

Saskatchewan Health Services Card Change To Family Unit

Change to Family Unit

Who should use this form? Saskatchewan residents that have a Saskatchewan Health Services card and are reporting changes to the family unit due to:

- marriage, divorce/separation, common-law, reconciliations;
- addition or removal of dependants under 18; and/or
- newborns born outside of Saskatchewan. (Newborns born in Saskatchewan are automatically registered.)

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

Why should I keep my information up to date? It is important that your 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.

What documents do I need to provide? Please provide a copy of marriage certificate, adoption, custody document or proof of birth outside Saskatchewan (if applicable).

For more information, please visit ehealthsask.ca

Section A. Requester and Spouse/Partner 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

Spouse/Partner Information

Health Card number is: _____

Last name is: _____

First name(s) is: _____

Middle name(s) is: _____

Birth date is: _____
YYYY-MM-DD

Sex is: Male Female

Marital status is: Never Married Married
 Common Law Separated
 Divorced Widowed

Spouse/partner should be added removed

Date of change is: _____
YYYY-MM-DD

Reason for change is: Marriage Common Law
 Divorce Separation
 Other _____

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: _____

Contact Details

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

Cell phone number is: _____

Home phone number is: _____





Work phone number is: _____

Email address is: _____

Please complete all required information

Section B. 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>Dependent should be <input type="checkbox"/> added <input type="checkbox"/> removed</p> <p>Date of change is: _____ <small>YYYY-MM-DD</small></p> <p>Reason for change is: <input type="checkbox"/> Adoption <input type="checkbox"/> Custody <input type="checkbox"/> Other _____</p> <p>If removing, who is the dependant residing with: Name: _____ Address: _____</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>Dependent should be <input type="checkbox"/> added <input type="checkbox"/> removed</p> <p>Date of change is: _____ <small>YYYY-MM-DD</small></p> <p>Reason for change is: <input type="checkbox"/> Adoption <input type="checkbox"/> Custody <input type="checkbox"/> Other _____</p> <p>If removing, who is the dependant residing with: Name: _____ Address: _____</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>Dependent should be <input type="checkbox"/> added <input type="checkbox"/> removed</p> <p>Date of change is: _____ <small>YYYY-MM-DD</small></p> <p>Reason for change is: <input type="checkbox"/> Adoption <input type="checkbox"/> Custody <input type="checkbox"/> Other _____</p> <p>If removing, who is the dependant residing with: Name: _____ Address: _____</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>Dependent should be <input type="checkbox"/> added <input type="checkbox"/> removed</p> <p>Date of change is: _____ <small>YYYY-MM-DD</small></p> <p>Reason for change is: <input type="checkbox"/> Adoption <input type="checkbox"/> Custody <input type="checkbox"/> Other _____</p> <p>If removing, who is the dependant residing with: Name: _____ Address: _____</p>

Please complete all required information

Section C. Requester Address Information

Requester Address Details			
My Current Mailing Address is:	Street _____		
	City/Town _____	Province _____	Postal Code _____
My Current Residence Address is: <i>(if different from mailing address)</i>	Street _____		City/Town _____
	Province _____	Postal Code _____	OR _____
			Land Location (1/4 Section, Section, Township, Range, W-) _____

Section D. Spouse/Partner Address Information

If the spouse/partner address is different from the requester, complete the following:

Spouse/Partner Address Details			
My Current Mailing Address is:	Street _____		
	City/Town _____	Province _____	Postal Code _____
My Current Residence Address is: <i>(if different from mailing address)</i>	Street _____		City/Town _____
	Province _____	Postal Code _____	OR _____
			Land Location (1/4 Section, Section, Township, Range, W-) _____

Section E. Replacement Card Details

If you have more than four dependants, please list their information on a separate sheet.

Requester Replacement Card	Spouse/Partner Replacement Card
Replace my card? <input type="checkbox"/> Yes <input type="checkbox"/> No My card is: <input type="checkbox"/> Lost <input type="checkbox"/> Damaged <input type="checkbox"/> Stolen <input type="checkbox"/> Other	Replace my card? <input type="checkbox"/> Yes <input type="checkbox"/> No My card is: <input type="checkbox"/> Lost <input type="checkbox"/> Damaged <input type="checkbox"/> Stolen <input type="checkbox"/> Other
First Dependant Replacement Card	Second Dependant Replacement Card
Replace card? <input type="checkbox"/> Yes <input type="checkbox"/> No Card is: <input type="checkbox"/> Lost <input type="checkbox"/> Damaged <input type="checkbox"/> Stolen <input type="checkbox"/> Other	Replace card? <input type="checkbox"/> Yes <input type="checkbox"/> No Card is: <input type="checkbox"/> Lost <input type="checkbox"/> Damaged <input type="checkbox"/> Stolen <input type="checkbox"/> Other
Third Dependant Replacement Card	Fourth Dependant Replacement Card
Replace card? <input type="checkbox"/> Yes <input type="checkbox"/> No Card is: <input type="checkbox"/> Lost <input type="checkbox"/> Damaged <input type="checkbox"/> Stolen <input type="checkbox"/> Other	Replace card? <input type="checkbox"/> Yes <input type="checkbox"/> No Card is: <input type="checkbox"/> Lost <input type="checkbox"/> Damaged <input type="checkbox"/> Stolen <input type="checkbox"/> Other

Please complete all required information

Section F. Change of Name Details

** Changes to a dependant's name can only be done through a legal change of name or an adoption.

** If you have a common-law spouse and you want to change your name, you must provide a Common Law Spousal Relationship Registration document.

Requester Change of Name	Spouse/Partner Change of Name
<p>Change Name? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of change is: _____ YYYY-MM-DD</p> <p>My reason for name change is: <input type="checkbox"/> Marriage <input type="checkbox"/> Common Law <input type="checkbox"/> Separation <input type="checkbox"/> Divorce</p> <p>My previous name was: _____</p> <p>I changed my name to: _____</p>	<p>Change Name? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of change is: _____ YYYY-MM-DD</p> <p>My reason for name change is: <input type="checkbox"/> Marriage <input type="checkbox"/> Common Law <input type="checkbox"/> Separation <input type="checkbox"/> Divorce</p> <p>Previous name was: _____</p> <p>Changed name to: _____</p>

Section G. Declarations

Requester Declaration

I certify that I am a resident of Saskatchewan and any dependants listed are residents of Saskatchewan. I declare all the information on this notice of 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 notice may be used for administering other Saskatchewan government programs.

_____ Printed Name	X _____ Signature	_____ YYYY-MM-DD
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Spouse/Partner Declaration

I certify that I am a resident of Saskatchewan and any dependants listed are residents of Saskatchewan. I declare all the information on this notice of 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 notice may be used for administering other Saskatchewan government programs.

_____ Printed Name	X _____ Signature	_____ YYYY-MM-DD
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Important:



- If adding spouse/partner to your family unit, both the requester and the spouse/partner must sign this declaration.
- There must be at least one signature in the declaration.
- Did you attach copies of the required documents?

Please return completed form and required document(s) (if applicable) to:

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