

Saskatchewan Health Services Card Notification of Extended Absence

Notification of Extended Absence or Return from Extended Absence

Who should use this form?

- Saskatchewan residents who have a Saskatchewan Health Services card and will be absent from the province for **seven** months or more;
- Saskatchewan residents returning to the province from an extended absence.

Can I make changes online? Yes. To make changes, visit ehealthsask.ca

When should I report my absence from Saskatchewan?

- Attending full-time studies at an accredited educational institution, and intend to return upon completion of your studies. You must provide your graduation date and confirmation of full-time enrolment;
- Away for the purpose of vacation or visit for up to 12 months;

- Away for employment purposes 1) within Canada for a maximum of 12 months; 2) outside of Canada for a maximum of 24 months.

Why should I report my return from extended absence?

When you return from any extended absence, you need to contact Health Registries to update your address. If you do not keep your information updated you may be refused non-urgent health services and/or you may be required to pay for health services.

What address should I provide?

If you are absent from Saskatchewan, provide the address where you want to receive your correspondence and health card. If you are returning from an extended absence you must confirm your Saskatchewan address.

For more information, please visit ehealthsask.ca or contact us at 1-800-667-7551

****PLEASE PRINT CLEARLY****

Section A. Requester 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 marital status is: Never Married Married
 Common Law Separated
 Divorced Widowed

Requester Contact Details

Phone number is:

My email address is:

Requester Contact Details

My current mailing address is:

Street:

City/Town:

Province:

Postal Code:

My current residence address is same as above different
If different information below must be completed:

Street:

City/Town:

Province:

Postal Code:


OR
LAND LOCATION:
(1/4 Section, Section, Township, Range, W-)

Please complete all information

Section A. Requester Information

Extended Absence	Return from Absence
<p>I am going to be absent for seven months or more? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>My absence will begin on: _____ / _____ / _____ <small>YYYY MM DD</small></p> <p>I intend to return to SK <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>My expected date of return is: _____ / _____ / _____ <small>YYYY MM DD</small></p> <p>My reason for absence is: <input type="checkbox"/> Accompany family <input type="checkbox"/> Medical <input type="checkbox"/> Work purposes within Canada <input type="checkbox"/> Personal <input type="checkbox"/> Work purposes outside Canada <input type="checkbox"/> Student</p> <p>My graduation date is: _____ / _____ / _____ <small>(if applicable) YYYY MM DD</small></p>	<p>I am returning to Saskatchewan from an approved extended absence? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I returned to Saskatchewan on: _____ / _____ / _____ <small>YYYY MM DD</small></p> <p>**You must provide a current Saskatchewan address if you are returning from an extended absence.</p>

Section B. Additional Family Member Information

 Family Information																														
<p>THIS REQUEST INCLUDES THE FOLLOWING FAMILY MEMBERS:</p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;"><u>Health Care Number (if known)</u></th> <th style="text-align: left;"><u>Surname</u></th> <th style="text-align: left;"><u>Given Names</u></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	<u>Health Care Number (if known)</u>	<u>Surname</u>	<u>Given Names</u>																											
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Please complete all information

Section C. Declaration

Important: The **requester** must sign this declaration in order for this change to be processed.

Requester Declaration

I certify that I am a resident of Saskatchewan. I declare all the information on this notice 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.

<p>_____</p> <p>Printed Name</p>	<p style="text-align: center;">X</p> <p>_____</p> <p>Signature</p>	<p style="text-align: center;">/ /</p> <p>_____</p> <p>YYYY MM DD</p>
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Important:



- Did you sign the above declaration?
- Did you attach proof of full-time enrolment (for students)?
- Remember to contact us to update your information upon your return.

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

eHealth Saskatchewan	Email: change@ehealthsask.ca
Health Registries	1-800-667-7551 (Canada and U.S only)
2130 – 11th Avenue	(306) 787-3251 (Regina area, or when calling from outside Saskatchewan)
Regina, SK S4P 0J5	Fax: (306) 787-8951