

## 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](http://ehealthsask.ca).  
**To change the sex designation on a health card please access the required forms at [ehealthsask.ca](http://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](http://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:**

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- I request a health card with my sex designation displayed
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**Please complete all information**

# Saskatchewan Health Services Card

## Change of Information/Request Replacement Health Card

My current mailing address is:

Street: \_\_\_\_\_

City/Town: \_\_\_\_\_

Province/Territory: \_\_\_\_\_

Postal Code: \_\_\_\_\_

My current residential address is:

Same as above  Different

**(if different the information below must be completed)**

Street or land location: \_\_\_\_\_

City/Town: \_\_\_\_\_

Province/Territory: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Spouse / Partner's current mailing address is:

Street: \_\_\_\_\_

City/Town: \_\_\_\_\_

Province/Territory: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Spouse / Partner's current residential address is:

Same as above  Different

**(if different the information below must be completed)**

Street or land location: \_\_\_\_\_

City/Town: \_\_\_\_\_

Province/Territory: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Applicant 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

### 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



### 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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# Saskatchewan Health Services Card

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My dependent's first name(s): \_\_\_\_\_

My dependent's birthdate is: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
                                    YYYY                                    MM                                    DD

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**Please complete all information and return with required documents to:**

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

Email: [change@ehealthsask.ca](mailto:change@ehealthsask.ca)  
Fax: (306)787-8951  
Questions? Call 1-800-667-7551 (Canada and U.S. only)  
(306)787-3251