

Saskatchewan Health Services Card Notification of an Updated Immigration Document

Section B. Spouse/Partner Personal Information

 Spouse/Partner Information	 Spouse/Partner Contact Details
<p>My Health Card number is: _____</p> <p>My last name is: _____</p> <p>My first name(s) is: _____</p> <p>My middle name(s) is: _____</p> <p>My birth date is: _____ YYYY-MM-DD</p> <p>My sex is: <input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>* at least one phone number is required</p> <p>My cell phone number is: _____</p> <p>My home phone number is: _____</p> <p>My work phone number is: _____</p> <p>My email address is: _____</p> <p>_____</p> <p>_____</p>
Update Information	
<p>I want to update the information contained on my: <input type="checkbox"/> Work Permit <input type="checkbox"/> Study Permit (Confirmation of full-time enrollment is required) <input type="checkbox"/> Visitor Record <input type="checkbox"/> Permanent Resident Card (front & back) <input type="checkbox"/> Other _____</p>	

Section C. Dependant Personal Information

If you have more than two dependants, please list their information on a separate sheet.

 First Dependant Information	 Second Dependant Information
<p>Health Card number is: _____</p> <p>Last name is: _____</p> <p>First name(s) is: _____</p> <p>Middle name(s) is: _____</p> <p>Birth date is: _____ YYYY-MM-DD</p> <p>Sex is: <input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>Health Card number is: _____</p> <p>Last name is: _____</p> <p>First name(s) is: _____</p> <p>Middle name(s) is: _____</p> <p>Birth date is: _____ YYYY-MM-DD</p> <p>Sex is: <input type="checkbox"/> Male <input type="checkbox"/> Female</p>
Update Information	Update Information
<p>I want to update my dependant's information contained on:</p> <p><input type="checkbox"/> Work Permit</p> <p><input type="checkbox"/> Study Permit (Confirmation of full-time enrollment is required).</p> <p><input type="checkbox"/> Visitor Record</p> <p><input type="checkbox"/> Permanent Resident Card (front & back)</p> <p><input type="checkbox"/> Other _____</p>	<p>I want to update my dependant's information contained on:</p> <p><input type="checkbox"/> Work Permit</p> <p><input type="checkbox"/> Study Permit (Confirmation of full-time enrollment is required).</p> <p><input type="checkbox"/> Visitor Record</p> <p><input type="checkbox"/> Permanent Resident Card (front & back)</p> <p><input type="checkbox"/> Other _____</p>

Please complete all required information

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Section D. Declarations

Important: Both the **requester and the spouse/partner** (if applicable) must sign this declaration in order for this change to be processed.

Requester Declaration

I certify that I am a resident of Saskatchewan. I declare all the information on this notification 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 change may be used for administering other Saskatchewan government programs.

_____ Printed Name	X _____ Signature	_____ YYYY-MM-DD
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Spouse/Partner Declaration

I certify that I am a resident of Saskatchewan. I declare all the information on this notification 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 change may be used for administering other Saskatchewan government programs.

_____ Printed Name	X _____ Signature	_____ YYYY-MM-DD
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Important:



- Did you sign the above declaration?
- Did you attach copies of your immigration documents? (front & back)

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

eHealth Saskatchewan	1-800-667-7551 (no charge, in-province only)
Health Registries	(306) 787-3251 (Regina area, or when calling from outside Saskatchewan)
2130 – 11th Avenue	Fax: (306) 787-8951
Regina, SK S4P 0J5	

Please complete all required information