

Request for Continued Saskatchewan Health Coverage Checklist

In order to receive support from the Saskatchewan Immigrant Nominee Program (SINP) to continue your Saskatchewan Health coverage, you must:

- Be living and working in Saskatchewan;
- Be nominated by the SINP;
- Have applied to Immigration, Refugees and Citizenship Canada (IRCC) for Permanent Residence; and
- Have applied to IRCC to extend your work permit.

Please note:

- If you meet the above requirements, SINP will email support for your continued health coverage directly to E-Health Saskatchewan, so they can begin processing your Health card extension. The Saskatchewan Health Card should be received within two weeks.
- If you do not meet the above requirements, the SINP cannot support your request for continued Saskatchewan Health coverage.

Instructions:

1. Fill in the required information on the Request for Continued Saskatchewan Health Coverage Form (next two pages);
2. Print and sign the form;
3. Scan and upload the form; and
4. Submit the form and all the required documents to:

SINP at: immigration@gov.sk.ca

- i. Please put your Nomination Certificate # in the subject line.
i.e. **“Request for Continued Health – Nomination # XXXXXXXX”**

Required Documents

- Request for Continued Saskatchewan Health Coverage Form (ensure final page is included)
- Copy of work (and study if applicable) permit extension application payment receipt(s), or receipt letter from IRCC for principle applicant and all family members in Saskatchewan
- Copy of IRCC letter acknowledging receipt of permanent residence application (or, if this letter has not yet been received, a copy of payment receipt or postage tracking slip)
- Copy of most recent payslip with your Saskatchewan employer

Request for Continued Saskatchewan Health Coverage Form

1. Name of Principal Applicant (as it appears in passport): _____
 Name of Principal Applicant (as it appears on Health Card): _____
 Date of Birth: _____ Phone: _____
 Current Address: _____
 Email: _____
 Has your address changed since date of application for Health Coverage? Yes No

2. SINP Nomination Number: _____ Date of Nomination: _____

3. I have applied to IRCC for Permanent Residence Yes No
 Required document provided Yes No Date of application: _____

4. I have applied to IRCC to extend my Work Permit Yes No
 Required document provided Yes No Date of application: _____
 Work Permit expiry date: _____

5. I am currently employed in Saskatchewan Yes No
 Required document provided Yes No
 Name of Employer: _____

6. I am currently residing in Saskatchewan Yes No
 Saskatchewan Health Card Number: _____ Expiry Date: _____

DECLARATION & AUTHORITY TO DISCLOSE PERSONAL INFORMATION

- I authorize the release of the information from this form and any information from my Saskatchewan Immigrant Nominee Program application (as necessary) to officials of Saskatchewan Health for extending my Saskatchewan Health Coverage.
- I declare that the information I have given in this affidavit is truthful, complete and correct.
- I have read and understand the above declaration YES NO

Applicant Name (please print)

Applicant Signature

Date

FOR SINP OFFICE USE ONLY:

As per Subsection 2(q) of The Saskatchewan Medical Care Insurance Act that provides authority for the Lieutenant Governor in Council to declare a foreign national worker who meets the requirements to be a resident of Saskatchewan for purposes of the Act.

Recommendation:

Approval:

Immigration Officer

Manager, SINP

Date

Date

Accompanying Dependent Family Members in Saskatchewan

My spouse and/or children are residing in Saskatchewan Yes No N/A

(If you have answered yes to the above question, please fill in the below information for your family.)

1. Name of Dependent (as it appears in passport): _____

Name of Dependent (as it appears on Health card): _____

Date of Birth: _____

Saskatchewan Health Card #: _____ Expiry Date: _____

Temporary Resident Visa #: _____ Expiry Date: _____

2. Name of Dependent (as it appears in passport): _____

Name of Dependent (as it appears on Health card): _____

Date of Birth: _____

Saskatchewan Health Card #: _____ Expiry Date: _____

Temporary Resident Visa #: _____ Expiry Date: _____

3. Name of Dependent (as it appears in passport): _____

Name of Dependent (as it appears on Health card): _____

Date of Birth: _____

Saskatchewan Health Card #: _____ Expiry Date: _____

Temporary Resident Visa #: _____ Expiry Date: _____

4. Name of Dependent (as it appears in passport): _____

Name of Dependent (as it appears on Health card): _____

Date of Birth: _____

Saskatchewan Health Card #: _____ Expiry Date: _____

Temporary Resident Visa #: _____ Expiry Date: _____