INFORMATION

Name of Beneficiary: Baker Foods Inc.
 Name of Bank: Woodgrove Bank
 Address of Bank: Deer Park, NY 11735
 Account Number: 1234567
 Routing Number (SWIFT Code) 9876543210
 Payment Reference: 0

bakerfoods.com
 accounting@bakerfoods.com



For period covering: February 1, 2019 - February 28, 2019

\$466.00

PAYMENT DUE BY: 1 March 2019

JILL BAKER
Baker Foods
100 Enterprise Dr
Deer Park, NY 11735

Delta Dental
One Delta Drive
Mechanicsburg, PA 17055
(800) 422-4234

Table with 4 columns: QUANTITY, DETAILS, UNIT PRICE, LINE TOTAL. Rows include Monthly Dental Plan- Individual, Spouse, and Family plans.

Discount
Net Total \$466.00
Tax

#REF! \$466.00

PAYMENT DETAILS

OTHER INFORMATION

Name of Beneficiary: Baker Foods Inc.
Name of Bank: Woodgrove Bank
Address of Bank: Deer Park, NY 11735
Account Number: 1234567
Routing Number (SWIFT Code) 9876543210
Payment Reference: 0

bakerfoods.com
accounting@bakerfoods.com



For period covering: **March 1, 2019 - March 31, 2019**

\$466.00

PAYMENT DUE BY: 1 April 2019

JILL BAKER
Baker Foods
100 Enterprise Dr
Deer Park, NY 11735

Delta Dental
One Delta Drive
Mechanicsburg, PA 17055
(800) 422-4234

QUANTITY	DETAILS	UNIT PRICE	LINE TOTAL
6	Monthly Dental Plan- Individual	8.00	48.00
12	Monthly Dental Plan- Individual + Spouse	14.00	168.00
10	Monthly Dental Plan- Individual + Family	25.00	250.00

Discount
 Net Total \$466.00
 Tax

#REF!

\$466.00

PAYMENT DETAILS

OTHER INFORMATION

Name of Beneficiary: Baker Foods Inc.
 Name of Bank: Woodgrove Bank
 Address of Bank: Deer Park, NY 11735
 Account Number: 1234567
 Routing Number (SWIFT Code) 9876543210
 Payment Reference: 0

bakerfoods.com
 accounting@bakerfoods.com



For period covering: April 1, 2019 - April 30, 2019

\$466.00

PAYMENT DUE BY: 1 May 2019

JILL BAKER
Baker Foods
100 Enterprise Dr
Deer Park, NY 11735

Delta Dental
One Delta Drive
Mechanicsburg, PA 17055
(800) 422-4234

Table with 4 columns: QUANTITY, DETAILS, UNIT PRICE, LINE TOTAL. Rows include Monthly Dental Plan- Individual, Individual + Spouse, and Individual + Family.

Discount
Net Total \$466.00
Tax

#REF! \$466.00

PAYMENT DETAILS

OTHER INFORMATION

Name of Beneficiary: Baker Foods Inc.
Name of Bank: Woodgrove Bank
Address of Bank: Deer Park, NY 11735
Account Number: 1234567
Routing Number (SWIFT Code) 9876543210
Payment Reference: 0

bakerfoods.com
accounting@bakerfoods.com



For period covering: **May 1, 2019 - May 31, 2019**

\$466.00

PAYMENT DUE BY: 1 June 2019

JILL BAKER
Baker Foods
100 Enterprise Dr
Deer Park, NY 11735

Delta Dental
One Delta Drive
Mechanicsburg, PA 17055
(800) 422-4234

QUANTITY	DETAILS	UNIT PRICE	LINE TOTAL
6	Monthly Dental Plan- Individual	8.00	48.00
12	Monthly Dental Plan- Individual + Spouse	14.00	168.00
10	Monthly Dental Plan- Individual + Family	25.00	250.00

