eHealth Saskatchewan

# 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. Members of the armed forces should submit an application and include themselves with their family members.

**Can I apply online for Saskatchewan health benefits?** You can apply online at **ehealthsask.ca**. Online applications have shorter processing times than paper submissions.

**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)
- Canadian Citizenship Card/Certificate or Certificate of Naturalization
- ***Permanent Residents / Landed Immigrants***
- Permanent Resident Card (both sides)
- Confirmation of Permanent Residence
- Notice of Decision- Convention Refugee

***Foreign Nationals***

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

**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 (including your address)
- Employer record (paystub or letter from employer on company letterhead–both sides if applicable)
- Income tax assessment
- SGI guarantor letter
- 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

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## 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: MANDATORY

Street: _____

City /Town: _____

Province /Territory: _____

Postal Code: _____

### My current residential address is: MANDATORY

☐ Same as mailing address above

☐ As indicated below:

Street: _____

City /Town: _____

Province /Territory: _____

Postal Code: _____

or land location: _____

Phone number: _____

Email Address: _____

I arrived in Canada on: _____/_____/_____
YYYY MM DD

I established residence in Saskatchewan on: _____/_____/_____
YYYY MM DD

My last place of residence was: _____

My previous provincial health card number was: _____

I am committed to living 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

☐ Family of military member

☐ 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

☐ I consent to the verification of information contained in the Saskatchewan Vital Statistics Registry for myself and my dependents.

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.

**PLEASE COMPLETE ALL INFORMATION**

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# Saskatchewan Health Services Card Application

## 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: **MANDATORY**

☐ 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: **MANDATORY**

☐ 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: _____/_____/_____
YYYY MM DD

I established residence in Saskatchewan on: _____/_____/_____
YYYY MM DD

My last place of residence was: _____

My previous provincial health card number was: _____

I am committed to living 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

☐ Family of military member

☐ 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

☐ I consent to the verification of information contained in the Saskatchewan Vital Statistics Registry for myself and my dependents.

**PLEASE COMPLETE ALL INFORMATION**

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## 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: _____

Their 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 CardType:

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: _____

Their 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 _____

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☐ Study Permit (Confirmation of full time enrollment required)

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YYYY MM DD

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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: _____

Their 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): _____

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☐ A new Saskatchewan resident

☐ An existing Saskatchewan resident

☐ A returning Saskatchewan resident who departed Saskatchewan on:

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YYYY MM DD

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YYYY MM DD

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Current Gender: ☐ Male ☐ Female ☐ Other (specify) _____

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My dependent's mailing and residency address is the same as:

(check only one) ☐ Mine

☐ Other (please specify): _____

_____

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YYYY MM DD

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☐ A new Saskatchewan resident

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☐ 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)

**PLEASE COMPLETE ALL INFORMATION AND RETURN WITH REQUIRED DOCUMENTS TO:**

eHealth Saskatchewan
101-1901 Scarth Street
Regina, SK
S4P 2H1

Questions? Call 1-800-667-7551

**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.