

Saskatchewan Health Services Card Notification of Power of Attorney

Notification of Power of Attorney (POA)

Who should use this form?

- If you have been appointed as a Power of Attorney; or
- if you are appointing someone as your Power of Attorney

Can I make changes online? Yes. To make changes, visit www.ehealthsask.ca/HealthRegistries/Pages/update-info.aspx

What is a Power of Attorney? A power of attorney is a document in which a person (the “grantor”) appoints another person (the “attorney”) to act on his/her behalf in connection with his/her personal or financial affairs.

What do I need to do? If a Trustee, Guardian or Power of Attorney (POA) has been designated, a copy of **the legal document must be attached** to this form. There are a variety of POA documents. If the POA is not considered acceptable, such as a POA specific to or limited to a bank or financial institution, you will be notified.

For more information, please visit www.ehealthsask.ca

Section A. Requester Personal Information

Power of Attorney Grantor Information (The person who is asking someone to act on his/her behalf)

Health Card number is: _____

Last name is: _____

First name(s): _____

Middle name(s): _____

Birth date is: _____
YYYY-MM-DD

Sex is: Male Female

Marital status is: Never Married Married
 Common Law Separated
 Divorced Widowed

Address Details

Current mailing address is:

Street: _____

City/Town: _____

Province/Territory: _____

Postal Code: _____

Current residence address is:
(if different from mailing address)

Street: _____

City/Town: _____

Province/Territory: _____

Postal Code: _____

or Land Location: _____
(1/4 Section, Section, Township, Range, W-)

Contact Details

*** at least one phone number is required**

Cell phone number is: _____


Home phone number is: _____

Work phone number is: _____

Email address is: _____

Please complete all required information

Section B. Attorney Personal Information

 Attorney Information (The person appointed)	Address
Last name is: _____ First name(s): _____ Middle name(s): _____ Birth date is: _____ <small>YYYY-MM-DD</small> Health Card number is: _____ <small>(if applicable)</small>	<div style="background-color: #E6C9A8; padding: 2px;">Current mailing address is:</div> Street: _____ _____ City/Town: _____ Province/Territory: _____ Postal Code: _____
Contact Details	Correspondence
<p>* at least one phone number is required</p> Cell phone number is: _____ Home phone number is: _____ Work phone number is: _____ Email address is: _____ _____	Do you want to receive all correspondence addressed to the grantor? <input type="checkbox"/> Yes <input type="checkbox"/> No <p>*If you do not have a Saskatchewan address, the Health Services Card will be mailed to the grantor.</p>

Section C. Declaration

Declaration		
I declare all the information on this notice of Power of Attorney 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.		
_____ <small>Printed Name</small>	X _____ <small>Signature</small>	_____ <small>YYYY-MM-DD</small>

Important:



- Did you sign the above declaration? The grantor or the attorney may sign this notice.
- Is a copy of the Power of Attorney document attached?

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

eHealth Saskatchewan Health Registries 2130 – 11th Avenue Regina, SK S4P 0J5	1-800-667-7551 (no charge, in-province only) (306) 787-3251 (Regina area, or when calling from outside Saskatchewan) Fax: (306) 787-8951
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Please complete all required information