Discount
 Net Total \$466.00
 Tax

#REF!	\$466.00
-------	-----------------

PAYMENT DETAILS

OTHER INFORMATION

Name of Beneficiary: Baker Foods Inc.
 Name of Bank: Woodgrove Bank
 Address of Bank: Deer Park, NY 11735
 Account Number: 1234567
 Routing Number (SWIFT Code) 9876543210
 Payment Reference: 0

bakerfoods.com
 accounting@bakerfoods.com



For period covering: June 1, 2019 - June 31, 2019

\$466.00

PAYMENT DUE BY: 1 July 2019

JILL BAKER
Baker Foods
100 Enterprise Dr
Deer Park, NY 11735

Delta Dental
One Delta Drive
Mechanicsburg, PA 17055
(800) 422-4234

Table with 4 columns: QUANTITY, DETAILS, UNIT PRICE, LINE TOTAL. Rows include Monthly Dental Plan- Individual, Monthly Dental Plan- Individual + Spouse, and Monthly Dental Plan- Individual + Family.

Discount
Net Total \$466.00
Tax

#REF! \$466.00

PAYMENT DETAILS

OTHER INFORMATION

Name of Beneficiary: Baker Foods Inc.
Name of Bank: Woodgrove Bank
Address of Bank: Deer Park, NY 11735
Account Number: 1234567
Routing Number (SWIFT Code) 9876543210
Payment Reference: 0

bakerfoods.com
accounting@bakerfoods.com



For period covering: July 1, 2019 - July 31, 2019

\$466.00

PAYMENT DUE BY: 1 August 2019

JILL BAKER
Baker Foods
100 Enterprise Dr
Deer Park, NY 11735

Delta Dental
One Delta Drive
Mechanicsburg, PA 17055
(800) 422-4234

Table with 4 columns: QUANTITY, DETAILS, UNIT PRICE, LINE TOTAL. Rows include Monthly Dental Plan- Individual, Monthly Dental Plan- Individual + Spouse, and Monthly Dental Plan- Individual + Family.

Discount
Net Total \$466.00
Tax

#REF! \$466.00

PAYMENT DETAILS

OTHER INFORMATION

Name of Beneficiary: Baker Foods Inc.
Name of Bank: Woodgrove Bank
Address of Bank: Deer Park, NY 11735
Account Number: 1234567
Routing Number (SWIFT Code) 9876543210
Payment Reference: 0

bakerfoods.com
accounting@bakerfoods.com



For period covering: August 1, 2019 - August 31, 2019

\$466.00

PAYMENT DUE BY: 1 September 2019

JILL BAKER
Baker Foods
100 Enterprise Dr
Deer Park, NY 11735

Delta Dental
One Delta Drive
Mechanicsburg, PA 17055
(800) 422-4234

Table with 4 columns: QUANTITY, DETAILS, UNIT PRICE, LINE TOTAL. Rows include Monthly Dental Plan- Individual, Individual + Spouse, and Individual + Family.

Discount
Net Total \$466.00
Tax

#REF! \$466.00

PAYMENT DETAILS

OTHER INFORMATION

Name of Beneficiary: Baker Foods Inc.
Name of Bank: Woodgrove Bank
Address of Bank: Deer Park, NY 11735
Account Number: 1234567
Routing Number (SWIFT Code) 9876543210
Payment Reference: 0

bakerfoods.com
accounting@bakerfoods.com



For period covering: **September 1, 2019 - September 31, 2019**

\$466.00

PAYMENT DUE BY: 1 October 2019

JILL BAKER
Baker Foods
100 Enterprise Dr
Deer Park, NY 11735

Delta Dental
One Delta Drive
Mechanicsburg, PA 17055
(800) 422-4234

QUANTITY	DETAILS	UNIT PRICE	LINE TOTAL
6	Monthly Dental Plan- Individual	8.00	48.00
12	Monthly Dental Plan- Individual + Spouse	14.00	168.00
10	Monthly Dental Plan- Individual + Family	25.00	250.00

Discount
 Net Total \$466.00
 Tax

#REF!

