

REGISTRATION FORM

Information provided on this form should match the applicant's proof of legal status documents. Only the Applicant or their Power of Attorney can complete this form.

Registrant 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:			

Registrant's Legal Status and Residency Information

Have you had Manitoba Health coverage before?*

Yes If yes, previous Manitoba Personal Health Identification Number (PHIN) (9 digits):
No

Legal status in Canada:*

Canadian Citizen
Permanent Resident
Work Permit
Other Please specify:

Date of arrival in Manitoba (If Applicable):

Treaty Indian Status Registry Number (If Applicable):

Band name (If Applicable):

Are you or your spouse an active member of the Canadian Armed Forces?*

Yes
No

Reason for Registration (Choose one)

Moving to Manitoba from outside of Canada

Address prior to arrival in Manitoba:

City/State: Country:

Moving to Manitoba from another Canadian province/territory

Address prior to arrival in Manitoba:

City/town/municipality: Province/Territory:

Are you in Manitoba for educational purposes?

Yes If yes, anticipated completion date:
No

Previous health number (optional):

Discharged from the Canadian Armed Forces

Date of discharge: Province of discharge:

Discharged from a federal institution

Date of discharge: Province of discharge:

Manitoba resident reactivating coverage

Personal Health Identification Number (PHIN) (9 digits):

Other Please Specify:

Spouse Information (if applicable)

List only those members of the family who live in Manitoba.

This section does not apply to my application.

My spouse is an active member of the Canadian Armed Forces:

Yes No

My spouse is currently living in Manitoba:

Yes No **If no**, where is your spouse living?:

If yes,

Last Name:	First Name:	Middle Name:	
Last name at birth (if applicable):			
Date of birth:			
Sex:	Male	Female	Non-Binary
Relationship to applicant:	Legal Spouse	Common-law Spouse	

Legal status in Canada:

- Canadian Citizen
- Permanent Resident
- Work Permit
- Other Please specify:

Treaty Indian Status Registry Number (If Applicable):

Band name (If Applicable):

Has your spouse had Manitoba Health coverage before?*

Yes No

If yes, Previous Manitoba Health Personal Health Identification Number (PHIN) (9 digits):

If you moved to Manitoba from another country or Canadian province/territory:

Include your previous health number (If Applicable):

Date of arrival in Manitoba:

Dependent Information (if applicable)

List only those members of the family who live in Manitoba. If you have children/dependents over the age of 18, please have them complete their own separate registration form. *If you have more than 5 children to add, please use an additional form and submit it with this completed one.*

Dependent 1				
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:
Legal Status in Canada:		Canadian Citizen	Permanent Resident	Other (please specify):
Date of arrival in Manitoba:		Previous Health Number (If Applicable):		
Treaty Indian Status Registry Number (If Applicable):		Band name (If Applicable):		

Dependent 2				
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:
Legal Status in Canada:		Canadian Citizen	Permanent Resident	Other (please specify):
Date of arrival in Manitoba:		Previous Health Number (If Applicable):		
Treaty Indian Status Registry Number (If Applicable):		Band name (If Applicable):		

Dependent 3				
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:
Legal Status in Canada:		Canadian Citizen	Permanent Resident	Other (please specify):
Date of arrival in Manitoba:		Previous Health Number (If Applicable):		
Treaty Indian Status Registry Number (If Applicable):		Band name (If Applicable):		

Dependent 4				
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:
Legal Status in Canada:		Canadian Citizen	Permanent Resident	Other (please specify):
Date of arrival in Manitoba:		Previous Health Number (If Applicable):		
Treaty Indian Status Registry Number (If Applicable):		Band name (If Applicable):		

Dependent 5				
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:
Legal Status in Canada:		Canadian Citizen	Permanent Resident	Other (please specify):
Date of arrival in Manitoba:		Previous Health Number (If Applicable):		
Treaty Indian Status Registry Number (If Applicable):		Band name (If Applicable):		

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 register you for Manitoba Health. 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:

Do all registrants intend to become permanent residents of Manitoba?*

A resident is defined as a person who is legally entitled to be in Canada, makes his or her home in Manitoba, and is physically present in Manitoba for at least six months in a calendar year. For a full definition of a resident go to <http://web2.gov.mb.ca/laws/statutes/ccsm/h035e.php>

Yes

No

Expected date of departure:*

Documentation

Include a copy of your supporting documents with your application form.

If you have Canadian Citizenship, Permanent Resident Status, or have been issued a Work Permit by Immigration, Refugees and Citizenship Canada (IRCC), attach a COPY as PROOF of your status in Canada. Proof of status is required for all family members applying. Proof of eligible status can be a valid Canadian:

- Passport, Permanent Resident Document/Card (both sides), Birth Certificate, Citizenship Card or Treaty Card. Work Permit (Issued for 12 months or longer), or
- Seasonal Agriculture Workers: Work Permit and a letter from employer outlining employment dates.
- If you are a spouse (common-law) or an underage dependant of a registrant who holds a Work Permit, attach a copy of your valid Canadian Visitor/Work Permit/Study Permit (Issued for six months or longer).

Proof of residence in the province is required, please view acceptable documents here:

<http://web2.gov.mb.ca/DocumentHelper>

By checking this box, I acknowledge that I have read and understood the documents required to apply for Manitoba Health Coverage.

Form Completed By

- Your application may be delayed or returned if it is not complete or without the required documents. Your processing time starts the day we receive your complete application.
- The expected processing time for received applications can be found at www.gov.mb.ca/health/.
- If you and your family are not eligible for Manitoba Health benefits you will be advised by mail or email, otherwise your Manitoba Health card will be mailed to your address.

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.