



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 **six** months or more; or
- Saskatchewan residents returning to the province from an extended absence.

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, visit, business engagement or employment for up to 12 months;
- Away on an employment contract outside of Canada for a maximum of 24 months.

Why should I report my return from extended absence?

Following any extended absence from the province, you need to contact Health Registration 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 www.health.gov.sk.ca/SK-health-coverage-FAQs

Section A. Requester Personal Information



Requester Information

My Health Card number is: _____

My last name is: _____

My first name(s) is: _____

My middle name(s) is: _____

My birth date is: _____
YYYY-MM-DD

My sex is: Male Female

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

Requester Contact Details

My current mailing address is:

Street: _____

City/Town: _____

Province: _____

Postal Code: _____

My current residence address is:
(if different from mailing address)

Street: _____

City/Town: _____

Province: _____

Postal Code: _____

or Land Location: _____

Requester Contact Details

*** at least one phone number is required**

My cell phone number is: _____

My home phone number is: _____

My work phone number is: _____

My email address is: _____

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

Please complete all required information



Saskatchewan Health Services Card Notification of Extended Absence

Section A. Requester Personal Information (cont.)

Extended Absence	Return from Absence
<p>I am going to be absent for six months or more? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>My absence will begin on: _____ YYYY-MM-DD</p> <p>My expected date of return is: _____ YYYY-MM-DD</p> <p>My reason for absence is: _____ _____ _____</p> <p>My graduation date is: (if applicable) _____ YYYY-MM-DD</p>	<p>I am returning to Saskatchewan from an approved extended absence? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I returned to Saskatchewan on: _____ YYYY-MM-DD</p> <p>**You must provide a current Saskatchewan address if you are returning from an extended absence.</p>

Section B. Spouse/Partner Personal Information

Spouse/Partner Information	Spouse/Partner Contact Details
<p>My Health Card number is: _____</p> <p>My last name is: _____</p> <p>My first name(s) is: _____</p> <p>My middle name(s) is: _____</p> <p>My birth date is: _____ YYYY-MM-DD</p> <p>My sex is: <input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>* at least one phone number is required</p> <p>My cell phone number is: _____</p> <p>My home phone number is: _____</p> <p>My work phone number is: _____</p> <p>My email address is: _____ _____</p>
Extended Absence	Return from Absence
<p>I am going to be absent for six months or more? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>My absence will begin on: _____ YYYY-MM-DD</p> <p>My expected date of return is: _____ YYYY-MM-DD</p> <p>My reason for absence is: _____ _____ _____</p> <p>My graduation date is: (if applicable) _____ YYYY-MM-DD</p>	<p>I am returning to Saskatchewan from an approved extended absence? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I returned to Saskatchewan on: _____ YYYY-MM-DD</p> <p>**You must provide a current Saskatchewan address if you are returning from an extended absence.</p>

Please complete all required information



Section C. Dependant Personal Information

If you have more than two dependants, please list their information on a separate sheet.

 First Dependant Information	 Second Dependant Information
<p>Health Card number is: _____</p> <p>Last name is: _____</p> <p>First name(s) is: _____</p> <p>Middle name(s) is: _____</p> <p>Birth date is: _____ <small>YYYY-MM-DD</small></p> <p>Sex is: <input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>Health Card number is: _____</p> <p>Last name is: _____</p> <p>First name(s) is: _____</p> <p>Middle name(s) is: _____</p> <p>Birth date is: _____ <small>YYYY-MM-DD</small></p> <p>Sex is: <input type="checkbox"/> Male <input type="checkbox"/> Female</p>
Extended Absence	Extended Absence
<p>Going to be absent for six months or more? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Absence will begin on: _____ <small>YYYY-MM-DD</small></p> <p>Intended date of return is: _____ <small>YYYY-MM-DD</small></p> <p>Reason for absence is: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Going to be absent for six months or more? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Absence will begin on: _____ <small>YYYY-MM-DD</small></p> <p>Intended date of return is: _____ <small>YYYY-MM-DD</small></p> <p>Reason for absence is: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
Return from Absence	Return from Absence
<p>Returning to Saskatchewan from an approved extended absence? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Returned to Saskatchewan on: _____ <small>YYYY-MM-DD</small></p>	<p>Returning to Saskatchewan from an approved extended absence? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Returned to Saskatchewan on: _____ <small>YYYY-MM-DD</small></p>

Please complete all required information



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.

<hr/> Printed Name	<p style="text-align: center;">X</p> <hr/> Signature	<hr/> YYYY-MM-DD
--------------------	---	------------------

Spouse/Partner 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.

<hr/> Printed Name	<p style="text-align: center;">X</p> <hr/> Signature	<hr/> YYYY-MM-DD
--------------------	---	------------------

Important:



- Did you sign the above declaration?
- Did you attach proof of full-time enrolment? (for students)

Please return completed form and required document(s) (if applicable) to:

Health Registration Branch 100 - 1942 Hamilton Street Regina SK S4P 4W2	1-800-667-7551 (no charge, in-province only) (306) 787-3251 (Regina area, or when calling from outside Saskatchewan) Fax: (306) 787-8951
---	--

Please complete all required information