

Alaska Laborers-Employers Trust Funds

2815 2nd Avenue, Suite 300 • P.O. Box 34203 • Seattle, Washington 98124
Phone (206) 441-7574 or (800) 732-1121 • Fax (206) 505-9727 • Website www.aklaborerstrust.com

Administered by
Welfare & Pension Administration Service, Inc.

Pin Request Form (Member Only)

Name: _____

Social Security No.: _____

Address: _____

Mailing Address

City

State

Zip Code

Please provide me with a personal identification number (PIN), which I understand when used with my social security *or* WPAS ID number will allow me access to “My Trust Login” information via the Alaska Laborers-Employers Trust Funds website.

Signature _____
(Must be signed by participating member)

Date _____

You may return this form to WPAS, Inc. in one of the following ways:

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

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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 number will allow me access to **Dependent Only** paid claims information via the WPAS, Inc. website.

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

Please print your name, identification number and address:

Dependent Name: _____

Member Name: _____

Dependent Social Security Number *or*:
Member WPAS ID Number: _____

Address: _____

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