eHealth Saskatchewan

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 first name is: _____

My middle name is: _____

My birth date is: _____ YYYY/MM/DD

My cell phone number is: _____

My home phone number is: _____

My work phone number is: _____

My email address is: _____

My current mailing address is:

Street: _____

City/Town: _____

Province/Territory: _____

Postal Code: _____

My current residence address is:

Street: _____

City/Town: _____

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 is attached.

☐ All members of my family did arrive in Saskatchewan on the same date.

☐ I am present in Saskatchewan for at least 5 months in a 12-month period.

☐ Other _____

EXPLANATION (provide additional page if necessary)

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 Registries
101-1901 Scarth Street
Regina, SK S4P 2H1