eHealth Saskatchewan

Saskatchewan Health Services Card
Notification of Power of Attorney

Notification of Power of Attorney (POA)

Who should use this form?
- If you have been appointed as a Power of Attorney; or
- if you are appointing someone as your Power of Attorney

Can I make changes online? Yes. To make changes, visit ehealthsask.ca

What is a Power of Attorney? A power of attorney is a document in which a person (the **"grantor"**) appoints another person (the **"attorney"**) to act on their behalf in connection with their personal or financial affairs.

What do I need to do? If a Trustee, Guardian or Power of Attorney (POA) has been designated, a copy of **the legal document must be attached** to this form. There are a variety of POA documents. If the POA is not considered acceptable, such as a POA specific to or limited to a bank or financial institution, you will be notified.

For more information, please visit ehealthsask.ca or contact us at 1-800-667-7551

Section A. Requester Personal Information

Power of Attorney Grantor Information
(The person who is asking someone to act on his/her behalf)

Health Card number is: | | | | | | | | | | |

Last name is: _____

First name(s): _____

Middle name(s): _____

Birth date is: ____ / ____ / ____
YYYY MM DD

Contact Details

Phone number is: _____

My email address is:

_____

Address Details

Current mailing address is:

Street: _____

_____

_____

City/Town: _____

Province/Territory: _____

Postal Code: _____

My current residence address is ☐ same as above ☐ different
If different information below must be completed:

Street: _____

_____

_____

City/Town: _____

Province/Territory: _____

Postal Code: _____

OR
LAND LOCATION: _____
(1/4 Section, Section, Township, Range, W-)

Please complete all information

Section B. Power of Attorney (POA) Information

POA Information
(The person appointed)

Last name is: _____

First name(s): _____

Middle name(s): _____

Birth date is: ____ / ____ / ____
YYYY MM DD

Health Card number is: _____
(if applicable)

Address

Current mailing address is:

Street: _____

_____

City/Town: _____

Province/Territory: _____

Postal Code: _____

Contact Details

Phone number is: _____

My email address is:

_____

Correspondence

Do you want to receive all correspondence addressed to the grantor? ☐ Yes ☐ No

***If you do not have a Saskatchewan address, the Health Services Card will be mailed to the grantor.**

Section C. Declaration

Declaration

I declare all the information on this notice of Power of Attorney 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.

Printed Name	X _____ Signature	____ / ____ / ____ YYYY MM DD

Important:

- Did you sign the above declaration? The grantor or the attorney may sign this notice.
- Is a copy of the Power of Attorney document attached?

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

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

Questions? Call 1-800-667-7551

Please complete all information