

Saskatchewan Health Services Card Notification of Extended Absence

i) 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 from the province, you need to contact Health Registries to ensure your Saskatchewan Health Services card is still active and you are entitled to benefits.

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		Requester Contact Details	
My Health Card number is:		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:	
My sex is:	🗌 Male 🔲 Female	Postal Code:	
My marital status is:	 Never Married Common Law Divorced Married Separated Widowed 	My current residen (if different from m	
Requester Contact Details		Street:	
* at least one phone number is required My cell phone number is:			
My home phone number is:		City/Town:	
		-	
My work phone number is:		Province:	
My email address is:		Postal Code:	
		or Land Location:	
			(1/4 Section, Section, Township, Range, W-)



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Section A. Requester Personal Information (cont.)

I am going to be absent for seven months or more? I Yes INO My absence will begin on: / // // YYYY MM DD I intend to return to SK I Yes INO My expected date of return is: // // // YYYY MM DD My reason for Accompany family I Medical absence is: Work purposes within Canada I Work purposes outside Canada Student	Extended Absence		Return from Absence
My absence will begin on: / YYYY MM MM DD I returned to Saskatchewan on: // YYYY MM DD My expected date of return is: // // YYYY MM DD My expected date of return is: // // YYYY MM DD My reason for Accompany family Medical absence is: Work purposes within Canada Personal Work purposes outside Canada Student	0 0	□ Yes □ No	
I intend to return to SK Yes No My expected date of return is: / // // YYYY MM DD My reason for Accompany family Image: Mork purposes within Canada Image: Personal Image: Work purposes outside Canada Image: My graduation date is: (if applicable) Image: My graduation date is: Image:	My absence will begin on:	/ /	approved extended absence?
My expected date of return is: / // / YYYY MM DD **You must provide a current Saskatchewan address if you are returning from an extended absence. **You must provide a current Saskatchewan address if you are returning from an extended absence. My reason for Accompany family MM DD **You must provide a current Saskatchewan address if you are returning from an extended absence. My graduation date is: (if applicable) ///			
YYYY MM DD are returning from an extended absence. My reason for Accompany family absence is: Work purposes within Canada Work purposes outside Canada Personal Work purposes outside Canada Student	l intend to return to SK	□ Yes □ No	YYYY MM DD
absence is: Work purposes within Canada Personal Work purposes outside Canada Student My graduation date is: (if applicable) / /	My expected date of return is:		
☐ Work purposes within canada ☐ Tersonal ☐ Work purposes outside Canada ☐ Student My graduation date is: / (if applicable) /	My reason for 🗌 Accompany family 🗌 Medical		
My graduation date is: (if applicable) / /	absence is: 🗌 Work purpos	ses within Canada 🛛 Personal	
(if applicable) / /	Work purpos	ses outside Canada 🛛 Student	
YYYY MM DD			
		YYYY MM DD	

Section B. Additional Family Member Information

Family Information						
THIS REQUEST INCLUDES THE FOLLOWING FAMILY MEMBERS:						
<u>Health Care Number (if known)</u>	<u>Surname</u>	Given Names				



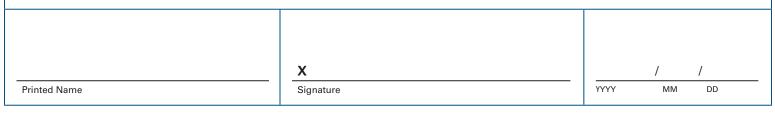
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Section D. Declarations

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 change 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.



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:

Health Registries 2130 – 11th Avenue Regina, SK S4P 0J5 change@ehealthsask.ca More information is available at ehealthsask.ca 1-800-667-7551 (no charge, in-province only) (306) 787-3251 (Regina area, or when calling from outside Saskatchewan)