

THE APPLICATION MUST BE FULLY COMPLETED IN ACCORDANCE WITH THE INSTRUCTIONS BELOW AND THE REQUIRED IDENTIFICATION DOCUMENTS MUST ACCOMPANY THE APPLICATION

For identification we require a photocopy (or original) of TWO of the documents listed below. Health Registration will return all original documents.

Citizens and Residents of Canada

- Health Card from last province of residence
- Birth Certificate
- Social Insurance Card
- Photographic Identification Card
- Certificate of Indian Status
- Driver's License

Non-Canadians and Returning Canadians

- Canada Immigration papers for newcomers to Canada
- Passport or USA Alien Card for returning residents
- Birth Certificate
- Photographic Identification Card
- Canadian Citizenship Card

If your legal name differs from that on your ID documents, we will also require a legal name-change certificate or marriage certificate.

INSTRUCTIONS

(Please Read Before Completing Application Form)

- * Only a permanent resident of Saskatchewan (that is, a person legally entitled to remain in Canada and who makes Sask. his/her home and is ordinarily present in Saskatchewan) is eligible for benefits.
- * All single persons 18 years and older must complete a separate application.

All applicants must complete Sections A, B, C, D, E, F and K.

If the following circumstances apply, additional information is required:

1. If applicant or spouse (married/commonlaw) is attending an educational or training institution, **Section G** must also be completed.
2. If applicant or spouse (married/commonlaw) is a member of the Canadian Armed Forces, R.C.M.P. or other federal agency, **Section H** must also be completed.
3. If applicant or spouse (married/commonlaw) will be working outside of Saskatchewan, **Section I** must also be completed.
4. If applicant or spouse (married/commonlaw) is in Saskatchewan for the purposes of temporary or seasonal employment, **Section J** must also be completed.

If your application is not accepted you will be advised, otherwise your health services card will be mailed to you just prior to the effective date of benefits.

For Information Telephone: 787-3251 (Regina Residents)
1-800-667-7551 (Provincial Toll Free)

Return Completed Application to: Saskatchewan Health Registration
1942 Hamilton Street
Regina, Saskatchewan, S4P 3V7

A. Former Province Health Number _____ Last Name _____ First and Middle Name(s) _____ Birthdate YY MM DD _____ Sex _____ Marital Status
 1-Never Married
 2-Marr. 3-C/Law
 4-Sep. 5-Div. 6-Wid. _____ Social Insurance Number _____ Indian Status Registry Number (if Applicable) _____

Mailing Address: Number, Street, Apt. #, Rural Route, Site, Box or Box Number _____ City, Town, Village or Hamlet _____ Postal Code _____ Telephone (Home) _____

Residence Address if different than mailing address: Number, Street, Apt. # _____ City, Town, Village or Hamlet _____ Postal Code _____ Land Location in Rural Municipality of _____ R.M.# _____
 OR
 1/4 Section _____ Section _____ Township _____ Range _____ W- _____

Alternate or Seasonal Address: _____ City, Town, Village or Hamlet _____ Postal Code _____ Telephone (Alternate) _____

B. Occupation _____ Employer Name _____ Employer Address _____ Postal Code _____ Telephone (Work) _____

Occupation (Spouse) _____ Employer Name _____ Employer Address _____ Postal Code _____ Telephone (Work) _____

Name of Contact Person not living with you _____ Contact Address _____ Postal Code _____ Telephone (Contact) _____

C. Citizenship Status A. Canadian Citizen B. Landed Immigrant C. Student Visa D. Employment Visa E. Canadian Citizen returning from another country F. Other (specify) _____

If status is B, C, D or F, you must attach a copy of immigration record and provide the following:

Visa Effective Date _____ Visa Expiry Date _____ Date of Entry into Canada _____ Port of Entry _____
 YY MM DD YY MM DD YY MM DD YY MM DD

If status is C, Section G must be completed.

If status is D, Sections I and J must be completed.

If status is E, you must provide proof of Canadian Citizenship and provide the following: Date of Entry into Canada _____ and Port of Entry _____
 YY MM DD

D. Was any person listed in A above previously a resident of Saskatchewan? Yes No If yes, provide full name if different than in A above.

Name _____ Name _____ Date of departure from Saskatchewan _____
 YY MM DD

Is spouse (married/common law) already registered with Saskatchewan Health? Yes No If yes,

Full Name _____ Date of Birth _____ Sask. Health Card Number _____

E. Province or country of last residence _____ Date current residence established in Saskatchewan _____
YY MM DD

Do you intend to make Saskatchewan your permanent residence? Yes No If no, on what date will you leave Saskatchewan _____
YY MM DD

Did your spouse accompany you? Yes No N/A When will she/he join you? _____
YY MM DD

Did all of your dependent children accompany you? Yes No If no, when will they join you? _____
YY MM DD

F. How many months each year will you be physically present in Saskatchewan? _____

G. Will you or your spouse (married/common law) be attending an educational or training institution on a full time basis? Yes No
Is your presence in Saskatchewan specifically for the purpose of education? Yes No
Will you and your spouse (married/common law) remain in Saskatchewan upon completion of studies? Unknown Yes No
Name and location of educational or training institution _____
Faculty _____ Year of studies _____ Duration of studies in Saskatchewan _____ Years _____ Months _____
Have you informed your home province or territory that you are a student in Saskatchewan? Yes No
Have you been refused coverage by your home province or territory? Yes No If yes, coverage termination date _____
YY MM DD

H. Members of the Canadian Armed Forces and the R.C.M.P. are exempt. Are you or your spouse members of the C.A.F. or R.C.M.P.? Yes No

If yes, full name and birth date of exempt person _____
YY MM DD

If discharged from C.A.F., R.C.M.P. or other federal responsibility, within the last 3 months provide date of discharge. _____
YY MM DD

I. Will you be working outside of Saskatchewan? Yes No If yes, specify
(a): city/province/state or country where you will be located _____

(b): duration of employment outside Saskatchewan: From _____ To _____

J. Will you be working in Saskatchewan on a temporary or casual basis? Yes No

If yes, specify duration: From _____ To _____

K. I hereby declare that the information given on this application is correct.
I understand that the information I have supplied on this application may be used for administering other Saskatchewan government programs.

Signature

Date

It is an offence to wilfully give false information.

THE REQUIRED IDENTIFICATION MUST ACCOMPANY THE APPLICATION

FOR OFFICE USE ONLY
Applicant Identification

Driver's PIC Number/Jurisdiction _____

Birth Certificate Number/Jurisdiction _____

Canada Immigration Number _____

Passport Number/Jurisdiction _____

Other (specify) _____

Family Number _____

Coverage Type _____

Coverage Effective Date _____
YY MM DD

Coverage Expiry Date _____
YY MM DD

COMMENTS:

Health Registration Authorized Signature