

Saskatchewan Health Services Card Change of Address or Request Replacement Card

Change of Address and/or Request Replacement Saskatchewan Health Services Card

Who should use this form? Saskatchewan residents who:

- have a Saskatchewan Health Services card and have moved to a different home address; and/or
- are requesting a replacement health card.

Can I make changes online? Yes. To make changes, visit www.ehealthsask.ca/HealthRegistries/Pages/update-info.aspx

Why should I keep my address up to date? It is important that your registration information on the provincial health registry is accurate to ensure the prompt processing of your health claims.

Failure to keep your registration information current can result in the suspension of health benefits.

Can I change the address for all family members? You can change the address of yourself, your spouse/partner and dependants under 18 years old that are living with you.

What happens if I fail to update my address for my Health Services card? If you fail to update your address your health coverage may be discontinued. If your health coverage has been discontinued for over one year, you may be required to submit proof of residency or complete an application.

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

My sex is: Male Female

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

Requester Contact Details

*** at least one phone number is required**

My cell phone number is: _____

My home phone number is: _____

My work phone number is: _____

My email address is: _____

Replace my card? Yes No

My card is: Lost Stolen Damaged

Section B. Spouse/Partner Personal Information



Spouse/Partner 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

My sex is: Male Female

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

Spouse/Partner Contact Details

*** at least one phone number is required**

My cell phone number is: _____

My home phone number is: _____

My work phone number is: _____

My email address is: _____





Replace my card? Yes No

My card is: Lost Stolen Damaged



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Section C. Dependant Personal Information (If you have more than four dependants, please list their information on a separate sheet)

 First Dependant Information	 Second Dependant Information
<p>Health Card number is: _____</p> <p>Last name is: _____</p> <p>First name(s) is: _____</p> <p>Middle name(s) is: _____</p> <p>Birth date is: _____ <small>YYYY-MM-DD</small></p> <p>Sex is: <input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>Health Card number is: _____</p> <p>Last name is: _____</p> <p>First name(s) is: _____</p> <p>Middle name(s) is: _____</p> <p>Birth date is: _____ <small>YYYY-MM-DD</small></p> <p>Sex is: <input type="checkbox"/> Male <input type="checkbox"/> Female</p>
<p>Replace my card? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>My card is: <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Damaged</p>	<p>Replace my card? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>My card is: <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Damaged</p>
 Third Dependant Information	 Fourth Dependant Information
<p>Health Card number is: _____</p> <p>Last name is: _____</p> <p>First name(s) is: _____</p> <p>Middle name(s) is: _____</p> <p>Birth date is: _____ <small>YYYY-MM-DD</small></p> <p>Sex is: <input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>Health Card number is: _____</p> <p>Last name is: _____</p> <p>First name(s) is: _____</p> <p>Middle name(s) is: _____</p> <p>Birth date is: _____ <small>YYYY-MM-DD</small></p> <p>Sex is: <input type="checkbox"/> Male <input type="checkbox"/> Female</p>
<p>Replace my card? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>My card is: <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Damaged</p>	<p>Replace my card? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>My card is: <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Damaged</p>

Section D. Address Information

 New Address (Moved To)	
<p>I moved on: _____ <small>YYYY-MM-DD</small></p> <p>** Your address change will be processed on this date.</p>	<p>My New Mailing Address is: _____ <small>Street</small></p> <p>_____ <small>City/Town Province Postal Code</small></p> <hr/> <p>My New Residence Address is: _____ <small>Street</small></p> <p>_____ <small>Province Postal Code</small> OR _____ <small>City/Town</small></p> <p>_____ <small>Land Location (1/4 Section, Section, Township, Range, W-)</small></p>
 Old Address (Moved From)	
<p>_____ <small>Street</small></p> <p>_____ <small>Province Postal Code</small> OR _____ <small>City/Town</small></p> <p>_____ <small>Land Location (1/4 Section, Section, Township, Range, W-)</small></p>	

Please complete all required information

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Section E. Declarations

Important: Both the **requester and the spouse/partner** (if applicable) must sign this declaration in order for this change to be processed.

Requester Declaration

I certify that I am a resident of Saskatchewan. I declare all the information on this change 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 change may be used for administering other Saskatchewan government programs.

<hr/> Printed Name	<p style="text-align: center;">X</p> <hr/> Signature	<hr/> YYYY-MM-DD
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Spouse/Partner Declaration

I certify that I am a resident of Saskatchewan. I declare all the information on this change 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 change may be used for administering other Saskatchewan government programs.

<hr/> Printed Name	<p style="text-align: center;">X</p> <hr/> Signature	<hr/> YYYY-MM-DD
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Important:



- Did you sign the above declaration?
- Did you include your spouse/partner and all dependants under 18 who have moved with you?

Please return completed form to:

eHealth Saskatchewan	1-800-667-7551 (no charge, in-province only)
Health Registries	(306) 787-3251 (Regina area, or when calling from outside Saskatchewan)
2130 – 11th Avenue	Fax: (306) 787-8951
Regina, SK S4P 0J5	

Please complete all required information