

## Saskatchewan Health Services Card Notification of Power of Attorney

### Notification of Power of Attorney (POA)

**Who should use this form?**

- If you have been appointed as a Power of Attorney; or
- if you are appointing someone as your Power of Attorney

**Can I make changes online?** Yes. To make changes, visit [ehealthsask.ca](http://ehealthsask.ca)

**What is a Power of Attorney?** A power of attorney is a document in which a person (the “grantor”) appoints another person (the “attorney”) to act on their behalf in connection with their personal or financial affairs.

**What do I need to do?** If a Trustee, Guardian or Power of Attorney (POA) has been designated, a copy of **the legal document must be attached** to this form. There are a variety of POA documents. If the POA is not considered acceptable, such as a POA specific to or limited to a bank or financial institution, you will be notified.

For more information, please visit [ehealthsask.ca](http://ehealthsask.ca) or contact us at 1-800-667-7551

### Section A. Requester Personal Information



#### Power of Attorney Grantor Information

(The person who is asking someone to act on his/her behalf)

Health Card number is:

Last name is:

First name(s):

Middle name(s):

Birth date is:  /  /   
YYYY MM DD

#### Address Details

##### Current mailing address is:

Street:

City/Town:

Province/Territory:

Postal Code:

**My current residence address is**  same as above  different  
**If different information below must be completed:**

Street:

City/Town:

Province/Territory:

Postal Code:

**OR  
LAND LOCATION:**

(1/4 Section, Section, Township, Range, W-)


#### Contact Details

Phone number is:

My email address is:

Please complete all information

## Section B. Power of Attorney (POA) Information

 <b>POA Information</b> (The person appointed)	Address
Last name is: _____ First name(s): _____ Middle name(s): _____ Birth date is: _____ / ____ / ____ <small>YYYY MM DD</small> Health Card number is: _____ <small>(if applicable)</small>	Current mailing address is: _____ Street: _____ City/Town: _____ Province/Territory: _____ Postal Code: _____
Contact Details	Correspondence
Phone number is: _____  My email address is: _____	Do you want to receive all correspondence addressed to the grantor? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>*If you do not have a Saskatchewan address, the Health Services Card will be mailed to the grantor.</b>

## Section C. Declaration

Declaration		
I declare all the information on this notice of Power of Attorney is true and correct. I understand it is an offence to wilfully give false information. I understand that the information I have supplied on this notice may be used for administering other Saskatchewan government programs.		
_____ Printed Name	<b>X</b> _____ Signature	_____ / ____ / ____ <small>YYYY MM DD</small>

### Important:



- Did you sign the above declaration? The grantor or the attorney may sign this notice.
- Is a copy of the Power of Attorney document attached?

### Please return completed form and required document(s) to:

eHealth Saskatchewan Health Registries 2130 – 11th Avenue Regina, SK S4P 0J5	Email: <a href="mailto:change@ehealthsask.ca">change@ehealthsask.ca</a> 1-800-667-7551 (Canada and U.S only) (306) 787-3251 (Regina area, or when calling from outside Saskatchewan) Fax: (306) 787-8951
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**Please complete all information**