Saskatchewan Health Services Card Application

**HEALTH SERVICES CARD INFORMATION**

**Who should apply?** All new residents of Saskatchewan must register themselves and their dependents under 18 years of age for a Saskatchewan health services card in order to be eligible for health benefits.

**Can I apply online for Saskatchewan health benefits?** You can apply online at ehealthsask.ca

**Who is eligible for Saskatchewan health benefits?** If you are a Canadian Citizen or Permanent Resident, make your home in Saskatchewan and you ordinarily live in the province at least 5-months in a 12-month period or if you hold an eligible immigration document and move to Saskatchewan from outside Canada, you may be eligible for Saskatchewan Health benefits.

**When will I be eligible?** A person’s benefits may begin on different dates depending on circumstances and documentation submitted.

**Can I register all family members or do they need to register individually?** You may register yourself, your spouse / partner, and all dependents that are living with you in Saskatchewan. Dependents 18 years of age or older must complete their own application.

**Students (Temporary Residents in Saskatchewan)**

If you are an international student temporarily residing in Saskatchewan to further your education you may be eligible for Saskatchewan Health benefits.

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**REQUIRED DOCUMENTS:**

Important: Before you continue, please ensure you attach a photocopy (front and back, if applicable) of ONE document from EACH of the following categories:

1) **Legal Entitlement to be in Canada** and 2) **Saskatchewan Residency**

### 1) Legal Entitlement to be in Canada - Required for every family member included in the application.

A copy of an official government document to prove you are a Canadian Citizen or one of the following immigration documents:

- **Canadian Citizens**
  - Birth Certificate from a Canadian province or territory
  - Canadian Passport
  - First Nations / Inuit / Metis Card (Both sides)
  - Certificate of Canadian Citizenship or Certificate of Naturalization or Canadian Citizenship Card

- **Foreign Nationals**
  - Study Permit (Confirmation of full-time enrollment is required)
  - Work Permit
  - Foreign Passport with Immigration stamp
  - Temporary Resident Permit

- **Permanent Residents / Landed Immigrants**
  - Permanent Resident Card (Both sides)
  - Confirmation of Permanent Residence
  - Canadian Immigration Identification Card
  - Notice of Decision- Convention Refugee

### 2) Saskatchewan Residency – If all family members reside together only one adult is required to submit a residency document.

A document (copies acceptable) that displays your name and current home address and confirms that your primary place of residence is in Saskatchewan, such as:

- Signed mortgage, rental, or lease agreement
- Utility bill (home telephone, cable TV, satellite TV, water, gas, or energy) – **Cell Phone bills are not accepted**
- Insurance policy (home, tenant, or auto)
- Saskatchewan driver’s licence
- Saskatchewan motor vehicle registration
- Employer record (paystub or letter from employer on company letterhead–both sides if applicable)
- Income tax assessment
- Property tax bill
- Statement of employment insurance benefits paid T4E
- Statement of old age security T4A (OAS)
- Statement of Canada Pension Benefits T4A (P)
- Child tax benefit statement
- Canada Pension Plan statement of contributions
- Social assistance benefit confirmation
- Employment and income assistance statement of benefits
- School, college, or university report card or transcript
**APPLICANT INFORMATION:**

My last name is: ________________________________

My first name(s): ________________________________

If you have used a different name please provide:
   Previous last name ________________________________
   Previous first name ________________________________

My birth date is:     ____________/________/__________
                        YYYY                       MM               DD

Sex at birth:  
   □ Male
   □ Female

Current Gender:  
   □ Male
   □ Female
   □ Other (please specify) ________________________________

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

My First Nations / Inuit / Metis Registry number
   (if applicable): _______________________________________

My current mailing address is:

Street: _____________________________________________

City / Town: _________________________________________

Province / Territory: __________________________________

Postal Code: _________________________________________

My current residential address is:

