



Saskatchewan Health Services Card Change of Information/Request Replacement Health Card

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Who should use this form?

Saskatchewan residents who are requesting a change of information on the Saskatchewan health card for themselves, their spouse, or their dependent(s). This form can be used for the following reasons:

- Request a replacement health card
- Update an address
- · Correct a date of birth
- Update an incorrect name
 - Including a legal name change from another province/ country
- Change your name due to marriage
- •You have had a change to your family unit due to:
 - o Marriage / Common Law / Separation / Divorce
- Add a newborn born outside of Saskatchewan to your family unit on the provincial health registry

Why should I keep my information up to date?

The information on the provincial health registry is used to ensure the prompt processing of your health claims. If you fail to update your information i.e. address you may be:

- Refused non-urgent health services and/or
- 2) Required to pay for health services

What documents do you need to provide?

Please provide a **photocopy** of your birth certificate (if born outside Saskatchewan), marriage certificate, adoption order, custody document, immigration document (front and back), legal change of name document, or baptismal certificate.

Forms received without the required documents cannot be processed.

Can I make these changes online? Yes, Please visit ehealthsask.ca. To change the sex designation on a health card please access the required forms at ehealthsask.ca

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Requester Information - Change Required	Spouse / Partner Information - Change Required	
 ☐ Yes Please change (check all that apply): ☐ Name ☐ Date of birth ☐ Address ☐ Family Information ☐ Name that has been legally changed outside of SK 	 ☐ Yes Please change (check all that apply): ☐ Name ☐ Date of birth ☐ Address ☐ Family Information ☐ Name that has been legally changed outside of SK 	
□ No I am only requesting a replacement health card for myself and/or my family members.	☐ No I am only requesting a replacement health card for myself and/or my family members.	
My Health Card Number is:	Spouse / Partner's Health Card Number is:	
My last name is:	Spouse / Partner's last name is:	
My first name(s):	Spouse / Partner's first name(s):	
If you have used a different name please provide:	If you have used a different name please provide:	
Previous last name:	Previous last name:	
Previous first name:	Previous first name:	
My birthdate is://	Spouse / Partner's birthdate is: / / / DD	
My marital status is: ☐ Never Married ☐ Married ☐ Common Law ☐ Separated ☐ Divorced ☐ Widowed	Spouse / Partner's should be: □ Added □ Removed Due to: □ Marriage □ Common Law □ Separation	
If you require a replacement health card you should expect to	□ Divorce □ Death	
receive it in the mail approximately 2-3 weeks after your request has been processed. Please choose one of the following health	If your spouse/partner requires a replacement health card you should expect to receive it in the mail approximately 2-3 weeks	
card options:	after your request has been processed. Please choose one of the	
☐ I do not require a replacement health card☐ I request a health card with my sex designation displayed	following health card options: I do not require a replacement health card	
☐ I request a health card with my sex designation displayed	☐ I request a health card with my sex designation displayed	
☐ I request a health card with gender X displayed -You must	☐ I request a health card without my sex designation displayed	
have already changed the sex designation to X on your health	☐ I request a health card with gender X displayed -You must have already changed the sex designation to X on your health	
card to choose this type of replacement health card. Forms to change the sex designation can be found at ehealthsask.ca	card to choose this type of replacement health card. Forms to	
continued on payt page	change the sex designation can be found at ehealthsask.ca	

