

CHANGE OF ADDRESS

Please submit correct information as it appears on your Health Card. You can only request a change of address for yourself, your spouse (if on the same health card), a child under 18 (if you are the parent or guardian and they are listed on your registration card) or if you have Power of Attorney for the cardholder.

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:			

Change of 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.

New 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:	

Form Completed By

Last Name:	First Name:
Date:	

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.