

Dear Student:

RE: STUDENT CERTIFICATION

Students temporarily absent from Saskatchewan OR international students temporarily resident in Saskatchewan to further their education may be eligible to retain Saskatchewan health coverage.

Students temporarily absent from Saskatchewan - to qualify, you must be in full-time attendance at an accredited educational institution; and intend on returning to reside in Saskatchewan within sixty (60) days of completing your studies; and complete and return the Student Certification.

Students temporarily resident in Saskatchewan - to qualify, you must be in full-time attendance at an accredited educational institution; and provide a valid Study Permit issued by Citizenship and Immigration Canada; and complete and return the Student Certification.

Upon return of the Student Certification, health coverage will be provided based on the anticipated date of graduation. An updated Health Services Card will be issued on a yearly basis confirming your Saskatchewan health coverage.

For your information, the Student Certification form is available at www.ehealthsask.ca. If you have any questions, changes in your status, or if you are no longer attending an educational institution, please contact Health Registries at the above telephone numbers, e-mail us at change@ehealthsask.ca or visit us at the above address.

Sincerely,

Health Registries

Student Certification

Health Services Number	Surname	Given Name(s)
Birth date (YY MM DD)	Sex	Student Number
Saskatchewan Mailing Address _____		
Telephone Number _____ E-mail: _____		
(Area Code)/Telephone Number and Email address where you can be contacted.		
Are you enrolled as a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If No, number of classes you are in full-time enrolment _____		
YEAR OF STUDIES _____		DURATION OF STUDIES _____
DATE OF GRADUATION (YY MM DD) _____		
Comments/Remarks		

Certification (Saskatchewan Resident)	
I hereby certify that I am a permanent resident of Saskatchewan, temporarily absent from the province for educational purposes and currently, it is my intention to reside in Saskatchewan upon the completion of my studies.	
_____	_____
Signature	YY MM DD
Certification (Non-Saskatchewan Resident)	
I hereby certify that I am in Saskatchewan for the purpose of education.	
INTERNATIONAL STUDENTS: To avoid a delay in your eligibility for Saskatchewan health coverage, please ensure a copy of your Immigration document is returned with this Certification.	
_____	_____
Signature	YY MM DD
Authorization	
I authorize my parents/guardians to provide to Health Registries information regarding my continuing eligibility for Saskatchewan health coverage.	
_____	_____
Signature	YY MM DD

Certification by Educational Institution
The above person is currently registered as a full-time student at _____

PLEASE RETURN TO:

Health Registries Email: change@ehealthsask.ca
2130 – 11th Avenue Fax: 306-787-8951
REGINA SK S4P 0J5

Stamp or Signature of Registrar