

Go far, together.

SASKATCHEWAN HEALTH CARD APPLICATION GUIDE

HEALTH CARD OVERVIEW



The Saskatchewan Health Card is a free and valuable personal identification card which is presented to health professionals when receiving health services; it permits access to the Saskatchewan health care system.

WHY IS IT IMPORTANT?

Residents in Saskatchewan need a health card in order to see a doctor or receive emergency medical services without paying a fee. Your medical information and history may also be recorded using your health card.

WHO CAN APPLY?

Anyone residing in Saskatchewan may apply for a Saskatchewan Health Card. International students who are studying on a study permit may apply once they are studying full-time and have the necessary documents.

NOTICE

Although some medical costs may be covered, the Saskatchewan Health Card is NOT a form of health insurance. When travelling to Canada, it is recommended that students and their dependents to arrange for health insurance from their home country that will cover at least the first four months that they are in Canada. It takes approximately six to eight weeks to receive your health card from the time of application.

DOCUMENT CHECKLIST



1. LEGAL ENTITLEMENT TO BE IN CANADA

Study Permit

2. SUPPORT OF IDENTITY

Passport or other government-issued photo ID

3. PROOF OF SASKATCHEWAN RESIDENCY

- Lease Agreement for Off-Campus Residence (if lease agreement is in your name)
- Must state your full name and address
- Housing Services Proof of Residence Letter (if you are living on campus)
- Email <u>Housing.Services@uregina.ca</u>

Proof of Residence Letter for Off-Campus Residence (if the lease or contract is NOT in your name)

• Email International.StudentServices@uregina.ca to request a form

4. CONFIRMATION OF ENROLMENT

Undergraduate and Graduate students can obtain this letter through UR Self-Service

- UR Self-Service > Student Menu > Document Request
- Confirmation of Enrolment Request Instruction Guide: <u>https://www.uregina.ca/registrar/student-records/confirmation-of-enrolment.html</u>

ESL students will request this document from the ESL Office

• Email ESL@uregina.ca to request your Confirmation of Enrolment

5. STUDENT CERTIFICATION FORM (IF REQUIRED)

- Students may be asked to provide a Student Certification Form
 - Obtain a copy of the form here: <u>https://www.ehealthsask.ca/residents/health-</u> cards/Documents/Saskatchewan_Student_Certification.pdf#search=student%20certification
- Complete the form (leaving the "Health Services Number" box blank)
- Take the completed form to the Registrar's Office in the Administration-Humanities Building, Room 210, to have it signed and stamped





VISIT THE SASKATCHEWAN ACCOUNT HOMEPAGE

- 1. Open a web browser and go to: https://services.saskatchewan.ca/#/login
- 2. Select "Create Account"



Saskatchewan Account Login

| Email o | or Username | |
|----------|----------------|------|
| Passwo | ord | |
| | | Show |
| Forgot F | Password? | |
| | Sign In | |
| | Or | |
| | Create Account | |

A Saskatchewan Account provides simple and secure access to government online services.



Simple Use one login and password to log in to participating services. O Quick Use participating government online services when it suits you.

Secure

Saskatchewan Account uses secure technology to enable authorized access to information. Read our Privacy Policy.

Need help? Find answers at Saskatchewan Account Help.







CHOOSE YOUR ACCOUNT TYPE

1. Select "Create Individual Account"

| Saskatchewar | 1 <u>//</u> | | Sign In What are you loo | oking for? |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------|------------|
| Residents and Visitors | Business and Industry | Government | Services | |
| Home > Services > Saskatchew | an Account | | | |
| Choose a typ | pe of Saskatche | wan Accou | unt | |
| There are two ty | /pes of accounts. | | | |
| 💄 Individual Sa | skatchewan Account | | Create Individual Account | |
| Use an Individual Saska | atchewan Account to access services in a perso | onal capacity. | | • |
| Some government serv | ices may need you to verify your identity befo | re you can use it. | | |
| 💼 Organization | 1 Saskatchewan Account | | Create Organization Account | |
| Use an Organization Sa | skatchewan Account to access government se | rvices for your business or or | ganization. | |
| This account type is be | st for the following legal entities: | | | |
| Sole proprietorsh Partnerships, inc Corporations, inc Trusts, including Extra-Provincially Saskatchewan M | ips, including individuals with a GST number luding limited partnership (LP) and limited lial luding those that end in Ltd, Inc, Limited, Cor Family Trusts, Pension Plans, RRSPs, RRIFs, Ac r Registered Companies unicipalities | bility partnership (LLP) poration, or Corp. count Trusts, Employer Spon | sored Plans | |
| Before you create an O | rganization Saskatchewan Account: | | | |
| You must be an a | uthorized representative of your organization | | | |

