



# AMERICAN BENEFITS GROUP

## ADD OR CHANGE EMAIL ADDRESS

Please Provide All of The Following Information:

Name: \_\_\_\_\_ Last Four Digits of SSN: \_\_\_\_\_  
Employer: \_\_\_\_\_ Termination Date: \_\_\_\_\_  
Email: \_\_\_\_\_

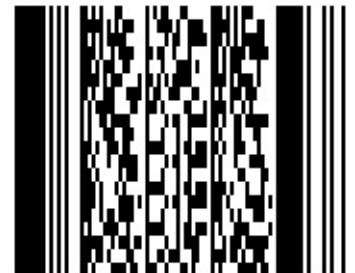
Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

### Automated Emails From The ABG WealthCare System:

Enrollee Welcome For New Accounts	Direct Deposit Account Change Notification
Monthly Account Balance Statements	Password Change Notificaion
Online Claim Entry Confirmation	Denied Claim Notification
Year End Reminders	Documentation Requests
Run Out Period Ends Reminder	Claim Processed For Payment Notification

**You should expect to receive email from the following email address,  
these addresses should be allowed so they won't be caught by your SPAM filters:**

[noreply@amben.com](mailto:noreply@amben.com)  
[claims@amben.com](mailto:claims@amben.com)  
[support@amben.com](mailto:support@amben.com)  
[processing@amben.com](mailto:processing@amben.com)



Fax Toll Free: 877-723-0147 or email to [processing@amben.com](mailto:processing@amben.com)

No Fax Machine? Mail to: American Benefits Group • PO Box 1209, Northampton, MA 01061-1209 • 800-499-3539