

Saskatchewan Health Services Card Application

Health Services Card Information

Who should apply? All new residents of Saskatchewan must register themselves and their dependants under 18 years of age for a Saskatchewan health services card in order to be eligible for health benefits.

Can I apply online for a health card? You can apply online at: www.ehealthsask.ca/HealthRegistries/Pages/apply-for-health-card.aspx

Who is eligible for Saskatchewan health benefits? If you are a Canadian Citizen or Permanent Resident, make your home in Saskatchewan and you ordinarily live in the province at least 6-months in a 12-month period or if you are a special class of newcomers and move to Saskatchewan from outside Canada, you may be eligible for Saskatchewan Health benefits. For more information, please visit the website: www.ehealthsask.ca/HealthRegistries/Pages/health-benefits-eligibility.aspx

When will I be eligible? A person's benefits may begin on different dates depending on circumstances. A Saskatchewan health services card is mailed to each family member just prior to the effective date if the application has been approved. For more information, please visit the website:

www.ehealthsask.ca/HealthRegistries/Pages/health-benefits.aspx

Can I register all family members or do they need to register individually? You may register yourself, your spouse/partner and all dependants that are living with you in Saskatchewan. Dependents 18 years of age or older must complete their own application.

Students (Temporary Residents in Saskatchewan)

If you are an international student temporarily residing in Saskatchewan to further your education you may be eligible for Saskatchewan Health benefits. For more information, please visit the website: www.ehealthsask.ca/HealthRegistries/Pages/health-benefits-eligibility.aspx

For more information, please refer to Frequently Asked Questions at: www.ehealthsask.ca/HealthRegistries/Pages/benefits-questions.aspx

Required Documentation

In order to process your application for a Saskatchewan Health Services Card, you must include photocopies (front and back, if applicable) of documents proving your **1) Legal Entitlement to be in Canada**, **2) Saskatchewan Residency**, and **3) Support of Identity**.

- One document from each category listed below is required for the applicant and spouse/partner on this application.
- One document from **1) Legal Entitlement to be in Canada** and **3) Support of Identity** is required for each dependant on this application.

Some examples of acceptable documents are listed below. The required documents must accompany your application. Please do not send original documents as we cannot guarantee their safe return. For a complete listing of eligible documentation, refer to the back page of this form.

****The same document may NOT be used to satisfy more than one requirement.**

1) Legal Entitlement to be in Canada

A valid document to prove you are a Canadian Citizen or hold another immigration status that makes you eligible for Saskatchewan health benefits, such as:

Canadian Citizens

- Birth Certificate from a Canadian province or territory
- Canadian Passport
- Certificate of Indian Status
- Certificate of Canadian Citizenship or Certificate of Naturalization

Permanent Residents/Landed Immigrants

- Permanent Resident Card (front & back)
- Confirmation of Permanent Residence
- Canadian Immigration Identification Card

Foreign Nationals

- Study Permit (Confirmation of full-time enrollment is required)
- Work Permit
- Foreign Passport with Immigration Stamp
- Temporary Resident Permit

2) Saskatchewan Residency

A valid document that displays your name and current home address and confirms that your primary place of residence is in Saskatchewan, such as:

- Signed mortgage, rental, or lease agreement.
- Utility bill (home telephone, cable TV, satellite TV, water, gas, or energy)
- Insurance policy (home, tenant, or auto)
- Saskatchewan Motor Vehicle Registration
- Employer record (pay stub or letter from employer on company letterhead)
- Income tax assessment
- Property tax bill
- School, college or university report card or transcript

3) Support of Identity

A valid document that displays your name (and may include signature), such as:


- Previous provincial health card
- Saskatchewan driver's licence or temporary driver's licence
- Passport
- Birth Certificate
- Permanent Resident Card (front & back)
- Certificate of Canadian Citizenship
- Certificate of Indian Status
- Confirmation of Permanent Residence
- Student ID card
- Employee ID
- Baptismal Certificate
- Immunization record

A complete list of documents is available at: www.ehealthsask.ca/HealthRegistries/Pages/health-card-supporting-doc.aspx

Section A. Applicant Personal Information

Important: Before you continue, please ensure you attach a photocopy (front and back, if applicable) of ONE document from EACH of the following categories:

1) Legal Entitlement to be in Canada 2) Saskatchewan Residency 3) Support of Identity

 **Applicant Information**

My last name is: _____

My first name(s): _____

My middle name(s): _____

My birth date is: _____
YYYY-MM-DD

My sex is: Male Female

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

My Indian Status Registry Number is: *(if applicable)* _____

My current mailing address is:

Street: _____

City/Town: _____

Province/Territory: _____

Postal Code: _____

My current residence address is:


Street: _____

City/Town: _____

Province/Territory: _____

Postal Code: _____

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

 **Applicant Contact Details**

My cell phone number is: _____

My home phone number is: _____

My work phone number is: _____

My email address is: _____

 **Applicant Citizenship**

Canadian Citizen

Permanent Resident (Landed Immigrant)