- You may need to verify your identity with a SGI-issued Driver's Licence or non-driver photo ID
- You may need to provide documentation to prove your business or organization's identity

The registration process is started online. Your organization type will determine how it's completed – online, by mail, or with assistance from the Government of Saskatchewan.

Back



CHOOSE YOUR ACCOUNT DETAILS

- Fill in the required fields, ensuring to note any special requirements
 Complete the **"Terms of Use"** by selecting the check box and declaring you are not a robot
- 3. Click "Continue"

| Saskatchewan 焰 | | ٤ |) Sign In | What are you looking for? | Q |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| esidents and Visitors | Business and Industry | Government | | Services | |
| ome > Services > Saskatchewan Acco | unt | | | | |
| Choose Accou | nt Details | | | | |
| Use a unique username and your emai First Name | il address to identify your Saskatchewan Ac | ccount. | | | |
| Middle Name | | | | | |
| Optional | | | | | |
| Last Name | | | | | |
| Email Address | | | | | |
| | | | | | |
| Username | | | | | |
| Password | | | | | |
| Password must be between 8 and 39 c | haracters long and may not contain your fir | rst name, last name, username | or email addre | 255. | |
| It must contain at least three of the fol • Uppercase (A-Z) • Lowercase (a-z) • Numbers (0-9) • Special characters (such as # \$! | lowing: @ ^ & * % etc) | | | | |
| | Show | | | | |
| Saskatchewan Support Code | | | | | |
| Choose a 4 digit code. Saskatchewan s | upport codes are a helpful way for custome | er service to locate and verify yo | our account w | hen you contact us. | |
| | Show | | | | |
| Terms of Use | | | | | |
| Thereby accept and acknowledge: The Saskatchewan Terms of U2 I am providing my personal infi I consent to Central Services re those entities/agencies. This consent remains valid unli If I revoke my consent, I ur required consent. I authorize the Ministry or It is my responsibility to keep n | e and Privacy Policy ormation to the Government of Saskatchewan leasing this personal information to other Gov ess I revoke it through written instruction to or understand that I may not be able to access m of Central Services to notify other Government ny Saskatchewan Account up to date with my | I's Ministry of Central Services ("C vernment of Saskatchewan entitie nlineservices@gov.sk.ca. y Saskatchewan Account and the of Saskatchewan Ministries/Agen latest and most relevant profile in | Central Services es/agencies if I e connected onli ncies of such rea nformation (e.g. | ") to create a Saskatchewan Account equest to use services offered by ne services until I provide the vocation. name, address, phone number, | |
| email). If I am using a Saskatchewan Au account administrator may acc In connection with my use of th may opt out of some of these co | count assigned to me by an account administ ess, modify or limit my ability to access that b e Saskatchewan Account, the Government of ommunications. | trator in the case of a business pro usiness profile. Saskatchewan may send me mes | ofile, different o | r additional terms may apply and the r information from time to time. I | |
| I'm not a robot | PTCHA y- Tema | | | | |
| Back Continue | | | | | |



CHECK AND VERIFY YOUR EMAIL

- 1. Go to the inbox for the email address used for your account details
- 2. Click the verification link

| Saskatchewan | <u>/</u> | | Sign In | What are you looking for? | |
|-----------------------------------------|--------------------------------------------------------------------------------|------------|---------|---------------------------|--|
| Residents and Visitors | Business and Industry | Government | | Services | |
| Home > Services > Saskatchewan | Account | | | | |
| Check Your E | mail | | | | |
| We've sent you an email to verify your | Saskatchewan Account. | | | | |
| Click the link in the email and sign in | Click the link in the email and sign in to activate your Saskatchewan Account. | | | | |
| If you don't see the email, check your | If you don't see the email, check your junk or spam folders. | | | | |
| Return to Saskatchewan Account logi | n. | | | | |
| Need help? Find answers | at Saskatchewan Account Help. | | | Saskatchewan Account | |

