

# SCMEBF Change of Address Form



Date: \_\_\_\_\_ Benefit Fund ID: \_\_\_\_\_  
(or last 4-digits of SSN)

Name: \_\_\_\_\_

Old Address: \_\_\_\_\_

New Address: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_

Timeframe to Forward Mail: \_\_\_\_\_ to \_\_\_\_\_  
(month/day/year) (month/day/year)

Old Phone: \_\_\_\_\_ New Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Notes: \_\_\_\_\_

## **Keep Enrollment Information Up-To-Date!**

**Fax, email or mail all changes in addresses, phone numbers and Dependents. Also contact the Fund with any changes in your **marital status** by providing the Fund with a copy of your marriage certificate or divorce decree.**

**Send all information to the: [SCME Benefit Fund "Attention: Eligibility"](#)**

If faxed, our fax line is private & confidential

**631-218-7970**

If mailed, send to:

**30 Orville Dr., Suite D,  
Bohemia, NY 11716-2513**

If e-mailed, send to:

**[Inquiry@scmebf.org](mailto:Inquiry@scmebf.org)**

***For our traveling members! The Fund will forward all Fund correspondence to your temporary address as you travel or snowbird! Just send this form for:***

**Temporary forwarding addresses, address/phone number changes or any other status changes.**