ADDITION OF DEPENDANT

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 Dependant

	Dependant Last Name	Dependant Given Name(s)	Sex	Date of birth	Reason for adding dependant	Relationship to applicant	Has the dependant been registered in another province or territory?	Date of arrival	Former Place of Residence
1			◯Male ◯Female ◯Non-Binary		◯Birth ◯Adoption ◯Change in custody				
2			◯Male ◯Female ◯Non-Binary		◯Birth ◯Adoption ◯Change in custody				
3			◯Male ◯Female ◯Non-Binary		◯Birth ◯Adoption ◯Change in custody				
4			◯Male ◯Female ◯Non-Binary		◯Birth ◯Adoption ◯Change in custody				
5			◯Male ◯Female ◯Non-Binary		◯Birth ◯Adoption ◯Change in custody				

If you have more that 5 dependants to add, please use an additional form. Submit it along with this completed one.

Documentation

Submit a copy of **one** of the following documents to Manitoba Health by email, fax, mail or in-person, showing your legal custody of the dependant together with your application form:

Manitoba Vital Statistics
Birth Certificate

Court
Custody/ Separation Documents signed by a Judge

Other
Proof of Canadian Citizenship
Permanent resident card / Confirmation of Permanent Residence
Work/Study/Visitor permit

Note: *A copy of the dependant's birth certificate (translated into English or French if necessary) may be required to confirm relationship to the eligible principal applicant if a work, study, or visitor permit is attached.*

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.**