SAMPLE EMAIL

1. The below image is a sample of what the verification email could look like





PART TWO: SASKATCHEWAN ACCOUNT OVERVIEW



RETURN TO THE SASKATCHEWAN ACCOUNT HOME PAGE

- 1. Open a web browser and go to: <u>https://services.saskatchewan.ca/#/login</u>
- 2. Enter your account login details and select "Sign In"



Saskatchewan Account Login

| Passwo | rd | |
|----------|----------------|------|
| | | Show |
| Forgot F | Password? | |
| ⇒ 🗆 | Sign In | |
| | Or | |
| | Create Account | |

A Saskatchewan Account provides simple and secure access to government online services.



Simple Use one login and password to log in to participating services. O Quick Use participating government online services when it suits you.

Secure

Saskatchewan Account uses secure technology to enable authorized access to information. Read our Privacy Policy.

Need help? Find answers at Saskatchewan Account Help.





PART TWO: SASKATCHEWAN ACCOUNT OVERVIEW



Q

What are you looking for?

UNDERSTANDING THE USER DASHBOARD

- 1. The dashboard seen upon logging in will include details related to your Saskatchewan Account
- 2. To apply for your Saskatchewan Health Card, you will need to "Link a Service"

LINK A SERVICE

- 1. Select "Health Card" from the options in the "Link a Service" menu
- 2. Once selected, click the blue and white arrow pointing to the right
- 3. Click "Link Service"

Saskatchewan 💋

| Sustatementari | | | | |
|------------------------------------|-----------------------|------------|----------|--|
| Residents and Visitors | Business and Industry | Government | Services | |
| Home > Services > Saskatchewan Acc | ount > Dashboard | | | |

💄 Profile 🗸

International Student Services

| Dashboard Notifications (1) | My Services | |
|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Invoices | Use Saskatchewan Account to access your MySaskHealthRecord: | |
| | Register and view your MySaskHealthRecord | |
| | View your MySaskHealthRecord | |
| | | |
| | Access a range of government online services by linking them to your account. | |
| | Search for a government online service Q Selected Services | |
| | Check Your MEO Account Commissioner for Oaths Comparable Land Sales Database Environment General Inquiries Fellowship and Travel Scholarships to Stud Government Publications Health Card Income Support MyATC Notary Public | |
| | | |

Need help? Find answers at Saskatchewan Account Help.





PART TWO: SASKATCHEWAN ACCOUNT OVERVIEW



USE SERVICE

- Once the Health Card service is linked, it will show as a module on your dashboard
 Click **"Use Service"** to begin applying for your Saskatchewan Health Card

| Saskatchewan 💋 | | 💄 Profile 🗸 | What are you looking for? | Q |
|-------------------------------------|-----------------------|-------------|---------------------------|---|
| Residents and Visitors | Business and Industry | Government | Services | |
| Home > Services > Saskatchewan Acco | ount > Dashboard | | | |

International Student Services

| My Services My Account | | |
|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Dashboard Notifications (1) Invoices | My Services Use Saskatchewan Account to access your MySaskHealthRecord: Register and view your MySaskHealthRecord View your MySaskHealthRecord | |
| | Access a range of government online services by linking them to your account. | ~ |
| | Health Card | |
| | Apply for, replace or update your Health Card. Present your Health Card whenever you need health services. | |
| | Use Service | |
| Need help? Find answers at S | askatchewan Account Help. | Saskatchewan |



PART THREE: HEALTH CARD PREWORK



TERMS OF USE AND NOTIFICATION SETTINGS

- 1. Select "I Agree" to move on to the next section
- 2. Select your notification preferences (email is the simplest)





