Government of Saskatchewan

eHealth Saskatchewan

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

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:
  - 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:

1) 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

Requester 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

☐ **No** I am only requesting a replacement health card for myself and/or my family members.

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

☐ **No** I am only requesting a replacement health card for myself and/or my family members.

My Health Card Number is: | | | | | | | | | | | |

My last name is: _____

My first name(s): _____

If you have used a different name please provide:

Previous last name: _____

Previous first name: _____

My birthdate is: _____ / _____ / _____
YYYY MM DD

My marital status is: ☐ Never Married ☐ Married ☐ Common Law ☐ Separated ☐ Divorced ☐ Widowed

If you require a replacement health card you should expect to receive it in the mail approximately 2-3 weeks after your request has been processed. Please choose one of the 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 without my sex designation displayed
☐ 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**

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Spouse / Partner's Health Card Number is: | | | | | | | | | | | |

Spouse / Partner's last name is: _____

Spouse / Partner's first name(s): _____

If you have used a different name please provide:

Previous last name: _____

Previous first name: _____

Spouse / Partner's birthdate is: _____ / _____ / _____
YYYY MM DD

Spouse / Partner's should be: ☐ Added ☐ Removed
Due to: ☐ Marriage ☐ Common Law ☐ Separation ☐ Divorce ☐ Death

If your spouse/partner requires a replacement health card you should expect to receive it in the mail approximately 2-3 weeks after your request has been processed. Please choose one of the following health card options:

☐ I do not require a replacement health card
☐ I request a health card with my sex designation displayed
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Please complete all information

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My current mailing address is:

Street: _____

City /Town: _____

Province/Territory: _____

Postal Code: _____

Phone Number: _____

Email Address: _____

My spouses current mailing address is:

Street: _____

City /Town: _____

Province/Territory: _____

Postal Code: _____

Phone Number: _____

Email Address: _____

My current residential address is:
(if different the information below must be completed
☐ Same as above ☐ Different

Street or land location: _____

City /Town: _____

Province/ Territory: _____ Postal Code: _____

Spouse / Partner's current residential address is:
(if different the information below must be completed)
☐ Same as above ☐ Different

Street or land location: _____

City /Town: _____

Province/Territory: _____ Postal Code: _____

Spouse / Partner's Declaration

I certify that the information provided on this application is 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.

_____ _____ / _____ / _____
Signature YYYY MM DD

I certify that the information provided on this application is 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.

_____ _____ / _____ / _____
Signature YYYY MM DD

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

Health Card Number is: | | | ■ | | | ■ | | | |

My dependent's last name is: _____

My dependent's first name(s): _____

My dependent's birthdate is: _____ / _____ / _____
YYYY MM DD

Reason for the change is ***(Photocopy of document must be provided)*** :
☐ Adoption ☐ Custody ☐ Other (please specify):

_____

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:

Name: _____

Health Services Number (if known): _____

Address: _____

Phone Number (if known): _____

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Please complete all information and return with required documents to:

eHealth Saskatchewan
2130 11th Avenue
Regina, SK
S4P 0J5

Questions? Call 1-800-667-7551 (Canada and U.S. only)
(306)787-3251