eHealth Saskatchewan

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.

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

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 ehealthsask.ca or contact us at 1-800-667-7551.

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

Address Details

My current mailing address is:

Street: _____

_____

_____

City/Town: _____

Province: _____

Postal Code: _____

My current residence address is ☐ same as above ☐ different
If different information below MUST be completed.

Street: _____

_____

_____

City/Town: _____

Province: _____

Postal Code: _____

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

Requester Contact Details

Phone number is: _____

My email address is:

_____

Update Information

I want to update the information contained on my:

☐ Work Permit ☐ Study Permit (Confirmation of full-time enrollment is required) ☐ Visitor Record

☐ Permanent Resident Card (front & back) ☐ Other _____

Please complete all information

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

Spouse/Partner Contact Details

Phone number is:

My email address is:

Update Information

I want to update the information contained on my:

☐ Work Permit ☐ Study Permit (Confirmation of full-time enrollment is required) ☐ 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

Update Information

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

☐ Work Permit
☐ Study Permit (Confirmation of full-time enrollment is required)
☐ 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

Update Information

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

☐ Work Permit
☐ Study Permit (Confirmation of full-time enrollment is required)
☐ Visitor Record
☐ Permanent Resident Card (front & back)
☐ Other

Section D. Declaration

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 notice may be used for administering other Saskatchewan government programs.

Printed Name	X Signature	/ / YYYY MM DD

Important:

- Did you sign the above declaration?
- Did you attach copies of your immigration documents (front & back)?
- Do NOT send original documents.

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