





HEALTH SERVICES CARD INFORMATION

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

Can I apply online for Saskatchewan health benefits? You can apply online at ehealthsask.ca

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 5-months in a 12-month period or if you hold an eligible immigration document and move to Saskatchewan from outside Canada, you may be eligible for Saskatchewan Health benefits.

When will I be eligible? A person's benefits may begin on different dates depending on circumstances and documentation submitted.

Can I register all family members or do they need to register individually? You may register yourself, your spouse / partner, and all dependents 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.



REQUIRED DOCUMENTS:

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 and 2) Saskatchewan Residency

1) Legal Entitlement to be in Canada - Required for every family member included in the application.

A copy of an official government document to prove you are a Canadian Citizen or one of the following immigration documents:

Canadian Citizens

- Birth Certificate from a Canadian province or territory
- Canadian Passport
- First Nations / Inuit / Metis Card (Both sides)
- Certificate of Canadian Citizenship or Certificate of Naturalization or Canadian Citizenship Card

Permanent Residents / Landed Immigrants

- Permanent Resident Card (Both sides)
- Confirmation of Permanent Residence
- Canadian Immigration Identification Card
- Notice of Decision- Convention Refugee

Foreign Nationals

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

2) Saskatchewan Residency - If all family members reside together only one adult is required to submit a residency document.

A document (copies acceptable) 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) – Cell Phone bills are not accepted
- Insurance policy (home, tenant, or auto)
- Saskatchewan driver's licence
- Saskatchewan motor vehicle registration
- Employer record (paystub or letter from employer on company letterhead-both sides if applicable)
- Income tax assessment

- Property tax bill
- Statement of employment insurance benefits paidT4E
- Statement of old age security T4A (OAS)
- Statement of Canada Pension BenefitsT4A (P)
- Child tax benefit statement
- Canada Pension Plan statement of contributions
- Social assistance benefit confirmation
- Employment and income assistance statement of benefits
- School, college, or university report card or transcript





APPLICANT INFORMATION:	
My last name is:	Citizenship:
My first name(s):	☐ Canadian Citizen – Province of birth
If you have used a different name please provide:	Permanent Resident / Landed Immigrant
Previous last name	☐ Work Permit
Previous first name	☐ Study Permit (Confirmation of full time enrollment required)
My birth date is://	Graduation date://
Sex at birth: ☐ Male ☐ Female	☐ Other (specify):
Current Gender: ☐ Male ☐ Female	Why are you applying?
☐ Other (please specify)	I am applying because I am:
My marital status is: ☐ Never Married ☐ Married	☐ A new Saskatchewan resident
☐ Common Law ☐ Separated	☐ An existing Saskatchewan resident and I need my health coverage reinstated. My Health Services Number is:
☐ Divorced ☐ Widowed My First Nations / Inuit / Metis Registry number	A returning Saskatchewan resident. I departed Saskatchewan on:/
(if applicable):	YYYY MM DD
My current mailing address is:	☐ Canadian Armed Forces OR ☐ Federal Institution
Street:	I was discharged on :/
City / Town:	Health Card Type:
Province / Territory:	
Postal Code:	A health card will be sent to you in approximately 2-3 weeks after your application is approved. Please choose one of the following health card options:
My current residential address is:	☐ I request a health card with my sex designation displayed
Street:	☐ I request a health card without my sex designation displayed
City / Town:	☐ I request a health card with gender X displayed (must submit a birth certificate or a citizenship document with gender X displayed)
Province / Territory:	
Postal Code:	Applicant Declaration:
or land location:	If you declared your marital status as married or common-law and
Phone number:	your spouse / partner did not move to Saskatchewan with you, please provide your spouse/partner's current place of residence:
Email Address:	
I arrived in Canada on: I established residence in Saskatchewan on: //	I certify that the information provided on this application is correct. I understand that the information I have supplied may be used for administering other Saskatchewan programs. I understand it is an offence to willfully give false information.
My last place of residence was:	XSignature
My previous provincial health card number was:	Date/
I am committed to being physically present in Saskatchewan for at	YYYY MM DD
least 5-months in a 12-month period. ☐ Yes ☐ No	Please note: If you and your family are not eligible for Saskatchewan health benefits, you will be advised, otherwise your health services
If no please explain:	card will be mailed to you just prior to the effective date.
	Important:
	 Applications that are missing information or required documents cannot be processed. Photocopies (front and back if applicable) of all required documents must be attached to the application. DO NOT send original documents.



