

IMPACT Maternity Program

2815 Second Avenue, Suite 300 • P. O. Box 34203 • Seattle, Washington 98124
Phone (206) 441-7574 or (800) 732-1121 • Fax (206) 441-9110

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 Maternity Program web site.

Signature _____ Date _____

(Must be signed by participating member)

Return this completed request form to:

IMPACT Maternity Program
PO Box 34203
Seattle, WA 98124-1203