Street: _____________________________________________

City / Town: _________________________________________

Province / Territory: __________________________________

Postal Code: _________________________________________

or land location: _____________________________________

Phone number: _______________________________________

Email Address: _______________________________________

I arrived in Canada on:     I established residence in Saskatchewan on:     _______________________
                        YYYY           MM              DD
                        YYYY           MM              DD

My last place of residence was: ________________________________

My previous provincial health card number was: ________________

I am committed to being physically present in Saskatchewan for at least 5-months in a 12-month period. □ Yes □ No

If no please explain: ________________________________

______________________________

______________________________

______________________________

______________________________

Citizenship:

□ Canadian Citizen – Province of birth _________________________

□ Permanent Resident / Landed Immigrant

□ Work Permit

□ Study Permit (Confirmation of full time enrollment required)
   Graduation date:     ____________/________/__________
                        YYYY           MM               DD

□ Other (specify): _______________________________________

Why are you applying?

I am applying because I am:

□ A new Saskatchewan resident

□ An existing Saskatchewan resident and I need my health coverage reinstated. My Health Services Number is: ________________

□ A returning Saskatchewan resident.
   I departed Saskatchewan on:     _______________________
                        YYYY           MM              DD

□ Canadian Armed Forces OR □ Federal Institution
   I was discharged on:     _______________________
                        YYYY           MM              DD

Health Card Type:

A health card will be sent to you in approximately 2-3 weeks after your application is approved. Please choose one of the following health card options:

□ 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 (must submit a birth certificate or a citizenship document with gender X displayed)

Applicant Declaration:

If you declared your marital status as married or common-law and your spouse / partner did not move to Saskatchewan with you, please provide your spouse/partner’s current place of residence:

________________________________/________________________________

Province                                                Country

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 willfully give false information.

X _______________________

Signature

Date     ____________/________/__________

YYYY           MM              DD

Please note: If you and your family are not eligible for Saskatchewan health benefits, you will be advised, otherwise your health services card will be mailed to you just prior to the effective date.

Important:

• Applications that are missing information or required documents cannot be processed.

• Photocopies (front and back if applicable) of all required documents must be attached to the application.

• DO NOT send original documents.
### SPOUSE / PARTNER INFORMATION:

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse / Partner’s last name is:</td>
<td>____________________________________</td>
</tr>
<tr>
<td>Spouse / Partner’s first name(s):</td>
<td>____________________________________</td>
</tr>
<tr>
<td>If your Spouse / Partner has used a different name please provide:</td>
<td>Previous last name _____________________________________</td>
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<tr>
<td></td>
<td>Previous first name ________________________________________________</td>
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<tr>
<td>Spouse / Partner’s birth date is:</td>
<td>__________/<strong><strong><strong><strong>/</strong></strong></strong></strong> YYYY MM DD</td>
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<tr>
<td>Sex at birth:</td>
<td>Male □ Female □</td>
</tr>
<tr>
<td>Current Gender:</td>
<td>Male □ Female □ Other □ (please specify) __________________________________</td>
</tr>
<tr>
<td>Spouse / Partner’s marital status is:</td>
<td>Never Married □ Married □ Common Law □ Separated □ Divorced □ Widowed</td>
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<tr>
<td>Spouse / Partner’s First Nations / Inuit / Metis Registry number</td>
<td>(if applicable): ________________________________________________________</td>
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<td></td>
<td>Spouse / Partner’s current mailing address is:</td>
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<td></td>
<td>Same as applicant □ Different from applicant (if different the information below must be completed)</td>
</tr>
<tr>
<td>Street</td>
<td>___________________________________________</td>
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<tr>
<td>City / Town:</td>
<td>___________________________________________</td>
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<td>Province / Territory:</td>
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<td>Postal Code:</td>
<td>___________________________________________</td>
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<td>Spouse / Partner’s current residential address is:</td>
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<td></td>
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<td>or land location:</td>
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<tr>
<td>Phone number:</td>
<td>___________________________________________</td>
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<tr>
<td>Email Address:</td>
<td>___________________________________________</td>
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<tr>
<td>I arrived in Canada on:</td>
<td>I established residence in Saskatchewan on:</td>
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<tr>
<td>___<em><strong><strong><strong>/________/</strong></strong></strong></em> YYYY MM DD</td>
<td>___<em><strong><strong><strong>/________/</strong></strong></strong></em> YYYY MM DD</td>
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<tr>
<td>My last place of residence was:</td>
<td>___________________________________________</td>
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<tr>
<td>My previous provincial health card number was:</td>
<td>___________________________________________</td>
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<tr>
<td>I am committed to being physically present in Saskatchewan for at</td>
<td>____________________________ □ Yes □ No</td>
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<td>least 5-months in a 12-month period.</td>
<td>If no please explain: ________________________________________________</td>
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<td>_______________________________________________________________________</td>
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### Citizenship:

