

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 ehealthsask.ca

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 their behalf in connection with their 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 ehealthsask.ca or contact us at 1-800-667-7551

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

Address Details

Current mailing address is:

Street:

City/Town:

Province/Territory:

Postal Code:

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

Street:

City/Town:

Province/Territory:

Postal Code:

**OR
LAND LOCATION:**

(1/4 Section, Section, Township, Range, W-)


Contact Details

Phone number is:

My email address is:

Please complete all information

Section B. Power of Attorney (POA) Information

|  POA 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> | Current mailing address is: Street: _____ City/Town: _____ Province/Territory: _____ Postal Code: _____ |
| Contact Details | Correspondence |
| Phone number is: _____ My email address is: _____ | Do you want to receive all correspondence addressed to the grantor? <input type="checkbox"/> Yes <input type="checkbox"/> No *If you do not have a Saskatchewan address, the Health Services Card will be mailed to the grantor. |

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. | | |
| _____ Printed Name | X _____ Signature | _____ / ____ / ____ <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 | Email: change@ehealthsask.ca 1-800-667-7551 (Canada and U.S only) (306) 787-3251 (Regina area, or when calling from outside Saskatchewan) Fax: (306) 787-8951 |
|---|---|

Please complete all information