

Saskatchewan Health Services Card

Change of Information/Request Replacement Health Card

Please choose one of the following options:

- I do not require a replacement health card
- 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 -You must have already changed the sex designation to X on your dependent's health card to choose this type of replacement health card. Forms to change the sex designation can be found at ehealthsask.ca

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

eHealth Saskatchewan
 101-1901 Scarth Street
 Regina, SK
 S4P 4L4

Questions? Call 1-800-667-7551

