Washington State Council of County and City Employees Health and Welfare Trust

Physical: 7525 SE 24th St, Suite 200, Mercer Island, WA 98040 • Mailing: P.O. Box 34203, Seattle, WA 98124
Phone (206) 441-7574 or (800) 732-1121 • Fax (206) 505-WPAS (9727)

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 Washington State Council of County and City Employees Health and Welfare Trust. **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.: _____

Dependent Date of Birth _____

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

Member Social Security No. or Member WPAS ID #: _____

Dependent Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Mobile Phone:** _____

Email Address: _____

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:
   W.S.C.C.C.E. Health and Welfare Trust
   PO Box 34203
   Seattle, WA 98124-1203
2. Fax: (206) 505-9727
3. Email: forms@wpas-inc.com