

Northwest Plumbing and Pipefitting Industry Health, Welfare and Vacation Trust

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 Northwest Plumbers and Pipefitters web site.

Signature _____

(Must be signed by participating member)

Date _____

Return this completed request form to:

Northwest Plumbers and Pipefitters
PO Box 34203
Seattle, WA 98124-1203