

ADDITION OF SPOUSE

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:	
Last Name:	First Name:	Middle Name:
Sex: Male Female Non-Binary		
Date of birth:		

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 (the address that is on your Manitoba Health card):

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:

Addition of spouse**Please enter your spouse's information below:**

Last Name:	First Name:	Middle Name:
Sex: Male Female Non-Binary		
Date of birth:		
Date of Marriage:		
Personal Health Identification Number:		
If new resident, Date of arrival:	Former Place of Residence:	

Documentation

Submit a copy of the following document with your application form to Manitoba Health by email, fax mail or in-person:

Manitoba Vital Statistics Branch

Marriage Certificate

If from outside Manitoba, attach one of the following in addition to the Marriage Certificate:

Immigration, Refugees and Citizenship Canada

Proof of Canadian citizenship

Permanent resident card / Confirmation of Permanent Residence

Work/Studies/Visitor Permit

Form Completed By

Last Name:	First Name:
Date:	

Signature:

Spouse Signature:

Spouse Full Name:

Date signed:

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.