



Health  
 Email form to  
[insuredben@gov.mb.ca](mailto:insuredben@gov.mb.ca)

## Replacement Health Card Request Form

The information you are providing will be used to confirm your information in our database.

Please Print		
Given Name(s):		Surname:
Manitoba Health Registration Number (If known):		Personal Health Identification No. (PHIN) (If known):
Date of Birth: (Day/Month/Year)		Telephone Number/Email Address:
Address as it appears on your MB health card:		
Apartment/Unit Number:		Street Address/P.O Box:
City/Town/Municipality:	Province:	Postal Code:
Reason for request: (Select One)		
<input type="checkbox"/> Lost <input type="checkbox"/> Damaged <input type="checkbox"/> Stolen		
Other:		
Will you require a change of address? <input type="checkbox"/> Yes <input type="checkbox"/> No		
New Mailing Address:		
Apartment/Unit Number:		Street Address/P.O Box:
City/Town/Municipality:	Province:	Postal Code:
New Residential Address (If different from above):		
Apartment/Unit Number:		Street Address/P.O Box:
City/Town/Municipality:	Province:	Postal Code:

Replacement cards will only be mailed to a Manitoba address unless there is a Temporary-Out-Of-Province certificate approved and active on file. For more information, please visit our website:

[Manitoba Health Card and Coverage | Health | Province of Manitoba \(gov.mb.ca\)](http://www.gov.mb.ca/health/healthcard/)

Please report changes to address, marital status, dependents, or other status changes to Manitoba Health **within 30 days** as your health care coverage may be affected.

Signature:	Date:
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