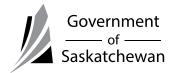


SPOUSE / PARTNER INFORMATION:	
Spouse / Partner's last name is:	Citizenship:
Spouse / Partner's first name(s):	Canadian Citizen – Province of birth
If your Spouse / Partner has used a different name please provide:	Permanent Resident / Landed Immigrant
Previous last name	□ Work Permit
Previous first name	Study Permit (Confirmation of full time enrollment required)
Spouse / Partner's birth date is:/	Graduation date: /
YYYY MM DD	YYYY MM DD
Sex at birth: ☐ Male ☐ Female	Other (specify):
Current Gender: ☐ Male ☐ Female	Why are you applying?
Other (please specify)	
Spouse / Partner's marital status is: Never Married Married	I am applying because I am: ☐ A new Saskatchewan resident
☐ Common Law ☐ Separated	☐ An existing Saskatchewan resident and I need my health coverage
☐ Divorced ☐ Widowed	reinstated. My Health Services Number is:
Spouse / Partner's First Nations / Inuit / Metis Registry number	☐ A returning Saskatchewan resident. I departed Saskatchewan on:/
(if applicable):	YYYY MM DD
Spouse / Partner's current mailing address is:	☐ Canadian Armed Forces OR ☐ Federal Institution
☐ Same as applicant ☐ Different from applicant	I was discharged on :/
(if different the information below must be completed)	YYYY MM DD
Street:	Health Card Type:
City / Town:	A health card will be sent to you in approximately 2-3 weeks after
Province / Territory:	your application is approved. Please choose one of the following
Postal Code:	health card options:
Spouse / Partner's current residential address is:	☐ I request a health card with my sex designation displayed ☐ I request a health card without my sex designation displayed
☐ Same as applicant ☐ Different from applicant	☐ I request a health card with gender X displayed (must submit a
(if different the information below must be completed)	birth certificate or a citizenship document with gender X displayed)
Street:	Spouse / Partner's Declaration:
City / Town:	•
Province / Territory:	If you declared your marital status as married or common-law and your spouse / partner did not move to Saskatchewan with you, please
Postal Code:	provide your spouse / partner's current place of residence:
or land location:	
Phone number:	Province Country
Email Address:	I certify that the information provided on this application is correct. I understand that the information I have supplied may be used for
I arrived in Canada on: I established residence in Saskatchewan on:	administering other Saskatchewan programs. I understand it is an offence to willfully give false information.
YYYY MM DD YYYY MM DD	XSignature
My last place of residence was:	Date/
My previous provincial health card number was:	YYYY MM DD
I am committed to being physically present in Saskatchewan for at least 5-months in a 12-month period. ☐ Yes ☐ No	
If no please explain:	





DEPENDENT(S) INFORMATION: Dependents 18 year	s of age and older must complete a separate application
My dependent's last name is:	My dependent's last name is:
My dependent's first name(s):	My dependent's first name(s):
My dependent's birth date is:/	My dependent's birth date is:
YYYY MM DD	YYYY MM DD
Sex at birth: ☐ Male ☐ Female	Sex at birth: ☐ Male ☐ Female
Current Gender:	Current Gender: Male Female Other (specify)
My dependent's First Nations / Inuit / Metis Registry number (if applicable):	My dependent's First Nations / Inuit / Metis Registry number (if applicable):
My dependent's mailing and residency address is the same as:	My dependent's mailing and residency address is the same as:
(check only one)	(check only one)
Other (please specify):	Other (please specify):
My dependent arrived in Canada on: My dependent established residence in Saskatchewan on:	My dependent arrived in Canada on: My dependent established residence in Saskatchewan on:
/	/
My dependent's last place of residence was:	My dependent's last place of residence was:
My dependent's previous provincial health card number was:	My dependent's previous provincial health card number was:
My dependent is committed to being physically present in Saskatchewan for at least 5-months in a 12-month period.	My dependent is committed to being physically present in Saskatchewan for at least 5-months in a 12-month period.
☐ Yes ☐ No	☐ Yes ☐ No
If no please explain:	If no please explain:
Citizenship:	Citizenship:
☐ Canadian Citizen – Province of birth	☐ Canadian Citizen – Province of birth
Permanent Resident / Landed Immigrant	Permanent Resident / Landed Immigrant
☐ Work Permit	☐ Work Permit
☐ Study Permit (Confirmation of full time enrollment required)	Study Permit (Confirmation of full time enrollment required)
Graduation date://	Graduation date://
Other (specify):	☐ Other (specify):
My dependent is:	My dependent is:
A new Saskatchewan resident	A new Saskatchewan resident
☐ An existing Saskatchewan resident	☐ An existing Saskatchewan resident
☐ A returning Saskatchewan resident who departed Saskatchewan on:	☐ A returning Saskatchewan resident who departed Saskatchewan on:
/	/
Health Card Type:	Health Card Type:
A health card will be sent in approximately 2-3 weeks after the	A health card will be sent in approximately 2-3 weeks after the
application being approved. Please choose one of the following health card options:	application being approved. Please choose one of the following health card options:
☐ I request a health card for my dependent with a sex designation displayed	☐ I request a health card for my dependent with a sex designation displayed
\square I request a health card for my dependent without a sex designation displayed	☐ I request a health card for my dependent without a sex designation displayed
☐ I request a health card for my dependent with gender X displayed (must submit a birth certificate or a citizenship document with gender X displayed)	☐ I request a health card for my dependent with gender X displayed (must submit a birth certificate or a citizenship document with gender X displayed)





