Saskatchewan Ministry of Health

Saskatchewan Health Services Card
Notification of an Updated Immigration Document

Notification of an Updated Immigration Document

Who should use this form?

- If you have a Saskatchewan Health Services card and have an updated immigration document such as a work permit, study permit, visitor record, or permanent resident card.

What documents do I need to provide? Please provide a copy of your updated work permit, study permit, visitor record or permanent resident card. (front & back)

Can I provide immigration documents for all family members? You can provide immigration documents for yourself, your spouse/partner and dependants under 18 years old that are living with you.

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

**** 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: _____

Address 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: _____
(1/4 Section, Section, Township, Range, W-)

Update Information

I want to update the information contained on my: ☐ Work Permit ☐ Study Permit ☐ Visitor Record ☐ Permanent Resident Card (front & back) ☐ Other _____

Please complete all required information

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Section B. Spouse/Partner Personal Information

Spouse/Partner 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

Spouse/Partner 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:

_____

_____

Update Information

I want to update the information contained on my: ☐ Work Permit ☐ Study Permit ☐ Visitor Record ☐ Permanent Resident Card (front & back) ☐ Other _____

Section C. Dependant Personal Information

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

First Dependant Information

Health Card number is: _____

Last name is: _____

First name(s) is: _____

Middle name(s) is: _____

Birth date is: _____
YYYY–MM–DD

Sex is: ☐ Male ☐ Female

Update Information

I want to update my dependant's information contained on:

☐ Work Permit
☐ Study Permit
☐ Visitor Record
☐ Permanent Resident Card (front & back)
☐ Other _____

Second Dependant Information

Health Card number is: _____

Last name is: _____

First name(s) is: _____

Middle name(s) is: _____

Birth date is: _____
YYYY–MM–DD

Sex is: ☐ Male ☐ Female

Update Information

I want to update my dependant's information contained on:

☐ Work Permit
☐ Study Permit
☐ Visitor Record
☐ Permanent Resident Card (front & back)
☐ Other _____

Please complete all required information

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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 notification 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 change may be used for administering other Saskatchewan government programs.

Printed Name	Signature	YYYY–MM–DD
	X	2012-08-09

Spouse/Partner Declaration

I certify that I am a resident of Saskatchewan. I declare all the information on this notification 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 change may be used for administering other Saskatchewan government programs.

Printed Name	Signature	YYYY–MM–DD
	X	2012-08-09

Important:

- Did you sign the above declaration?
- Did you attach copies of your immigration documents? (front & back)

Please return completed form and required document(s) 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

Print Form Clear Form

Please complete all required information