

## **PROCEDURE FOR FILING A CLAIM**

1. Complete the Employee Information in 'Section A'
2. Have your Local Union complete 'Section B'
3. Have your Doctor complete the Attending Physician's Statement in 'Section C', for each disability
4. Mail completed claim form to:

**IMPACT Off-the-Job Accident Plan  
PO Box 34687  
Seattle, WA 98124-1687**

**Phone: (206) 441-7574 or (800) 331-6158  
Fax: (206) 441-9110**

**or Scan and Email to: [claimstatus@wpas-inc.com](mailto:claimstatus@wpas-inc.com)**