DEPENDENT(S) INFORMATION: Dependents 18 year	s of age and older must complete a separate application
My dependent's last name is:	My dependent's last name is:
My dependent's first name(s):	My dependent's first name(s):
My dependent's birth date is://	My dependent's birth date is://
YYYY MM DD	YYYY MM DD
Sex at birth: ☐ Male ☐ Female	Sex at birth: ☐ Male ☐ Female
Current Gender: Male Female Other (specify)	Current Gender: Male Female Other (specify)
My dependent's First Nations / Inuit / Metis Registry number (if applicable):	My dependent's First Nations / Inuit / Metis Registry number (if applicable):
My dependent's mailing and residency address is the same as:	My dependent's mailing and residency address is the same as:
(check only one) \square Mine	(check only one)
Other (please specify):	Other (please specify):
My dependent arrived in Canada on: My dependent established residence in Saskatchewan on:	My dependent arrived in My dependent established residence Canada on: in Saskatchewan on:
YYYY MM DD YYYY MM DD	YYYY MM DD YYYY MM DD
My dependent's last place of residence was:	My dependent's last place of residence was:
My dependent's previous provincial health card number was:	My dependent's previous provincial health card number was:
My dependent is committed to being physically present in Saskatchewan for at least 5-months in a 12-month period.	My dependent is committed to being physically present in Saskatchewan for at least 5-months in a 12-month period.
☐ Yes ☐ No	☐ Yes ☐ No
If no please explain:	If no please explain:
Citizenship:	Citizenship:
☐ Canadian Citizen – Province of birth	☐ Canadian Citizen – Province of birth
Permanent Resident / Landed Immigrant	☐ Permanent Resident / Landed Immigrant
☐ Work Permit	☐ Work Permit
☐ Study Permit (Confirmation of full time enrollment required)	Study Permit (Confirmation of full time enrollment required)
Graduation date:/	Graduation date:/
YYYY MM DD	YYYY MM DD
Other (specify):	Other (specify):
My dependent is:	My dependent is:
A new Saskatchewan resident	☐ A new Saskatchewan resident
An existing Saskatchewan resident	☐ An existing Saskatchewan resident
☐ A returning Saskatchewan resident who departed Saskatchewan on:	☐ A returning Saskatchewan resident who departed Saskatchewan on:
//	//
Health Card Type:	Health Card Type:
A health card will be sent in approximately 2-3 weeks after the application being approved. Please choose one of the following health card options:	A health card will be sent in approximately 2-3 weeks after the application being approved. Please choose one of the following health card options:
☐ I request a health card for my dependent with a sex designation displayed	☐ I request a health card for my dependent with a sex designation displayed
☐ I request a health card for my dependent without a sex designation displayed	☐ I request a health card for my dependent without a sex designation displayed
☐ I request a health card for my dependent with gender X displayed (must submit a birth certificate or a citizenship document with gender X displayed)	☐ I request a health card for my dependent with gender X displayed (must submit a birth certificate or a citizenship document with gender X displayed)