Association Mutual Health Insurance

# YEARLY SALARY CHANGES FOR LIFE INSURANCE

| ASSOCIATION NAME: |
|---|

| AMHIC GROUP NUMBER: |
|---|

| EFFECTIVE DATE: |
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| SS # or AMHIC ID | EMPLOYEE NAME | | NEW SALARY |
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**Submit once a year based on increases at your association to Wachovia Insurance Services, Inc. Please send to the attention of Diane Sedor via e-mail or fax to:**

**AMHIC@Wachovia.com Please put "AMHIC # - Life Insurance" in the subject line.**
**Fax to 703 760-5687 to the attention of Diane Sedor**