## **Alaska Laborers Trust Funds**

Physical Address 7525 SE 24th Street, Suite 200, Mercer Island, WA 98040 • Mailing Address PO Box 34203, Seattle, WA 98124 Phone (855) 815-2323 • Fax (206) 441-9110

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. **Dependent's 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.:				
Dependent Date of Birth				
Member Name (First, Middle Initial, Last):				
Member Social Security No. or Membe	er WPAS	ID#:		
Dependent Mailing Address:				
City:	State:		Zip Code:	
Home Phone:	Mobi		Phone:	
Email Address:				
Dependent Signature:				
(Must be signed by partic	ipating depende	ent)		

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

1. Mail:

Alaska Laborers Trust Funds PO Box 34203 Seattle, WA 98124-1203

2. Fax: (206) 505-9727

3. Email: forms@wpas-inc.com