Work Permit

Study Permit (Confirmation of full-time enrollment is required)
Graduation Date: _____ YYYY-MM-DD

Other (specify): _____

 **Why are you applying?**

I am applying because I am:

A new Saskatchewan resident

An existing Saskatchewan resident
Health Services Number: _____

A returning Saskatchewan resident
I departed Saskatchewan on: _____
(if applicable) YYYY-MM-DD
My previous last name was: _____
My previous first name was: _____
My previous middle name was: _____

Canadian Armed Forces or Federal Institution
I was discharged on: _____
YYYY-MM-DD

 **Applicant Details**

I established residence in Saskatchewan on: _____
YYYY-MM-DD

I arrived in Canada on: *(if applicable)* _____
YYYY-MM-DD

My last place of residence was: _____

My previous provincial health card number: _____


I am committed to being physically present in Saskatchewan for at least Yes No 6-months in a 12-month period.
If you answered No, explain and state how long you intend to reside in Saskatchewan:

Please complete all required information. Applications that are not complete may be returned.

Section B. Spouse/Partner Personal Information

Important: Before you continue, please ensure you attach a photocopy (front and back, if applicable) of ONE document from EACH of the following categories:

1) Legal Entitlement to be in Canada 2) Saskatchewan Residency 3) Support of Identity

 **Spouse/Partner Information**

My last name is: _____

My first name(s): _____

My middle name(s): _____

My birth date is: _____
YYYY-MM-DD

My sex is: Male Female

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

My Indian Status Registry Number is: *(if applicable)* _____

My current mailing address is the same as the applicant.
 Yes No *If No, my current mailing address is:*

Street: _____

City/Town: _____

Province/Territory: _____ Postal Code: _____


My current residence address is the same as the applicant.
 Yes No *If No, my current residence address is:*

Street: _____

City/Town: _____

Province/Territory: _____ Postal Code: _____

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


 **Spouse/Partner Contact Details**

My cell phone number is: _____

My home phone number is: _____

My work phone number is: _____

My email address is: _____

 **Applicant Citizenship**


Canadian Citizen

Permanent Resident (Landed Immigrant)

Work Permit

Study Permit (Confirmation of full-time enrollment is required)
Graduation Date: _____ YYYY-MM-DD

Other (specify): _____

 **Why are you applying?**

I am applying because I am:

A new Saskatchewan resident

An existing Saskatchewan resident
Health Services Number: _____


A returning Saskatchewan resident
I departed Saskatchewan on: _____
(if applicable) YYYY-MM-DD

My previous last name was: _____

My previous first name was: _____

My previous middle name was: _____

Canadian Armed Forces or Federal Institution
I was discharged on: _____
YYYY-MM-DD

 **Applicant Details**

I established residence in Saskatchewan on: _____
YYYY-MM-DD

I arrived in Canada on: *(if applicable)* _____
YYYY-MM-DD

My last place of residence was: _____

My previous provincial health card number: _____

I am committed to being physically present in Saskatchewan for at least Yes No 6-months in a 12-month period.
If you answered No, explain and state how long you intend to reside in Saskatchewan:

Please complete all required information. Applications that are not complete may be returned.

Section C. Dependant Personal Information

Important: Before you continue, please ensure you attach a photocopy (*front and back, if applicable*) of ONE document from EACH of the following categories: **1) Legal Entitlement to be in Canada** **2) Support of Identity**
Persons 18 years of age and older must complete a separate application

First Dependant Information

My dependant's last name is: _____

My dependant's first name(s): _____

My dependant's middle name(s): _____

My dependant's birth date is: _____
YYYY-MM-DD

My dependant's sex is: Male Female

My dependant's Indian status registry number is: (*if applicable*) _____

My dependant's mailing address is the same as: (*check only one*) Mine Spouse/Partner

My dependant's residency address is the same as: (*check only one*) Mine Spouse/Partner

First Dependant Citizenship

My dependant is a:

Canadian Citizen

Permanent Resident (Landed Immigrant)

Work Permit

Study Permit (Confirmation of full-time enrollment is required)
Graduation Date _____
YYYY-MM-DD

Other (specify): _____

First Dependant Details

Is a:

A new Saskatchewan resident

A returning Saskatchewan resident
Who established residence in Saskatchewan on: _____
YYYY-MM-DD

Who arrived in Canada on: _____
(*if applicable*)
YYYY-MM-DD

Who is committed to being physically present in Saskatchewan for at least 6-months in a 12-month period. Yes No

If you answered No, explain and state how long he/she intends to reside in Saskatchewan:

Last place of residence was: _____

Previous provincial health card number: _____

Second Dependant Information

My dependant's last name is: _____

My dependant's first name(s): _____

My dependant's middle name(s): _____

My dependant's birth date is: _____
YYYY-MM-DD

My dependant's sex is: Male Female

My dependant's Indian status registry number is: (*if applicable*) _____

My dependant's mailing address is the same as: (*check only one*) Mine Spouse/Partner

