

Saskatchewan Health Services Card Notification of an Updated Immigration Document

Notification of an Updated Immigration Document

Who should use this form?

- If you have a Saskatchewan Health Services card and have an updated immigration document such as a work permit, study permit, visitor record, or permanent resident card.

Can I make changes online? Yes. To make changes, visit ehealthsask.ca.

What documents do I need to provide? Please provide a copy of your updated work permit, study permit, visitor record or permanent resident card (front & back).

Can I provide immigration documents for all family members? You can provide immigration documents for yourself, your spouse/partner and dependants under 18 years old that are living with you.

For more information, please visit ehealthsask.ca or contact us at 1-800-667-7551.

Section A. Requester Personal Information

Requester Information

My Health Card number is:

My last name is:

My first name(s) is:

My middle name(s) is:

My birth date is: / /
YYYY MM DD

Address Details

My current mailing address is:

Street:

City/Town:

Province:

Postal Code:

My current residence address is same as above different
If different information below MUST be completed.

Street:

City/Town:

Province:

Postal Code:

OR LAND LOCATION:

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

Requester Contact Details

Phone number is:

My email address is:

Update Information

I want to update the information contained on my: Work Permit Study Permit (Confirmation of full-time enrollment is required) Visitor Record Permanent Resident Card (front & back) Other

Please complete all information

Section B. Spouse/Partner Personal Information

Spouse/Partner Information	Spouse/Partner Contact Details																				
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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																																								
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Section D. Declaration

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 notice may be used for administering other Saskatchewan government programs.

_____ <small>Printed Name</small>	X _____ <small>Signature</small>	_____ / _____ / _____ <small>YYYY MM DD</small>
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Important:



- Did you sign the above declaration?
- Did you attach copies of your immigration documents (front & back)?
- Do NOT send original documents.

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

eHealth Saskatchewan Health Registries 2130 – 11th Avenue Regina, SK S4P 0J5	Email: change@ehealthsask.ca 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