

# IMPACT Off-the-Job Accident Plan

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Administered by  
Welfare & Pension Administration Service, Inc.

## Web Site Pin Request Form

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

Mailing address

\_\_\_\_\_

City

State

Zip Code

Please provide me with a personal identification number (PIN), which I understand when used in combination with my social security number will allow me access to “My Personal Benefits” information via the IMPACT Off-the-Job Accident Plan web site.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*(Must be signed by participating member)*

**Return this completed request form to:**

IMPACT Off-the-Job Accident Plan  
PO Box 34203  
Seattle, WA 98124-1203