PART THREE: HEALTH CARD PREWORK



START APPLICATION

1. Select "Apply" to proceed to the next steps





PART THREE: HEALTH CARD PREWORK



TASKS OVERVIEW

1. To route to the application, select "Go to Health Card Dashboard"







APPLICATION HOME PAGE

- 1. The Application Home Page consists of two menus. From this page, you can apply for a new Saskatchewan Health Card or renew a current one.
- 2. To begin an application for a new Saskatchewan Health Card, select the **"Next"** button in the first section ("Apply for a Saskatchewan Health Services Card")

| Saskatchewan | eHealth Saskatchewar |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| askatchewan Health Services Card | Edit My Account Sign |
| New or Returning Saskatchewan Resident? | |
| Apply for Saskatchewan Health Services Card | Vew Saskatchewan resident |
| If you or any member of your family are new residents or returning residents to Saskatchewan you must complete an application for yourself, spouse/partner and dependants. | are people who have relocated to Saskatchewan from another Canadian |
| Start your application | province/territory, from |
| Continue your application | outside Canada, such as |
| Add documents to your application | toreign nationals, international students and |
| View Application Status | returning Canadians. |
| View your application status | |
| Print your application Next > | |
| Have a Saskatchewan Health Services Card? Request Changes | Submit a Change Request |
| You and your family must be Saskatchewan residents with Saskatchewan health services cards. Your change request will not be processed if we are unable to identify you or your family members in our records. | you and your family are Saskatchewan residents who have Saskatchewan health services cards and want to |
| Change to family unit (Marriage, Divorce/Separation, Common-Law, Reconciliation, Addition or Removal of Dependants) Change address | update your health card registration information. |
| Replace a lost, stolen or damaged health card | |
| Change of name or correction of name | |
| Submit copies of your updated work permit, study permit, visitor's record or permanent resident card | |
| Correction to date of birth or sex | |
| Report an extended absence | |
| Report a return from extended absence | |
| Appointment of Power of Attorney | |
| | |
| If you have been appointed a power of attorney or if you are appointing someone as your power of attorney | |
| If you have been appointed a power of attorney or if you are appointing someone as your power of attorney View Change Request Status | |
| If you have been appointed a power of attorney or if you are appointing someone as your power of attorney View Change Request Status View the status of your change request | |
| > If you have been appointed a power of attorney or if you are appointing someone as your power of attorney View Change Request Status > View the status of your change request > Continue your change request | |





REQUIRED DOCUMENTATION NOTICE

- 1. This application requires specific supporting documentation
- 2. You will receive a "Required Documentation" notice outlining that you must include electronic copies of your documents in your application
- 3. You can review a list of accepted documents by clicking "Show Acceptable Document List"
- 4. When ready, click "Start New Application"







FAMILY DETAILS

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1. You will be asked a series of questions relating to you and any potential family members or dependents who are living in Saskatchewan with you. It is important to answer all questions accurately, ensuring they are truthful.

| Government of Saskatchewan | eHealth Saskatchewan |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| Apply for Saskatchewan Health Services Card | Help Contact Us Sign out |
| *indicates a re | equired field Reference Number: CM703268 |
| Family Details 1. * Please provide an email that will be used for correspondence regarding this application: 2. *De you have a secure (partner) | |
| 2. Do you have a spouse/partner? 3. *How many dependants <u>under 18</u> reside with you? 4. *Did all members of your family arrive the same date? | ● Yes ● No Dependants Important! |
| 5. *What country are you relocating from? 5a. *What province/territory are you relocating from? | Canada Province for Question #4. |
| Progress | Home Save Next > |

SAMPLE ANSWERS

1. The below image is a sample of what this completed section may look like

| Government of Saskatchewan | | | eHealth Saskatchewan |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------|-------------------------------|
| Apply for Saskatchewan Health Services Car | d | Help | Contact Us Sign out |
| | indicates a required field | Refere | ence Number: CM703268 |
| About Family About Me | | | |
| Please provide an email that will be used for correspondence regarding this application: | international.studentservices@uregina. |] | 📅 Format |
| *Do you have a spouse/partner? | Yes No | | Enter date in YYYY-MM-DD |
| 3. *How many dependants <u>under 18</u> reside with you? | 0 | | format Example: 2012-01-31 |
| *Did all members of your family arrive the same date? | Yes O No | | |
| 4a.*What date did you establish residence in Saskatchewan? | 2025-04-01 | | |
| 5. *What country are you relocating from? | China | | |
| Progress | | н | ome Save Next > |