- Canadian Citizen – Province of birth _____________________________
- Permanent Resident / Landed Immigrant
- Work Permit
- Study Permit (Confirmation of full time enrollment required)
  - Graduation date: __________/________/_______ YYYY MM DD
- Other (specify): ________________________________________________

### Why are you applying?

I am applying because I am:

- □ A new Saskatchewan resident
- □ An existing Saskatchewan resident and I need my health coverage reinstated. My Health Services Number is: ______________________
- □ A returning Saskatchewan resident, I departed Saskatchewan on: __________/________/_______ YYYY MM DD
- □ Canadian Armed Forces OR □ Federal Institution
  - I was discharged on: __________/________/_______ YYYY MM DD

### Health Card Type:

A health card will be sent to you in approximately 2-3 weeks after your application is approved. Please choose one of the following health card options:

- □ I request a health card with my sex designation displayed
- □ I request a health card without my sex designation displayed
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### Spouse / Partner’s Declaration:

If you declared your marital status as married or common-law and your spouse / partner did not move to Saskatchewan with you, please provide your spouse / partner’s current place of residence:

Province / Country: ________________________________________________

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 willfully give false information.

X ____________________________ Signature ____________________________

Date __________/________/_______ YYYY MM DD

PLEASE COMPLETE ALL INFORMATION
**DEPENDENT(S) INFORMATION:** Dependents 18 years of age and older must complete a separate application

My dependent’s last name is: ________________________________
My dependent’s first name(s): ________________________________
My dependent’s birth date is: ________________________________

Sex at birth: □ Male □ Female
Current Gender: □ Male □ Female □ Other (specify) ________________

My dependent’s First Nations / Inuit / Metis Registry number (if applicable): ________________________________

My dependent’s mailing and residency address is the same as:
(check only one) □ Mine
□ Other (please specify): ________________________________

My dependent arrived in Canada on: ________________________________
My dependent established residence in Saskatchewan on: ________________________________

My dependent’s last place of residence was: ________________________________

My dependent’s previous provincial health card number was: ________________________________

My dependent is committed to being physically present in Saskatchewan for at least 5-months in a 12-month period.
□ Yes □ No
If no please explain: ________________________________

Citizenship:
□ Canadian Citizen – Province of birth ________________________________
□ Permanent Resident / Landed Immigrant ________________________________
□ Work Permit ________________________________
□ Study Permit (Confirmation of full time enrollment required) ________________________________

Graduation date: ________/_______/_______
□ Other (specify): ________________________________

My dependent is:
□ A new Saskatchewan resident ________________________________
□ An existing Saskatchewan resident ________________________________
□ A returning Saskatchewan resident who departed Saskatchewan on: ________/_______/_______

Health Card Type:
A health card will be sent in approximately 2-3 weeks after the application being approved. Please choose one of the following health card options:
□ I request a health card for my dependent with a sex designation displayed
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□ I request a health card for my dependent with gender X displayed (must submit a birth certificate or a citizenship document with gender X displayed)
**DEPEMNENT(S) INFORMATION: Dependents 18 years of age and older must complete a separate application**

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**PLEASE COMPLETE ALL INFORMATION AND RETURN WITH REQUIRED DOCUMENTS TO:**
eHealth Saskatchewan
2130 11th Avenue
Regina, SK
S4P0J5

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