\$466.00

PAYMENT DETAILS

OTHER INFORMATION

Name of Beneficiary: Baker Foods Inc.
 Name of Bank: Woodgrove Bank
 Address of Bank: Deer Park, NY 11735
 Account Number: 1234567
 Routing Number (SWIFT Code) 9876543210
 Payment Reference: 0

bakerfoods.com
 accounting@bakerfoods.com



For period covering: **October 1, 2019 - October 31, 2019**

\$466.00

PAYMENT DUE BY: 1 November 2019

JILL BAKER
Baker Foods
100 Enterprise Dr
Deer Park, NY 11735

Delta Dental
One Delta Drive
Mechanicsburg, PA 17055
(800) 422-4234

QUANTITY	DETAILS	UNIT PRICE	LINE TOTAL
6	Monthly Dental Plan- Individual	8.00	48.00
12	Monthly Dental Plan- Individual + Spouse	14.00	168.00
10	Monthly Dental Plan- Individual + Family	25.00	250.00

Discount
 Net Total \$466.00
 Tax

#REF!	\$466.00
-------	-----------------

PAYMENT DETAILS

OTHER INFORMATION

Name of Beneficiary: Baker Foods Inc.
 Name of Bank: Woodgrove Bank
 Address of Bank: Deer Park, NY 11735
 Account Number: 1234567
 Routing Number (SWIFT Code) 9876543210
 Payment Reference: 0

bakerfoods.com
 accounting@bakerfoods.com



For period covering: **November 1, 2019 - November 30, 2019**

\$466.00

PAYMENT DUE BY: 1 December 2019

JILL BAKER
Baker Foods
100 Enterprise Dr
Deer Park, NY 11735

Delta Dental
One Delta Drive
Mechanicsburg, PA 17055
(800) 422-4234

QUANTITY	DETAILS	UNIT PRICE	LINE TOTAL
6	Monthly Dental Plan- Individual	8.00	48.00
12	Monthly Dental Plan- Individual + Spouse	14.00	168.00
10	Monthly Dental Plan- Individual + Family	25.00	250.00

Discount
 Net Total \$466.00
 Tax

#REF!	\$466.00
-------	-----------------

PAYMENT DETAILS

OTHER INFORMATION

Name of Beneficiary: Baker Foods Inc.
 Name of Bank: Woodgrove Bank
 Address of Bank: Deer Park, NY 11735
 Account Number: 1234567
 Routing Number (SWIFT Code) 9876543210
 Payment Reference: 0

bakerfoods.com
 accounting@bakerfoods.com



For period covering: December 1, 2019 - December 30, 2019

\$466.00

PAYMENT DUE BY: 1 January 2020

JILL BAKER
Baker Foods
100 Enterprise Dr
Deer Park, NY 11735

Delta Dental
One Delta Drive
Mechanicsburg, PA 17055
(800) 422-4234

Table with 4 columns: QUANTITY, DETAILS, UNIT PRICE, LINE TOTAL. Rows include Monthly Dental Plan- Individual, Spouse, and Family plans.

Discount
Net Total \$466.00
Tax

#REF! \$466.00

PAYMENT DETAILS

OTHER INFORMATION

Name of Beneficiary: Baker Foods Inc.
Name of Bank: Woodgrove Bank
Address of Bank: Deer Park, NY 11735
Account Number: 1234567
Routing Number (SWIFT Code) 9876543210
Payment Reference: 0

bakerfoods.com
accounting@bakerfoods.com



For period covering: **January 1, 2019 - January 31, 2019**

\$1,260.00

PAYMENT DUE BY: 1 February 2019

JILL BAKER
Baker Foods
100 Enterprise Dr
Deer Park, NY 11735

VSP VISION CARE
307 Meadow Hall Dr
Rockville, MD 20851
(301) 309-3700

QUANTITY	DETAILS	UNIT PRICE	LINE TOTAL
27	Monthly Vision Plans	45.00	1,215.00
1	New Plan Addition	45.00	45.00

	Discount	
	Net Total	\$1,260.00
	Tax	
	USD TOTAL	\$1,260.00

PAYMENT DETAILS

Name of Beneficiary: Baker Foods Inc.
 Name of Bank: Woodgrove Bank
 Address of Bank: Deer Park, NY 11735
 Account Number: 1234567
 Routing Number (SWIFT Code) 9876543210
 Payment Reference: 0

