

# APEA-AFT Health and Welfare Trust

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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 APEA-AFT Health and Welfare Trust. **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 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:  
APEA-AFT Health and Welfare Trust  
PO Box 34203  
Seattle, WA 98124-1203
2. Fax: (206) 505-9727
3. Email: [forms@wpas-inc.com](mailto:forms@wpas-inc.com)