



## Saskatchewan Health Services Card Notification of an Updated Immigration Document

(i)	Notification of an Updated Immigration Docum	ent
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Who should use this form?

 If you have a Saskatchewan Health Services card and have an updated immigration document such as a work permit, study permit, visitor record, or permanent resident card.

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

What documents do I need to provide? Please provide a copy of your updated work permit, study permit, visitor record or permanent resident card (front & back).

Can I provide immigration documents for all family members? You can provide immigration documents for yourself, your spouse/partner and dependants under 18 years old that are living with you.

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

## **Section A.** Requester Personal Information

Requester Information	Address Details
My Health Card	My current mailing address is:
My last name is:	Street:
My first name(s) is:	
My middle name(s) is:	
My birth date is: / /	City/Town:
YYYY MM DD	Province:
	Postal Code:
	My current residence address is ☐ same as above ☐ different If different information below MUST be completed.
Requester Contact Details	Street:
Phone number is:  My email address is:	City/Town: Province:
	Postal Code:
	OR LAND LOCATION: (1/4 Section, Section, Township, Range, W-)
Update Information	
I intormation contained on my:	it (Confirmation of Usitor Record rollment is required) nt & back) Uther

Section B. Spouse/Farther Personal Information				
Spouse/Pa	rtner Information	Spouse/Partner Contact Details		
My Health Card number is:		Phone number is:		
My last name is:				
My first name(s) is:		My email address is:		
My middle name(s) is	::			
My birth date is:	/			
Update Informati	YYYY MM DD			
I want to update the information contained	☐ Work Permit ☐ Study Permi	it (Confirmation of Uisitor Record rollment is required) nt & back) Uther		
	ependant Personal Information you have more than two dependants, please			
First Deper	idant Information	Second Dependant Information		
Health Card number is:		Health Card number is:		
Last name is:		Last name is:		
First name(s) is:		First name(s) is:		
Middle name(s) is:		Middle name(s) is:		
Birth date is:	/ /	Birth date is: / /		
	YYYY MM DD	YYYY MM DD		
Update Informati	on	Update Information		
<ul><li>☐ Work Permit</li><li>☐ Study Permit</li></ul>	lependant's information contained on:  ull-time enrollment is required)  nt Card (front & back)	I want to update my dependant's information contained on:  Work Permit Study Permit (Confirmation of full-time enrollment is required) Visitor Record Permanent Resident Card (front & back) Other		
Section D. D	Declaration			
Requester Declar	ation			
I certify that I am a resident of Saskatchewan. I declare all the information on this notification 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.				
	×			
Printed Name	Signature	YYYY MM DD		
In a subsurf.				
• Did you	ı sign the above declaration? ı attach copies of your immigration documer Г send original documents.	nts (front & back)?		
Please return con	npleted form and required document	t(s) 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				

Regina, SK S4P 0J5