

## 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](http://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.

### 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:

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Signed mortgage, rental, or lease agreement</li> <li>• Utility bill (home telephone, cable TV, satellite TV, water, gas, or energy) – <b>Cell Phone bills are not accepted</b></li> <li>• Insurance policy (home, tenant, or auto)</li> <li>• Saskatchewan driver's licence</li> <li>• Saskatchewan motor vehicle registration</li> <li>• Employer record (paystub or letter from employer on company letterhead—both sides if applicable)</li> <li>• Income tax assessment</li> </ul> | <ul style="list-style-type: none"> <li>• Property tax bill</li> <li>• Statement of employment insurance benefits paid T4E</li> <li>• Statement of old age security T4A (OAS)</li> <li>• Statement of Canada Pension Benefits T4A (P)</li> <li>• Child tax benefit statement</li> <li>• Canada Pension Plan statement of contributions</li> <li>• Social assistance benefit confirmation</li> <li>• Employment and income assistance statement of benefits</li> <li>• School, college, or university report card or transcript</li> </ul> |
|---|--|



## 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:

Spouse / Partner's last name is: \_\_\_\_\_

Spouse / Partner's first name(s): \_\_\_\_\_

If your Spouse / Partner has used a different name please provide:

Previous last name \_\_\_\_\_

Previous first name \_\_\_\_\_

Spouse / Partner's birth date is: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
YYYY MM DD

Sex at birth:  Male  Female

Current Gender:  Male  Female

Other (please specify) \_\_\_\_\_

Spouse / Partner's marital status is:  Never Married  Married  
 Common Law  Separated  
 Divorced  Widowed

Spouse / Partner's First Nations / Inuit / Metis Registry number (if applicable): \_\_\_\_\_

### Spouse / Partner's current mailing address is:

Same as applicant  Different from applicant  
 (if different the information below must be completed)

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

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

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

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

### Spouse / Partner's current residential address is:

Same as applicant  Different from applicant  
 (if different the information below must be completed)

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)

### 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

**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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
YYYY MM DD

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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
YYYY MM DD

My dependent established residence in Saskatchewan on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
YYYY MM DD

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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
YYYY MM DD

Other (specify): \_\_\_\_\_

My dependent is:

A new Saskatchewan resident

An existing Saskatchewan resident

A returning Saskatchewan resident who departed Saskatchewan on:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
YYYY MM DD

**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

I request a health card for my dependent without a sex designation displayed

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)

My dependent's last name is: \_\_\_\_\_

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

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

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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
YYYY MM DD

My dependent established residence in Saskatchewan on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
YYYY MM DD

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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
YYYY MM DD

Other (specify): \_\_\_\_\_

My dependent is:

A new Saskatchewan resident

An existing Saskatchewan resident

A returning Saskatchewan resident who departed Saskatchewan on:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
YYYY MM DD

**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

I request a health card for my dependent without a sex designation displayed

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)

**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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
YYYY MM DD

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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
YYYY MM DD      My dependent established residence in Saskatchewan on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
YYYY MM DD

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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
YYYY MM DD

Other (specify): \_\_\_\_\_

My dependent is:

A new Saskatchewan resident

An existing Saskatchewan resident

A returning Saskatchewan resident who departed Saskatchewan on:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
YYYY MM DD

**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

I request a health card for my dependent without a sex designation displayed

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)

My dependent's last name is: \_\_\_\_\_

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

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

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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
YYYY MM DD      My dependent established residence in Saskatchewan on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
YYYY MM DD

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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
YYYY MM DD

Other (specify): \_\_\_\_\_

My dependent is:

A new Saskatchewan resident

An existing Saskatchewan resident

A returning Saskatchewan resident who departed Saskatchewan on:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
YYYY MM DD

**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

I request a health card for my dependent without a sex designation displayed

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)