BASIC DETAILS

1. In this section, you will provide further details about yourself and your status in Canada. Ensure to answer all questions accurately and truthfully.

| Government of Saskatchewan | eHealth Saskatchewan |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| Apply for Saskatchewan Health Services Card Help | Contact Us Sign out |
| *indicates a required field Refer | rence Number: CM703268 |
| *My Last Name Is: My First Name Is: My Middle Name(s) Is: My Birth Date Is: My Birth Date Is: My Marital Status Is: Never Married Common Law Divorced Married Separated Widowed My Sex at birth: Married Separated Widowed My Sex at birth: Married Female Current Gender: (If different than sex assigned at birth) Health Card Type | |
| | |
| My Home Phone Is: | |
| *My Current Mailing Address is: *My City/Town is: *My Province is: *My postal code is: <i>Province</i> * *My current residence is same as above: * Yes No | Point Provide a PO Box or Rural Route as your mailing address, you must provide a residence address or land location. |
| Application Details *I am a: Ocanadian Citizen Permanent Resident I have a: Other *I am applying because I am: Ocanadian Armed Forces or Federal Institution | |
| *I established residence in Saskatchewan on: 2025-04-01 *I have relocated from this country: China • *I arrived in Canada on: *I arrived in Canada on: and the second | Format Enter date in YYYY-MM-DD format <i>Example: 2012-01-31</i> |





STUDY PERMIT PROOF OF ENROLLMENT

- 1. Upon selecting "Study Permit" under the "Application Details" section, you will find a pop-up confirming the requirement to submit your Study Permit and Proof of Full-Time Enrollment.
- 2. Click "OK" to continue filling out your application

| Government of Saskatchewan | | | eHealth Saskatchewan |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Apply for Saskatchewan Hea | alth Services Card | н | elp Contact Us Sign out |
| About Family 🗸 🙎 About Me Basic Details | e A Review | indicates a required field Re | ference Number: CM703268 |
| My Last Name Is: My First Name Is: My Middle Name(s) Is: My Birth Date Is: My Birth Date Is: My Marital Status Is: My Sex at birth: Current Gender: (If different than sex assigned at birth) Health Card Type Please select a health card type Indian Status Do you have an Indian Status Re | Student Services International 2010-02-01 @ Never Married @ Common Le @ Married @ Separated @ Male @ Female N/A I request a Health Card With Sex De gistry Number | W Divorced Widowed | ★ Instructions Your last, first and middle names must be your legal name as specified on your identification documents. ★ Format Enter date in YYYY-MM-DD format <i>Example: 2012-01-31</i> |
| Contact Information At least one phone nu My Home Phone Is: My Cell Phone Is: My Work Phone Is: My Email Is: Address Details My Current Mailing Address Is: 3737 Wascana Parkway, Regina, Si My City/Town Is: Regina | Permit Proof Of Enrollment In addition to your study I completed student certed student certed enrollment from your edue < S458 0A2 * My Province is: Saskatchevan * | permit, you must attach a ation or proof of full-time cational institution. | OK Solutions If you have a PO Box or Rural Route as your mailing address, you must provide a residence address or land location. |
| My current residence is same as a constraint of the permit? My current residence is same as a constraint of the permit of th | askatchevan Permanent Resident Permanent Resident Study Permit n resident chewan resident hewan on: :: Ily present in Saskatchewan for | 2025-04-01 China • O Yes O No | Format Enter date in YYYY-MM-DD format Example: 2012-01-31 |
| Progress | | Home | Save < Back Next > |





