

## **Spokane Fire Fighters Benefit Trust**

Physical Address 7525 SE 24th Street Suite 200 Mercer Island, WA 98040 Mailing Address PO Box 34203, Seattle, WA 98124 Phone (888) 563-0665 • Fax (206) 505-9727 • Website: www.SFFBT.com 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 Spokane Fire Fighters Benefit 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, La	<i>ist):</i>		
Dependent Social Security No.:			
Member Name (First, Middle Initial, Last)			
Member Social Security No. or WF			
City:	State:	Zip Code:	
<b>Dependent Signature:</b> (Must be signed by p	articipating dependent)	Date:	
You may return this form to the Admi	nistration Office in o	ne of the following w	vays:
<ol> <li>Mail: Spokane Fire Fighters Bene PO Box 34203 Seattle, WA 98124-1203</li> </ol>	efit Trust		
2. Fax: (206) 505-9727			
3. Email: forms@wpas-inc.com *Your 7-digit WPAS ID number can be below the Member Name on your ID car	located	Blue Shield <sup>®</sup>	SPOKANE FIRE FIGHTERS BENEFIT TRUST
	IMA MEMBER Prefix Identifica	ation #	atwork BlueCard PPO
	ZFF 00[1466 RX INFORMATION RX BIN RX GRP F52 BCBS 430	231 C WPAS ID No. MEDICAL IN Group #	FORMATION