OTHER INFORMATION

Phone: 631 555 1212
 Facsimile: 631 555 1213
 bakerfoods.com
 accounting@bakerfoods.com



For period covering: February 1, 2019 - February 28, 2019

\$1,260.00

PAYMENT DUE BY: 1 March 2019

JILL BAKER
Baker Foods
100 Enterprise Dr
Deer Park, NY 11735

VSP VISION CARE
307 Meadow Hall Dr
Rockville, MD 20851
(301) 309-3700

Table with 5 columns: QUANTITY, DETAILS, UNIT PRICE, LINE TOTAL. Row 1: 28, Monthly Vision Plans, 45.00, 1,260.00

Empty table row

Empty table row

Empty table row

Empty table row

Empty table row

Empty table row

Discount
Net Total \$1,260.00
Tax

USD TOTAL \$1,260.00

PAYMENT DETAILS

Name of Beneficiary: Baker Foods Inc.
Name of Bank: Woodgrove Bank
Address of Bank: Deer Park, NY 11735
Account Number: 1234567
Routing Number (SWIFT Code) 9876543210
Payment Reference: 0

OTHER INFORMATION

Phone: 631 555 1212
Facsimile: 631 555 1213
bakerfoods.com
accounting@bakerfoods.com



For period covering: **March 1, 2019 - March 31, 2019**

\$1,260.00

PAYMENT DUE BY: 1 April 2019

JILL BAKER
Baker Foods
100 Enterprise Dr
Deer Park, NY 11735

VSP VISION CARE
307 Meadow Hall Dr
Rockville, MD 20851
(301) 309-3700

QUANTITY	DETAILS	UNIT PRICE	LINE TOTAL
28	Monthly Vision Plans	45.00	1,260.00

Discount	
Net Total	\$1,260.00
Tax	

USD TOTAL	\$1,260.00
------------------	-------------------

PAYMENT DETAILS

Name of Beneficiary: Baker Foods Inc.
Name of Bank: Woodgrove Bank
Address of Bank: Deer Park, NY 11735
Account Number: 1234567
Routing Number (SWIFT Code) 9876543210
Payment Reference: 0

OTHER INFORMATION

Phone: 631 555 1212
Facsimile: 631 555 1213
bakerfoods.com
accounting@bakerfoods.com



For period covering: **April 1, 2019 - April 30, 2019**

\$1,260.00

PAYMENT DUE BY: 1 May 2019

JILL BAKER
 Baker Foods
 100 Enterprise Dr
 Deer Park, NY 11735

VSP VISION CARE
 307 Meadow Hall Dr
 Rockville, MD 20851
 (301) 309-3700

QUANTITY	DETAILS	UNIT PRICE	LINE TOTAL
28	Monthly Vision Plans	45.00	1,260.00

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

Discount	
Net Total	\$1,260.00
Tax	

USD TOTAL	\$1,260.00
------------------	-------------------

PAYMENT DETAILS

Name of Beneficiary: Baker Foods Inc.
 Name of Bank: Woodgrove Bank
 Address of Bank: Deer Park, NY 11735
 Account Number: 1234567
 Routing Number (SWIFT Code) 9876543210
 Payment Reference: 0

OTHER INFORMATION

Phone: 631 555 1212
 Facsimile: 631 555 1213
 bakerfoods.com
 accounting@bakerfoods.com



For period covering: **May 1, 2019 - May 31, 2019**

\$1,260.00

PAYMENT DUE BY: 1 June 2019

JILL BAKER
Baker Foods
100 Enterprise Dr
Deer Park, NY 11735

VSP VISION CARE
307 Meadow Hall Dr
Rockville, MD 20851
(301) 309-3700

QUANTITY	DETAILS	UNIT PRICE	LINE TOTAL
28	Monthly Vision Plans	45.00	1,260.00

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

Discount	
Net Total	\$1,260.00
Tax	

USD TOTAL	\$1,260.00
------------------	-------------------

PAYMENT DETAILS

Name of Beneficiary: Baker Foods Inc.
 Name of Bank: Woodgrove Bank
 Address of Bank: Deer Park, NY 11735
 Account Number: 1234567
 Routing Number (SWIFT Code): 9876543210
 Payment Reference: 0

