

Alaska Laborers Trust Funds

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Phone (855) 815-2323 • Fax (206) 505-9727 • Website www.aklaborerstrust.com

Administered by
Welfare & Pension Administration Service, Inc.

PIN Request Form (Dependent Only)

Please provide me with a personal identification number (PIN), which I understand when used in combination with my social security number or WPAS ID* will allow me access to **Dependent Only** paid claims information via the Alaska Laborers Trust Funds. Dependents age 13 and older need to complete this form to gain online access. Dependents use the “Member Login” option to login to their dependent account.

Dependent Name *(First, Middle Initial, Last)*: _____

Dependent Social Security No.: _____

Member Name *(First, Middle Initial, Last)*: _____

Member Social Security No. or WPAS ID*: _____

Dependent Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Dependent Signature: _____ Date: _____
(Must be signed by participating dependent)

You may return this form to the Administration Office in one of the following ways:

1. Mail to:
Alaska Laborers Trust Funds
PO Box 34203
Seattle, WA 98124-1203
2. Fax to: (206) 505-9727
3. E-mail scanned document to: forms@wpas-inc.com