

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

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.