



SCMEBF Death Notification Form

Please complete the following form to help us update our records and provide any necessary assistance.

DECEASED MEMBERS INFORMATION			
FULL NAME	SS# OR BF#	DATE OF BIRTH	DATE OF DEATH

SURVIVORS / BENEFICIARY INFORMATION				
FULL NAME	RELATIONSHIP TO DECEASED	DATE OF BIRTH	CONTACT PHONE #	
MAILING ADDRESS: NUMBER & STREET OR P.O. BOX		CITY	STATE	ZIP
EMAIL		PREFERRED METHOD OF CONTACT <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail		

SUPPORTING DOCUMENTS
<ul style="list-style-type: none">• Please attach a copy of the death certificate (active members must submit original copy)• Any other beneficiary information, if available.

SUBMISSION INSTRUCTIONS
<p>Please submit the completed form and supporting documents to:</p> <p>Mail: SCMEBF, 30 Orville Dr., Ste D, Bohemia, NY 11716-2513</p> <p>Email: Inquiry@scmebf.org</p> <p>Fax: 631-219-7970</p> <p>If you are the deemed beneficiary a W-9 form will be mailed to you to confirm your address and Social Security #. (Does not pertain to Surviving Spouses on record.)</p>

ACKNOWLEDGEMENT

By submitting this form, I confirm that the information provided is accurate to the best of my knowledge.

SIGNATURE

DATE