

Notice of Change Form

Insured Benefits Branch
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INTERNET VERSION

THIS FORM IS TO BE USED FOR REPORTING THE CHANGES LISTED. PLEASE COMPLETE THE APPROPRIATE SECTION BELOW.

Registration Number (6 digits)		Personal Health ID No. (9 digits, no spaces)		Social Insurance No. (9 digits, no spaces)	
Home Telephone No. ()		Work Telephone No. ()		Date of Birth (DD-MM-YYYY) - -	
Surname			Given Name		Middle Initial
Current Address in Full					
Unit / Apt. / Suite No.	House No. / Building No.	Street Name	Street Type (Avenue, Street, etc)	Street Direction	
Additional Delivery Information (optional data, i.e. attention line, title, floor, etc.)					
Rural Route		Postal Station Information			
City / Town / Municipality			Province	Postal Code	
1. Change of Address - New Address in Full					
Unit / Apt. / Suite No.	House No. / Building No.	Street Name	Street Type (Avenue, Street, etc)	Street Direction	
Additional Delivery Information (optional data, i.e. attention line, title, floor, etc.)					
Rural Route		Postal Station Information			
City / Town / Municipality			Province	Postal Code	

2. Left Province

Date of Departure from Manitoba (DD-MM-YYYY)

- -

Date of Arrival in New Place of Residence (DD-MM-YYYY)

- -

New Address in Full

Unit / Apt. / Suite No.	House No. / Building No.	Street Name	Street Type (Avenue, Street, etc)	Street Direction
Additional Delivery Information (optional data, i.e. attention line, title, floor, etc.)				
Rural Route		Postal Station Information		
City / Town / Municipality			Province	Postal Code

3. Addition of Dependent

Surname	Given Name	Middle Initial
Relationship of Dependent to Registrant (if spouse, indicate maiden name of applicant if applicable, or previous name)		
Date of Birth (DD-MM-YYYY)	Date of Marriage (DD-MM-YYYY)	
- -	- -	
Previous Manitoba Health No. (no spaces)	Social Insurance No. (9 digits, no spaces)	Former Place of Residence
If new resident, date of arrival (DD-MM-YYYY)		Previous Health No.
- -		

LEGAL DOCUMENTS MUST ACCOMPANY REQUESTED CHANGE. IF FROM OUTSIDE CANADA, ATTACH PERMANENT RESIDENT DOCUMENTS OR EMPLOYMENT AUTHORIZATION.

3. Addition of Dependent (continued)

If addition of spouse, please check the option you prefer.

It is the practice of Manitoba Health following notification of a marriage to cancel one of the spouse's Manitoba Health registration and include their name under one registration number. However, the following registration option are also available to the registrant:

1. Both spouses may elect to retain their own registration number under their respective surnames.

2. Either spouse may choose to be the family head under one registration number. If one registration number is to be used, in which name is the card to be issued?

Name _____

Surname of other spouse _____

4. Deletion of Dependent

Surname	Given Name	Middle Initial
Date of Divorce (DD-MM-YYYY) - -	Date of Death (DD-MM-YYYY) - -	
If left province, date of departure (DD-MM-YYYY) - -	Name of new province / country	

Current Address of spouse if divorce or separation

Unit / Apt. / Suite No.	House No. / Building No.	Street Name	Street Type (Avenue, Street, etc)	Street Direction
Additional Delivery Information (optional data, i.e. attention line, title, floor, etc.)				
Rural Route		Postal Station Information		
City / Town / Municipality			Province	Postal Code

LEGAL DOCUMENTS MUST ACCOMPANY REQUESTED CHANGE.

5. Other Changes (specify).

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Signature

Date