SAMPLE ANSWERS

1. The below image is a sample of what this completed section may look like

| Caskatenewan | | | Saskatchewar |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Apply for Saskatchewan Hea | alth Services Card | E | lelp Contact Us Sign |
| | • | indicates a required field Re | eference Number: CM7032 |
| 🏠 About Family 🧹 🛛 🙎 About M | le 🖌 🗋 Review | | _ |
| asic Details | | | |
| *My Last Name is: | Student Services | | Your last, first and middle |
| *My First Name is: | International | | names must be your lega |
| My Middle Name(s) is: | | | identification documents. |
| *My Birth Date is: | 2005-02-01 | | # Format |
| *My Marital Status is: | Never Married O Common La | aw 🔘 Divorced | Enter date in YYYY-MM-DI |
| | Married Oseparated | Widowed | format Example: 2012-01-31 |
| *My Sex at birth: | 🔘 Male 🔘 Female | | |
| Current Gender: | N/A 🗸 | | |
| (if different than sex assigned at birth) | | | |
| ealth Card Type | | | |
| *Please select a health card type | I request a Health Card With Sex De | signation Displayed | |
| ndian Status | | | |
| * Do you have an Indian Status Re | egistry Number |) Yes () No | |
| ontact Information | | | |
| | | | |
| At least one phone number is required. | nuired. | | |
| * At least one phone number is red My Home Phone is: (30 | quired. 06) - 585 - 5082 | | |
| At least one phone number is reading the phone is: (3) My Cell Phone is: | quired. 06) - 585 - 5082 | | |
| At least one phone number is rec My Home Phone is: G My Cell Phone is: G My Work Phone is: G | quired. 06) - 585 - 5082 | | |
| At least one phone number is rec My Home Phone is: (3) My Cell Phone is: (_ My Work Phone is: (_ My Email is: inth | quired. 06) - 585 - 5082 | a | |
| At least one phone number is ready the phone is: My Cell Phone is: My Work Phone is: My Email is: introduces Details | quired. 06) - 585 - 5082 | à | |
| At least one phone number is rec My Home Phone is: G(My Cell Phone is: My Work Phone is: My Email is: inth ddress Details | quired. 06) - 585 - 5082 | à | € Instructions |
| At least one phone number is rec My Home Phone is: GA My Cell Phone is: C My Work Phone is: C My Email is: inth ddress Details My Current Mailing Address is: 3737 WASCANA PKY REGINA SK | quired. 06) - 585 - 5082 | a. | Signature in the second |
| At least one phone number is rec My Home Phone is: My Cell Phone is: My Work Phone is: My Email Is: inth ddress Details My Current Mailing Address is: 3737 WASCANA PKY REGINA SK My City/Town is: | quired. 06) - 585 - 5082 | a ▲ My postal code is: | If you have a PO Box or Rural Route as your mailin address, you must provid residence address or land |
| At least one phone number is rec My Home Phone is: Gr My Cell Phone is: Gr My Work Phone is: Gr My Email is: int ddress Details My Current Mailing Address is: 3737 WASCANA PKY REGINA SK My City/Town is: Regina | quired. 06) - 585 - 5082 ernational studentservices@uregina S4S0A2 * My Province is: Saskatchewan * | * My postal code is: S45 0A2 | Instructions If you have a PO Box or Rural Route as your mailin address, you must provid residence address or land location. |
| At least one phone number is rec My Home Phone is: (30) My Cell Phone is: (| quired. 06) - 585 - 5082 | My postal code is: S4S 0A2 | ✓ Instructions If you have a PO Box or Rural Route as your mailin address, you must provid residence address or land location. |
| At least one phone number is rec My Home Phone is: GA My Cell Phone is: C My Work Phone is: C My Email Is: inth ddress Details My Current Mailing Address is: 3737 WASCANA PKY REGINA SK *My City/Town is: Regina My current residence is same as a polication Details | quired. 06) - 585 - 5082 | A * My postal code is: S45 0A2 | Solutions If you have a PO Box or Rural Route as your mailin address, you must provid residence address or land location. |
| At least one phone number is rec My Home Phone is: My Cell Phone is: My Work Phone is: My Email is: My Email is: My Current Mailing Address is: 3737 WASCANA PKY REGINA SK My City/Town is: Regina My current residence is same as a pplication Details | quired. D6) - 585 - 5082 | a ◆My postal code is: S4S 0A2 | Section 2012 Instructions If you have a PO Box or Rural Route as your mailin address, you must provid residence address or land location. |
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| At least one phone number is rec My Home Phone is: My Cell Phone is: My Email is: My Email is: My Email is: My Current Mailing Address is: 3737 WASCANA PKY REGINA SK My Current residence is same as a polication Details * I am a: or I have a: Work Permit O Canadian Citizen i O Other | quired. 06) - 585 - 5062 | My postal code is: S4S 0A2 | ♥ Instructions If you have a PO Box or Rural Route as your mailin address, you must provid residence address or land location. |
| At least one phone number is rec My Home Phone is: My Cell Phone is: My Work Phone is: My Work Phone is: My Email is: Inthe My Current Mailing Address is: 3737 WASCANA PKY REGINA SK My Citry/Town is: Regina My Current residence is same as a pplication Details *I am a: O Canadian Citizen in the area is on the area | quired. 06) - 585 - 5082 | A My postal code is: S45 0A2 | ♀ Instructions If you have a PO Box or Rural Route as your mailin address, you must provid residence address or land location. |
| At least one phone number is rec My Home Phone is: My Cell Phone is: My Work Phone is: My Brail Is: My Email Is: My Email Is: My Current Mailing Address is: 3737 WASCANA PKY REGINA SK My City/Town is: Regina My current residence is same as a pplication Details I am a: Canadian Citizen i o T I have a: Work Permit Other I am applying because I am: a new Saskatchewa | quired. 06) - 585 - 5082 | a. * My postal code is: S45 0A2 | ♀ Instructions If you have a PO Box or Rural Route as your mailin address, you must provid residence address or land location. |
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Important! You may be asked to reformat your address. If this occurs, enter your address as specified.

