

# South Bay Hotel Employees Restaurant Employees Trust Funds

## 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 South Bay HERE web site.

**Signature** \_\_\_\_\_

*(Must be signed by participating member)*

**Date** \_\_\_\_\_

***Return this completed request form to:***

South Bay HERE Trust Funds  
PO Box 34203  
Seattle, WA 98124-1203