My dependant's residency address is the same as: (*check only one*) Mine Spouse/Partner

Second Dependant Citizenship

My dependant is a:

Canadian Citizen

Permanent Resident (Landed Immigrant)

Work Permit

Study Permit (Confirmation of full-time enrollment is required)
Graduation Date _____
YYYY-MM-DD

Other (specify): _____

Second Dependant Details

Is a:

A new Saskatchewan resident

A returning Saskatchewan resident
Who established residence in Saskatchewan on: _____
YYYY-MM-DD

Who arrived in Canada on: _____
(*if applicable*)
YYYY-MM-DD

Who is committed to being physically present in Saskatchewan for at least 6-months in a 12-month period. Yes No

If you answered No, explain and state how long he/she intends to reside in Saskatchewan:

Last place of residence was: _____

Previous provincial health card number: _____

Please complete all required information. Applications that are not complete may be returned.

Section C. Dependant Personal Information *(continued)*

Important: Before you continue, please ensure you attach a photocopy (*front and back, if applicable*) of ONE document from EACH of the following categories: **1) Legal Entitlement to be in Canada** **2) Support of Identity**
Persons 18 years of age and older must complete a separate application

Third Dependant Information

My dependant's last name is: _____

My dependant's first name(s): _____

My dependant's middle name(s): _____

My dependant's birth date is: _____
YYYY-MM-DD

My dependant's sex is: Male Female

My dependant's Indian status registry number is: *(if applicable)* _____

My dependant's mailing address is the same as: *(check only one)* Mine Spouse/Partner

My dependant's residency address is the same as: *(check only one)* Mine Spouse/Partner

Third Dependant Citizenship

My dependant is a:

Canadian Citizen

Permanent Resident (Landed Immigrant)

Work Permit

Study Permit (Confirmation of full-time enrollment is required)
Graduation Date _____
YYYY-MM-DD

Other (specify): _____

Third Dependant Details

Is a:

A new Saskatchewan resident

A returning Saskatchewan resident
Who established residence in Saskatchewan on: _____
YYYY-MM-DD

Who arrived in Canada on: _____
(if applicable)
YYYY-MM-DD

Who is committed to being physically present in Saskatchewan for at least 6-months in a 12-month period. Yes No

If you answered No, explain and state how long he/she intends to reside in Saskatchewan:

Last place of residence was: _____

Previous provincial health card number: _____

Fourth Dependant Information

My dependant's last name is: _____

My dependant's first name(s): _____

My dependant's middle name(s): _____

My dependant's birth date is: _____
YYYY-MM-DD

My dependant's sex is: Male Female

My dependant's Indian status registry number is: *(if applicable)* _____

My dependant's mailing address is the same as: *(check only one)* Mine Spouse/Partner

My dependant's residency address is the same as: *(check only one)* Mine Spouse/Partner

Fourth Dependant Citizenship

My dependant is a:

Canadian Citizen

Permanent Resident (Landed Immigrant)

Work Permit

Study Permit (Confirmation of full-time enrollment is required)
Graduation Date _____
YYYY-MM-DD

Other (specify): _____

Fourth Dependant Details

Is a:

A new Saskatchewan resident

A returning Saskatchewan resident
Who established residence in Saskatchewan on: _____
YYYY-MM-DD

Who arrived in Canada on: _____
(if applicable)
YYYY-MM-DD

Who is committed to being physically present in Saskatchewan for at least 6-months in a 12-month period. Yes No

If you answered No, explain and state how long he/she intends to reside in Saskatchewan:

Last place of residence was: _____

Previous provincial health card number: _____

Please complete all required information. Applications that are not complete may be returned.

If you have more than four dependants, please list their information on the Additional Dependant Form.

Section D. Declarations

Important: Both the **applicant and the spouse/partner** (if applicable) must sign this declaration in order for the application to be processed.

Important:



- Applications that are missing information or required documents may be returned.
- Photocopies (front and back if applicable) of all required documents must be attached to this application. Please do not send originals.
- Applications that are missing a signature will be returned.

Applicant Declaration

If you declared your marital status as married or common-law, and your spouse/partner did not accompany you to Saskatchewan, provide your spouse/partner's current place of residence:

Province / Country

I certify that the information provided on this application is correct. I understand that the information I have supplied on this application may be used for administering other Saskatchewan government programs. I understand it is an offence to wilfully give false information.

X

Signature

YYYY-MM-DD

Spouse or Partner Declaration

I certify that the information provided on this application is correct. I understand that the information I have supplied on this application may be used for administering other Saskatchewan government programs. I understand it is an offence to wilfully give false information.

X

Signature

YYYY-MM-DD

Contact:

If you and your family are not eligible for Saskatchewan Health benefits you will be advised, otherwise your health services card will be mailed to you just prior to the effective date.

Please return completed form 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)**