

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

Requester Contact Details

Phone number is:

My email address is:

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-)

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	
My Health Card number is:	<div></div>	Phone number is:	
My last name is:			
My first name(s) is:		My email address is:	
My middle name(s) is:			
My birth date is:	<div>/</div>		
	YYYY MM DD		

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

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
Health Card number is:	Health Card number is:
Last name is:	Last name is:
First name(s) is:	First name(s) is:
Middle name(s) is:	Middle name(s) is:
Birth date is:	Birth date is:
YYYY MM DD	YYYY MM DD

Update Information

I want to update my dependant's information contained on:

☐ Work Permit

☐ Study Permit (Confirmation of full-time enrollment is required)

☐ Visitor Record

☐ Permanent Resident Card (front & back)

☐ Other

Update Information

I want to update my dependant's information contained on:

☐ Work Permit

☐ Study Permit (Confirmation of full-time enrollment is required)

☐ Visitor Record

☐ Permanent Resident Card (front & back)

☐ Other

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.

	X	/	/
Printed Name	Signature	YYYY	MM DD

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	1-800-667-7551 (Canada and U.S only)
Health Registries	(306) 787-3251 (Regina area, or when calling from outside Saskatchewan)
2130 – 11th Avenue	
Regina, SK S4P 0J5	

Please complete all information