OTHER INFORMATION

Phone: 631 555 1212
 Facsimile: 631 555 1213
 bakerfoods.com
 accounting@bakerfoods.com

For period covering: **June 1, 2019 - June 31, 2019**

\$1,260.00

PAYMENT DUE BY: 1 July 2019

JILL BAKER
 Baker Foods
 100 Enterprise Dr
 Deer Park, NY 11735

VSP VISION CARE
 307 Meadow Hall Dr
 Rockville, MD 20851
 (301) 309-3700

QUANTITY	DETAILS	UNIT PRICE	LINE TOTAL
28	Monthly Vision Plans	45.00	1,260.00

Discount
 Net Total \$1,260.00
 Tax

USD TOTAL	\$1,260.00
------------------	-------------------

PAYMENT DETAILS

Name of Beneficiary: Baker Foods Inc.
 Name of Bank: Woodgrove Bank
 Address of Bank: Deer Park, NY 11735
 Account Number: 1234567
 Routing Number (SWIFT Code) 9876543210
 Payment Reference: 0

OTHER INFORMATION

Phone: 631 555 1212
 Facsimile: 631 555 1213
 bakerfoods.com
 accounting@bakerfoods.com

For period covering: **July 1, 2019 - July 31, 2019**

\$1,260.00

PAYMENT DUE BY: 1 August 2019

JILL BAKER
 Baker Foods
 100 Enterprise Dr
 Deer Park, NY 11735

VSP VISION CARE
 307 Meadow Hall Dr
 Rockville, MD 20851
 (301) 309-3700

QUANTITY	DETAILS	UNIT PRICE	LINE TOTAL
28	Monthly Vision Plans	45.00	1,260.00

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

Discount	
Net Total	\$1,260.00
Tax	

USD TOTAL	\$1,260.00
------------------	-------------------

PAYMENT DETAILS

Name of Beneficiary: Baker Foods Inc.
 Name of Bank: Woodgrove Bank
 Address of Bank: Deer Park, NY 11735
 Account Number: 1234567
 Routing Number (SWIFT Code): 9876543210
 Payment Reference: 0

OTHER INFORMATION

Phone: 631 555 1212
 Facsimile: 631 555 1213
 bakerfoods.com
 accounting@bakerfoods.com

For period covering: **August 1, 2019 - August 31, 2019**

\$1,260.00

PAYMENT DUE BY: 1 September 2019

JILL BAKER
 Baker Foods
 100 Enterprise Dr
 Deer Park, NY 11735

VSP VISION CARE
 307 Meadow Hall Dr
 Rockville, MD 20851
 (301) 309-3700

QUANTITY	DETAILS	UNIT PRICE	LINE TOTAL
28	Monthly Vision Plans	45.00	1,260.00

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

Discount
 Net Total \$1,260.00
 Tax

USD TOTAL	\$1,260.00
------------------	-------------------

PAYMENT DETAILS

Name of Beneficiary: Baker Foods Inc.
 Name of Bank: Woodgrove Bank
 Address of Bank: Deer Park, NY 11735
 Account Number: 1234567
 Routing Number (SWIFT Code) 9876543210
 Payment Reference: 0

OTHER INFORMATION

Phone: 631 555 1212
 Facsimile: 631 555 1213
 bakerfoods.com
 accounting@bakerfoods.com



For period covering: **September 1, 2019 - September 31, 2019**

\$1,260.00

PAYMENT DUE BY: 1 October 2019

JILL BAKER
Baker Foods
100 Enterprise Dr
Deer Park, NY 11735

VSP VISION CARE
307 Meadow Hall Dr
Rockville, MD 20851
(301) 309-3700

QUANTITY	DETAILS	UNIT PRICE	LINE TOTAL
28	Monthly Vision Plans	45.00	1,260.00

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

Discount

Net Total \$1,260.00

Tax

USD TOTAL	\$1,260.00
------------------	-------------------

PAYMENT DETAILS

Name of Beneficiary: Baker Foods Inc.
Name of Bank: Woodgrove Bank
Address of Bank: Deer Park, NY 11735
Account Number: 1234567
Routing Number (SWIFT Code) 9876543210
Payment Reference: 0

