

Evidence of Health Insurance Coverage Outside of the United States  
SSA-795-4

1. Name, address and telephone number of health insurer

Deseret Mutual Benefit Administrators  
Senior Service Medical Plan  
PO Box 45730  
Salt Lake City, UT 84145-0730

1-800-777-1647 or 801-578-5650

2. Does (or did) the claimant have health insurance that provides (or provided) coverage for services outside of the United States?

YES

NO

3. When did the health insurance coverage begin? \_\_\_\_\_  
mm/dd/yyyy

4. When did (or will) the health insurance coverage end? \_\_\_\_\_  
mm/dd/yyyy