Association Mutual Health Insurance

SALARY CHANGES FOR LIFE INSURANCE

ASSOCIATION NAME:

AMHIC GROUP NUMBER:

EFFECTIVE DATE:

AMHIC ID or Leave Blank	EMPLOYEE NAME		NEW SALARY

Submit a salary change as it occurs to Wells Fargo Insurance Services USA, Inc.
Please send to the attention of Wells Fargo via e-mail to AMHIC@WellsFargo.com
Include "AMHIC # - Life Insurance" in the subject line or fax to 703 760-5687.