

Saskatchewan Health Services Card Notification of an Updated Immigration Document

Notification of an Updated Immigration Document

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 www.ehealthsask.ca/HealthRegistries/Pages/update-info.aspx

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 www.ehealthsask.ca

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 sex is: Male Female

My marital status is: Never Married Married
 Common Law Separated
 Divorced Widowed

Address Details

My current mailing address is:

Street: _____

City/Town: _____

Province: _____

Postal Code: _____

My current residence address is:
(if different from mailing address)

Street: _____

City/Town: _____

Province: _____

Postal Code: _____

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

Requester Contact Details

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

My cell phone number is: _____

My home phone number is: _____

My work phone number is: _____

My email address is: _____



Update Information

I want to update the information contained on my: Work Permit Study Permit (Confirmation of full-time enrollment is required) Visitor Record
 Permanent Resident Card (front & back) Other _____

Please complete all required information



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Section B. Spouse/Partner Personal Information

 Spouse/Partner Information	 Spouse/Partner Contact Details
<p>My Health Card number is: _____</p> <p>My last name is: _____</p> <p>My first name(s) is: _____</p> <p>My middle name(s) is: _____</p> <p>My birth date is: _____ YYYY-MM-DD</p> <p>My sex is: <input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>* at least one phone number is required</p> <p>My cell phone number is: _____</p> <p>My home phone number is: _____</p> <p>My work phone number is: _____</p> <p>My email address is: _____</p> <p>_____</p> <p>_____</p>
<h3>Update Information</h3>	
<p>I want to update the information contained on my: <input type="checkbox"/> Work Permit <input type="checkbox"/> Study Permit (Confirmation of full-time enrollment is required) <input type="checkbox"/> Visitor Record <input type="checkbox"/> Permanent Resident Card (front & back) <input type="checkbox"/> Other _____</p>	

Section C. Dependant Personal Information

If you have more than two dependants, please list their information on a separate sheet.

 First Dependant Information	 Second Dependant Information
<p>Health Card number is: _____</p> <p>Last name is: _____</p> <p>First name(s) is: _____</p> <p>Middle name(s) is: _____</p> <p>Birth date is: _____ YYYY-MM-DD</p> <p>Sex is: <input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>Health Card number is: _____</p> <p>Last name is: _____</p> <p>First name(s) is: _____</p> <p>Middle name(s) is: _____</p> <p>Birth date is: _____ YYYY-MM-DD</p> <p>Sex is: <input type="checkbox"/> Male <input type="checkbox"/> Female</p>
<h3>Update Information</h3>	<h3>Update Information</h3>
<p>I want to update my dependant's information contained on:</p> <p><input type="checkbox"/> Work Permit</p> <p><input type="checkbox"/> Study Permit (Confirmation of full-time enrollment is required).</p> <p><input type="checkbox"/> Visitor Record</p> <p><input type="checkbox"/> Permanent Resident Card (front & back)</p> <p><input type="checkbox"/> Other _____</p>	<p>I want to update my dependant's information contained on:</p> <p><input type="checkbox"/> Work Permit</p> <p><input type="checkbox"/> Study Permit (Confirmation of full-time enrollment is required).</p> <p><input type="checkbox"/> Visitor Record</p> <p><input type="checkbox"/> Permanent Resident Card (front & back)</p> <p><input type="checkbox"/> Other _____</p>

Please complete all required information

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Section D. Declarations

Important: Both the **requester and the spouse/partner** (if applicable) 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 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 change may be used for administering other Saskatchewan government programs.

_____ Printed Name	X _____ Signature	_____ YYYY-MM-DD
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Spouse/Partner Declaration

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 change may be used for administering other Saskatchewan government programs.

_____ Printed Name	X _____ Signature	_____ YYYY-MM-DD
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Important:



- Did you sign the above declaration?
- Did you attach copies of your immigration documents? (front & back)

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

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

Please complete all required information