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My current mailing address is:	My spouses current mailing address is:	
Street:	Street:	
City /Town:		
Province/Territory:	City /Town:	
Postal Code:	Province/Territory:	
ni vi i	Postal Code:	
Phone Number: Email Address:	Phone Number:	
	Email Address:	
My current residential address is:	Spouse / Partner's current residential address is:	
(if different the information below must be completed ☐ Same as above ☐ Different	(if different the information below must be completed) □ Same as above □ Different	
Street or land location:	Street or land location:	
City /Town:	City /Town:	
Province/ Territory: Postal Code:		
	Province/Territory: Postal Code:	
	Spouse / Partner's Declaration	
I certify that the information provided on this application is	I certify that the information provided on this application is	
correct. I understand that the information I have supplied may	correct. I understand that the information I have supplied may	
be used for administering other Saskatchewan programs. I understand it is an offence to wilfully give false information.	be used for administering other Saskatchewan programs. I understand it is an offence to wilfully give false information.	
and on the annual of the annua	and ordered to the angle of the	
Signature YYYY MM DD	Signature YYYY MM DD	
Dependent Information - Change Required	Dependent Information - Change Required	
□ Yes □ No	□ Yes □ No	
Dependent should be: Added Removed	Dependent should be: ☐ Added ☐ Removed	
Please change (check all that apply): ☐ Name ☐ Date of birth ☐ Address ☐ Family Information	Please change (check all that apply): ☐ Name ☐ Date of birth ☐ Address ☐ Family Information	
☐ Name that has been legally changed outside of SK	☐ Name that has been legally changed outside of SK	
Health Card Number is:	Health Card Number is:	
My dependent's last name is:	My dependent's last name is:	
My dependent's first name(s):	My dependent's first name(s):	
My dependent's birthdate is:/ / / DD	My dependent's birthdate is:// / DD	
Reason for the change is (Photocopy of document must be provided):	Reason for the change is (Photocopy of document must be provided):	
□ Adoption □ Custody □ Other (please specify):	☐ Adoption ☐ Custody ☐ Other (please specify):	
My dependent resides with may Vos UNs	My dependent resides with may Ves Ves	
My dependent resides with me: □Yes □ No	My dependent resides with me: □Yes □ No	
My dependent resides with me: □Yes □ No If your dependent does not reside with you please provide the information below of the person with whom your dependent resides:	My dependent resides with me: ☐ Yes ☐ No If your dependent does not reside with you please provide the information below of the person with whom your dependent resides:	
If your dependent does not reside with you please provide the information	If your dependent does not reside with you please provide the information	
If your dependent does not reside with you please provide the information below of the person with whom your dependent resides: Name:	If your dependent does not reside with you please provide the information below of the person with whom your dependent resides: Name:	
If your dependent does not reside with you please provide the information below of the person with whom your dependent resides: Name: Health Services Number (if known):	If your dependent does not reside with you please provide the information below of the person with whom your dependent resides:	
If your dependent does not reside with you please provide the information below of the person with whom your dependent resides: Name:	If your dependent does not reside with you please provide the information below of the person with whom your dependent resides: Name:	



Saskatchewan Health Services Card Change of Information/Request Replacement Health Card

Please choose one of the following options: ☐ I do not require a replacement health card ☐ I request a health card for my dependent with a sex designation displayed ☐ I request a health card for my dependent without a sex designation displayed ☐ I request a health card for my dependent with gender X displayed - You must have already changed the sex designation to X on your dependent's health card to choose this type of replacement health card. Forms to change the sex designation can be found at ehealthsask.ca	Please choose one of the following options: ☐ I do not require a replacement health card ☐ I request a health card for my dependent with a sex designation displayed ☐ I request a health card for my dependent without a sex designation displayed ☐ I request a health card for my dependent with gender X displayed - You must have already changed the sex designation to X on your dependent's health card to choose this type of replacement health card. Forms to change the sex designation can be found at ehealthsask.ca
Dependent Information - Change Required	Dependent Information - Change Required
 ☐ Yes ☐ No Dependent should be: ☐ Added ☐ Removed Please change (check all that apply): ☐ Name ☐ Date of birth ☐ Address ☐ Family Information ☐ Name that has been legally changed outside of SK 	 ☐ Yes ☐ No Dependent should be: ☐ Added ☐ Removed Please change (check all that apply): ☐ Name ☐ Date of birth ☐ Address ☐ Family Information ☐ Name that has been legally changed outside of SK
Health Card Number is:	Health Card Number is:
My dependent's last name is:	My dependent's last name is:
My dependent's first name(s):	My dependent's first name(s):
My dependent's birthdate is:// / DD	My dependent's birthdate is:///
Reason for the change is <i>(Photocopy of document must be provided)</i> : ☐ Adoption ☐ Custody ☐ Other (please specify):	Reason for the change is <i>(Photocopy of document must be provided)</i> : Adoption Custody Other (please specify):
My dependent resides with me: □Yes □ No	My dependent resides with me: ☐ Yes ☐ No
If your dependent does not reside with you please provide the information below of the person with whom your dependent resides:	If your dependent does not reside with you please provide the information below of the person with whom your dependent resides:
Name:	Name:
Health Services Number (if known):	Health Services Number (if known):
Address:	Address:
Phone Number (if known):	Phone Number (if known):
Please choose one of the following options: ☐ I do not require a replacement health card ☐ I request a health card for my dependent with a sex designation displayed ☐ I request a health card for my dependent without a sex designation displayed ☐ I request a health card for my dependent with gender X displayed - You must have already changed the sex designation to X on your dependent's health card to choose this type of replacement health card. Forms to change the sex designation can be found at ehealthsask.ca	Please choose one of the following options: ☐ I do not require a replacement health card ☐ I request a health card for my dependent with a sex designation displayed ☐ I request a health card for my dependent without a sex designation displayed ☐ I request a health card for my dependent with gender X displayed - You must have already changed the sex designation to X on your dependent's health card to choose this type of replacement health card. Forms to change the sex designation can be found at ehealthsask.ca

Please complete all information and return with required documents to:

eHealth Saskatchewan Email: change@ehealthsask.ca 2130 11th Avenue Fax: (306)787-8951

Regina, SK Questions? Call 1-800-667-7551 (Canada and U.S. only)

S4P 0J5 (306)787-3251