

Saskatchewan Health Services Card Application - Appeal Form

Application Information

My Application reference number is: _____
(if applicable)

My Application was submitted on: _____
YYYY/MM/DD

My last name is: _____

My current mailing address is:

My first name is: _____

Street: _____

My middle name is: _____

City/Town: _____

My birth date is: _____

Province/Territory: _____

YYYY/MM/DD

Postal Code: _____

My cell phone number is: _____

My current residence address is:

My home phone number is: _____

Street: _____

My work phone number is: _____

City/Town: _____

My email address is: _____

Province/Territory: _____

Postal Code: _____

Or Land Location _____

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

Appeal Details

I am appealing for the following reason:

- Supporting documentation being provided.
- All members of my family did arrive in Saskatchewan on the same date.
- I am present in Saskatchewan for at least 6 months in a 12-month period.
- Other _____

Explanation:

Signature:

I certify that the information provided on this appeal to be correct. I understand it is an offence to wilfully give false information.

X

Signature

Date

YYYY/MM/DD

Submit to:

Health Registrars

Fax: 1-306-787-8951

Health Services Card

Email: skhealthcardapp@ehealthsask.ca

Health Services Card