

CHANGE OR EXTENSION OF IMMIGRATION STATUS

Important, Please read

Please enter the required information as it appears on your Health Card. You can only request a change or extension of immigration status for yourself, your spouse (if on the same health card), a child under 18 (if you are the parent or guardian) or if you have Power of Attorney for the cardholder.

This form also allows you to change your mailing address. If you require additional changes, you will need to complete the appropriate form.

If you must complete multiple forms to make the appropriate changes to your Manitoba Health card, please email our office at insuredben@gov.mb.ca with all of the confirmation numbers so that we may process all requests at the same time.

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:		

Current Address

Note: Please ensure your residential and/or mailing address is entered correctly. Errors can result in mail from Manitoba Health being 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:

Will you required a change of address?

Yes No

If Yes, New Residential Address*

Apartment/Unit Number:	Street address/P.O Box:	
City/Town/Municipality:	Province:	Postal Code:

If Yes, New Mailing address (if different than above)

Apartment/Unit Number:	Street address/P.O Box:	
City/Town/Municipality:	Province:	Postal Code:

Change or extension of Immigration Status

- Work Permit to Permanent Residence
- Permanent Residence to Canadian Citizenship
- Adding a new Work Permit
- Temporarily Extending Health Card (while waiting for permit application to be approved)

Documentation

Please supply a copy of **one** of the following documents to Manitoba Health by email, fax, mail or in-person, showing separation or divorce together with your application form:

Immigration, Refugees and Citizenship Canada

Canadian Citizenship Certificate (Front and Back)

Canadian Citizenship Card (Front and Back)

Confirmation of Permanent Residence (Front and Back)

For extending a health card, we need the following documents

New Work Permit (Dependents new Work/Study/Visitor Permit)

For Temporarily Extending a health card we need the following

The official confirmation letter from IRCC that states they have received your application to extend your permit(s) online.

AND

Your official receipt of payment to IRCC showing your online payment has been received or the official bank receipt to show date of payment for your updated permit(s)

OR

Acknowledgement of Receipt letter from IRCC that confirms your existing authority to work has been extended to a specific date.

Form Completed By

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.