



UA106 Provider Setup Sheet

CLIENT

Client Name: _____

Client Tax ID: _____

Client Username: _____
(5 chars)

Client Password: _____
(6 Chars)

Type of User Information (Check all that apply)

Eligibility ___ Claim Status ___ Upload/Download ___

Additional Information

Special notes: _____

Request Information

Requested By: _____

Assigned To: _____

Date Requested: _____

Date Completed: _____



Mail or Fax Request to Below Address or Fax No:

Plumbers and Steamfitters Local 106
Health and Welfare Fund
Pension Trust Fund
822 North Lake Shore Drive
Lake Charles, LA. 70601
337.433.1447 – Voice
337.433.1449 - Fax