Important! You must estimate your approximate graduation date based on the

program.



APPLICATION DETAILS AND DECLARATION

- 1. Review the information listed to ensure accuracy of details
- 2. Combine your supporting documents into one (1) PDF
- 3. Upload the file containing your supporting documents by clicking the "Attach" button
- 4. Once your documents are uploaded, ensure to click the check box in the "Declaration" section below
- 5. Click "Submit My Application"
 - Ensure to write down your Reference Number; this will appear near the top of the screen.





URSU HEALTH & DENTAL PLAN



WHAT IS THE URSU HEALTH & DENTAL PLAN?

To help University of Regina students pay for the health services they need, URSU has partnered with MyStudentPlan (Gallivan) in order to provide students with extended health, dental, and wellness coverage. The Plan is designed specifically to fill the gaps in the provincial health care system (Saskatchewan Health Authority) and other basic healthcare programs.

This plan is an extended health plan. All students still need to apply for a Saskatchewan health card to cover basic medical services (doctor's visits, emergency room, etc).

WHO IS COVERED?

URSU members who are taking 9 or more credits as undergraduate students (or taking 6 or more credits as graduate/ PhD students) in the Fall semester are automatically enrolled into the program. (**If you have "full-time" status with fewer than 9 or 6 credits, the health & dental fees WILL NOT be included in your tuition. You need to enroll as well if needed.*)

You are NOT automatically enrolled in the Fall Semester and might be able to opt-in if:

- You are in maintenance status, or
- · You start school in the Winter semester, or
- You are not a full-time student (part-time undergraduate students who are taking fewer than 9 Fall semester credit hours or fewer than 6 credits as graduate students or practicum students), or
- You opted out of the coverage permanently before, or
- You are a Co-op student, or
- You are enrolled in the ATP or ARP programs, or
- You are a student considered full-time with less than 9 credits but have an accommodation letter from the Student Accessibility Centre

Please check your student financial account to confirm if you have been charged the 'Health Fee' and the 'Dental Fee'.

For more information, visit: <u>https://ursu.ca/services/health-plan/</u>

WHAT IS COVERED?

Among other benefits, the Plan covers, or partially covers, a wide variety of health services and programs beyond emergency room visits and regular doctor's appointments.

Visit https://www.mystudentplan.ca/ursu/en/mybenefits for complete details.

DOWNLOAD THE APP

Did you know you can access your benefits and coverage information through the MyStudentPlan Benefits App? Now you do! Visit <u>https://www.mystudentplan.ca/ursu/en/claims</u> to learn more about the app and how to download it.

QUESTIONS?

Information is available online at https://www.mystudentplan.ca/ursu/en/studentplan or by calling the Support Centre at 1-866-586-1010. You can also email us at uofregina@mystudentplan.ca/ursu/en/studentplan or by calling the Support Centre at 1-866-586-1010. You can also email us at uofregina@mystudentplan.ca/ursu/en/studentplan or by calling the Support Centre at 1-866-586-1010. You can also email us at uofregina@mystudentplan.ca for further questions.

