

## DIVORCE/SEPARATION

Please submit correct information as it appears on your Health Card.

### Cardholder's Information

Registration Number:	Personal Health Identification Number:		
Primary Phone Number:	Email Address:		
Preferred Method of Contact:	E-Mail	Phone	Mail
Last Name:	First Name:	Middle Name:	
Sex:	Male	Female	Non-Binary
Date of birth:			

### Current Address

**Note:** Please ensure the accuracy of your residential and/or mailing address as typed on this form. The information you are providing will be used to confirm your information in our database. If a mistake is made it can result in mail from Manitoba Health being returned to sender as undeliverable which could result in the suspension of your health benefits.

#### Current Address\*

Apartment/Unit Number:	Street address/P.O Box:		
City/Town/Municipality:	Province:	Postal Code:	

#### Mailing address (if different than above)

Apartment/Unit Number:	Street address/P.O Box:		
City/Town/Municipality:	Province:	Postal Code:	

Will you required a change of address?

Yes                  No

#### If Yes, New Residential Address\*

Apartment/Unit Number:	Street address/P.O Box:		
City/Town/Municipality:	Province:	Postal Code:	

#### If Yes, New Mailing address (if different than above)

Apartment/Unit Number:	Street address/P.O Box:		
City/Town/Municipality:	Province:	Postal Code:	

### Adding/Removal of Dependant

<b>Dependent 1</b>			
Last Name:	First Name(s):		
Last name at birth (if applicable):			
Date of birth:	Sex:	Male	Female          Non-Binary
Relationship to applicant:	Child	Step-child	Grandchild          Other:
Update to Card:	Add New Dependant		Remove Existing Dependant
Effective date of addition or removal:			

<b>Dependent 2</b>			
Last Name:	First Name(s):		
Last name at birth (if applicable):			
Date of birth:	Sex:	Male	Female          Non-Binary
Relationship to applicant:	Child	Step-child	Grandchild          Other:
Update to Card:	Add New Dependant		Remove Existing Dependant
Effective date of addition or removal:			

Dependent 3			
Last Name:		First Name(s):	
Last name at birth (if applicable):			
Date of birth:	Sex:	Male	Female
Relationship to applicant:	Child	Step-child	Grandchild
Update to Card:	Add New Dependant	Remove Existing Dependant	
Effective date of addition or removal:			

Dependent 4			
Last Name:		First Name(s):	
Last name at birth (if applicable):			
Date of birth:	Sex:	Male	Female
Relationship to applicant:	Child	Step-child	Grandchild
Update to Card:	Add New Dependant	Remove Existing Dependant	
Effective date of addition or removal:			

Dependent 5			
Last Name:		First Name(s):	
Last name at birth (if applicable):			
Date of birth:	Sex:	Male	Female
Relationship to applicant:	Child	Step-child	Grandchild
Update to Card:	Add New Dependant	Remove Existing Dependant	
Effective date of addition or removal:			

If you have more than 5 dependants to add or remove, please use an additional form. Submit it along with this completed one.

#### Documentation

Please supply a copy of **one** of the following documents to Manitoba Health by email, fax, mail or in-person, showing separation or divorce together with your application form:

**Divorce Certificate**  
**Separation Agreement**

To add or remove a dependant, please also provide a copy of **one** the following documents:

**Separation Agreement**  
**Court Order for Divorce**  
**Guardianship Agreement**  
**Divorce Agreement**  
**Protection Order**

#### **Form Completed By**

Last Name:		First Name:	
Date:	Relation to Applicant :		

Signature:

By checking this box, I certify that the information contained herein is true. Section 42 of the Health Services Insurance Act provides for a fine of up to \$5000 for a person convicted of making false and misleading statements.