

APPLICATION FOR A CHANGE OF SEX DESIGNATION ON A SASKATCHEWAN HEALTH CARD

To request a change of sex designation on a Saskatchewan health card you will need to provide eHealth Saskatchewan with a copy of your birth certificate showing the change of sex designation requested.

If you are unable to obtain a birth certificate showing the requested sex designation from the jurisdiction where you were born, you will need to provide the following:

- 1) A **completed statutory declaration** that is signed before a Commissioner for Oaths, Notary Public or Solicitor that includes all the following information:
 - Your name as it currently appears on your birth registration.
 - Your date of birth.
 - Your current mailing address, telephone number and email address (if available).
 - The request to change to the new sex designation.
 - The reason why you are unable to provide a birth certificate with the change of sex designation from the jurisdiction where you were born.
 - A statement that you have assumed, identify with, and intend to maintain the gender identity that corresponds with the requested change to sex designation.
- 2) The attached **Supporting Statement From your Health Care Professional**. (Form attached. Must be completed and included with request.)
- 3) The attached **Request to Change your Health Card and Acknowledgement** form. (Form attached. Must be completed and included with request.)

SUPPORTING STATEMENT FROM HEALTH CARE PROFESSIONAL FOR CHANGE OF SEX DESIGNATION ON SASKATCHEWAN HEALTH CARD (REQUIRED)

I, _____
Print Full Name of Professional

Of _____
Street Address City/Town/Village/ Province Postal Code

Phone _____

Am a registered Physician Psychologist

Registration/Certificate/License Number: _____

I am a member in good standing and I have a license to practice within Saskatchewan or within another Canadian jurisdiction. (If outside of Canadian jurisdiction, attach proof of qualification to practice in that jurisdiction.)

I have treated or evaluated:

Full Legal Name of Applicant _____

Whose date of birth is _____.
(DD/MM/YYYY)

In my professional opinion, the applicant has assumed, identifies with and is maintaining the gender identity of:

(Check one) Male Female X Non-Binary

That corresponds with the requested amendment to the sex designation on their health card. In my professional opinion, the change of sex designation on the applicant's health card is appropriate.

CHECK ONLY If the Applicant is Under 18 Years of Age

In my professional opinion, the applicant has the capacity to make personal health care decisions.

Signature of Health Care Professional

Date (DD/MM/YYYY)

REQUEST TO CHANGE HEALTH CARD & ACKNOWLEDGEMENT (REQUIRED)

I make an election to change my sex designation on my **Saskatchewan Health Card** to:

Check one: **Male** OR **Female** OR **X (Non-Binary)**

My Health Services Number (HSN) is (if known) _____

When you change your sex designation on your health card a new card will automatically be issued.

Please indicate the type of health card you would like sent to you:

Check one of the following:

- 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

If I choose to change the sex designation on my Saskatchewan Health Card, I acknowledge that there are provincial health screening programs and services that are specific to either men or women (such as prostate screening or mammography). Responsible health organizations try to ensure that eligible patients receive information related to these services. If the sex designation on my health card is changed, I understand that I should speak to my physician or another health care professional about screening programs and other implications to the quality of care provided to me, as it relates to changing the sex designation on my health card.

I acknowledge if I request a health card without my sex designation displayed that sex is retained within the confidential health system. There will be no sex physically displayed on the health card.

Signature of Applicant

(Date (DD/MM/YYYY))