



The Province of Saskatchewan administers the Family Health Benefits program that gives health coverage to low-income families. With certain limits, benefits for children include prescription drugs, dental care, eye examinations, eye glasses, chiropractic services, medical supplies, and ambulance costs. Coverage for adults is limited to a reduced deductible and co-payment for prescription drugs, eye examinations every two years, and chiropractic services.

Saskatchewan Community Resources can nominate you for Family Health Benefits if you qualify based on the income you reported on your income tax return. Under the federal *Income Tax Act*, we at Canada Revenue Agency need your consent before we can inform Saskatchewan Community Resources that you qualify. Your consent will be used only for Family Health Benefits.

At the bottom of this letter is a consent form called *Saskatchewan Family Health Benefits*. If you choose to sign the form, please return it to Saskatchewan Community Resources in the enclosed envelope. **If you do not sign and return the form**, your family will not receive Family Health Benefits.

**If you are a registered Indian**, please disregard this letter – your health benefits are provided by the Government of Canada.

Under the federal *Income Tax Act*, we can contact individuals when asked to do so. We sent this letter as asked by Saskatchewan Community Resources.

For more information about Family Health Benefits, you can call 1-877-696-7546, toll free. In Regina, call 787-4723.

Sincerely,

Director  
Special Programs and Partnerships Division

Enclosure



SASKATCHEWAN FAMILY HEALTH BENEFITS  
P.O. Box 2405, Regina Saskatchewan, S4P 4L7

*I/we consent that the Canada Revenue Agency provide to Saskatchewan Community Resources tax information about me/us and my/our eligibility to the Saskatchewan Child Benefit. I/we understand that the information the CRA will release, will be relevant to, and will be used to determine and verify eligibility for, and for the general administration and enforcement of, Family Health Benefits under the Department of Health Act.*

*This consent is valid for two taxation years prior to the year of signature and each following taxation year for which benefits are requested.*

<b>YOUR INFORMATION:</b> (please print)	Name	Social Insurance Number	
	Street Address	City/Town	Postal Code
	Sask. Health Service Number	Signature	Date

<b>SPOUSE/Common Law Partner Information:</b> (please print)	Name	Social Insurance Number	
	Street Address	City/Town	Postal Code
	Sask. Health Service Number	Signature	Date