



Spokane Fire Fighters Benefit Trust

2815 2nd Avenue, Suite 300 • P.O. Box 34203 • Seattle, Washington 98124-1203
Phone (888) 563-0665 • Fax (206) 505-9727 • Website: www.SFFBT.com

Administered by
Welfare & Pension Administration Service, Inc.

February 1, 2017

To: All Plan Participants

Re: Spokane Fire Fighters Benefit Trust
Shared Claims Administration and Website Enhancement

Effective January 1, 2017, the Trust has moved to a shared claims administration platform. This will bring the management and payment of our medical claims in-house to our Administrator, Welfare & Pension Administration Service, Inc. (WPAS). We believe this will provide an enhanced level of service for our members by allowing for a single point of contact at WPAS/SFFBT Trust Office.

What does this mean for me?

1. Phone Number

Instead of calling Premera for claims and SFFBT Trust Office for enrollment/eligibility information, all benefit-related questions can be made directly to the SFFBT Trust Office, for dates of service January 1, 2017 and later.

(888) 563-0665, option 1 for claims and option 2 for eligibility/enrollment.

2. Explanation of Benefits (EOBs)

All member EOBs will now be issued by the SFFBT Trust Office.

3. Website

Claims information prior to January 1, 2017 is still available on the Premera website for everyone who registered last year. The Premera website will not display details on claims incurred after December 31, 2016.

Claims incurred on and after January 1, 2017 will be accessible on the Trust website, effective February 1, 2017. You will need to register and login through the Trust website, www.SFFBT.com. You will be able to view your claim on your Member Login, once the SFFBT Trust Office has paid the claim (approximately 3 weeks from incurred date).

The Trust website was recently updated to provide you with “Member Login” information, which may be viewed through a secure location requiring the entry of a personal identification number (PIN) and your Social Security Number or WPAS ID number. A PIN will be assigned and mailed to you upon your written request. To request a PIN, please complete the attached “PIN Request Form”. For security purposes you *may not* choose your own PIN. “Member Login” information includes the following data:

- Personal Information – name, address, gender, birth date, marital status, etc.
- Health Plan Eligibility – eligibility in the current and past eleven months
- Hours/Contributions – statement showing employers reporting hours and contributions to the Trust on your behalf
- Dependent Enrollment Information – names of enrolled dependents
- Medical/Dental Claims Summary and Paid Claims Detail – You will be able to view your claim on your Member Login once the SFFBT Trust Office has paid the claim (approximately 3 weeks from incurred date).

Employees will only have access to their own paid claims history and that of dependents under the age of 13. Spouses and dependent children age 13 and over must request their own PIN. To request a dependent PIN, go to the website www.SFFBT.com and download a Dependent Only PIN form. A Dependent PIN only form will also be mailed to the dependent.

If you have any questions about the contents of the website or access to “Member Login” information, please feel free to contact the SFFBT Trust Office Eligibility Department at (888) 563-0665, option 2.

Spokane Fire Fighters Benefit Trust Trust Office

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S:\Mailings\Individual Trust Fund Mailings (SMM, Benefit Changes, etc.)\F52-02\F52-02 - Mailing - 2017 - 01.27 - Shared Admin and Website-Email.docx

Enclosure (*PIN Request Form*)



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Website Pin Request Form (Member Only)

Please provide me with a personal identification number (PIN), which I understand when used with my social security number *or* WPAS ID* will allow me access to “Member Login” information via the Spokane Fire Fighters Benefit Trust website.

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

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

Mailing Address: _____

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

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




Email Address: _____

Signature _____ **Date** _____
(*Must be signed by participating member*)

You may return this form to the Administration Office in one of the following ways:

1. Mail: PO Box 34203 Seattle, WA 98124-1203
2. Fax: (206) 505-9727
3. Email: forms@wpas-inc.com

**Your 7-digit WPAS ID number can be located below the Member Name on your ID card.*

		Blue Cross® Blue Shield®		SPOKANE FIRE FIGHTERS BENEFIT TRUST
Member IMA MEMBER		Medical Network BlueCard PPO		
Prefix	Identification #			
ZFF	001466231	WPAS ID No.		
RX INFORMATION		MEDICAL INFORMATION		
RX BIN		Group #		
RX GRP F52				
BCBS 430				