OTHER INFORMATION

Phone: 631 555 1212
Facsimile: 631 555 1213
bakerfoods.com
accounting@bakerfoods.com



For period covering: **October 1, 2019 - October 31, 2019**

\$1,260.00

PAYMENT DUE BY: 1 November 2019

JILL BAKER
 Baker Foods
 100 Enterprise Dr
 Deer Park, NY 11735

VSP VISION CARE
 307 Meadow Hall Dr
 Rockville, MD 20851
 (301) 309-3700

QUANTITY	DETAILS	UNIT PRICE	LINE TOTAL
28	Monthly Vision Plans	45.00	1,260.00
Discount			
Net Total			\$1,260.00
Tax			
USD TOTAL			\$1,260.00

PAYMENT DETAILS

Name of Beneficiary: Baker Foods Inc.
 Name of Bank: Woodgrove Bank
 Address of Bank: Deer Park, NY 11735
 Account Number: 1234567
 Routing Number (SWIFT Code) 9876543210
 Payment Reference: 0

OTHER INFORMATION

Phone: 631 555 1212
 Facsimile: 631 555 1213
 bakerfoods.com
 accounting@bakerfoods.com



For period covering: **November 1, 2019 - November 30, 2019**

\$1,260.00

PAYMENT DUE BY: 1 December 2019

JILL BAKER
Baker Foods
100 Enterprise Dr
Deer Park, NY 11735

VSP VISION CARE
307 Meadow Hall Dr
Rockville, MD 20851
(301) 309-3700

QUANTITY	DETAILS	UNIT PRICE	LINE TOTAL
28	Monthly Vision Plans	45.00	1,260.00

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

Discount

Net Total \$1,260.00

Tax

USD TOTAL	\$1,260.00
------------------	-------------------

PAYMENT DETAILS

Name of Beneficiary: Baker Foods Inc.
Name of Bank: Woodgrove Bank
Address of Bank: Deer Park, NY 11735
Account Number: 1234567
Routing Number (SWIFT Code) 9876543210
Payment Reference: 0

OTHER INFORMATION

Phone: 631 555 1212
Facsimile: 631 555 1213
bakerfoods.com
accounting@bakerfoods.com



For period covering: **December 1, 2019 - December 30, 2019**

\$1,260.00

PAYMENT DUE BY: 1 January 2020

JILL BAKER
 Baker Foods
 100 Enterprise Dr
 Deer Park, NY 11735

VSP VISION CARE
 307 Meadow Hall Dr
 Rockville, MD 20851
 (301) 309-3700

QUANTITY	DETAILS	UNIT PRICE	LINE TOTAL
28	Monthly Vision Plans	45.00	1,260.00

Discount
 Net Total \$1,260.00
 Tax

USD TOTAL	\$1,260.00
------------------	-------------------

PAYMENT DETAILS		OTHER INFORMATION
Name of Beneficiary:	Baker Foods Inc.	
Name of Bank:	Woodgrove Bank	Phone: 631 555 1212
Address of Bank:	Deer Park, NY 11735	Facsimile: 631 555 1213
Account Number:	1234567	bakerfoods.com
Routing Number (SWIFT Code)	9876543210	accounting@bakerfoods.com
Payment Reference:	0	

COMPANY SETUP

INVOICING COMPANY DETAILS	VALUE
Name	Mary Steen
Company Name	VSP Vision Care
Address Line 1	PO Box 1111
Address Line 2	Deer Park, NY 11735
Address Line 3	
Address Line 4	
Address Line 5	
Phone	631 555 1212
Facsimile	631 555 1213
Website	Baker Foods
Email	Accounting@bakerfoods.com
Currency Abbreviation	USD
Name of Beneficiary for Bank Wire	VSP Vision Care
Name of Bank	Woodgrove Bank
Address of Bank	234 Main St. Orange Grove, CA 09876
Account Number	1234567
Routing Number (SWIFT Code)	9876543210
Make Checks Payable To	VSP Vision Care
