

**CHANGE SEX DESIGNATION**

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**

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:	

**Change of Sex Designation**

I would like to change my sex designation to \*

Male	Female	Non-Binary
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**Documentation**

Please supply a copy of your updated **Manitoba Birth Certificate** or **Change of Sex Designation Certificate** from Manitoba Vital Statistics Branch together with your application form to Manitoba Health by email, fax, mail or in-person. If your sex designation was changed in another jurisdiction, please provide the appropriate change document from that Province/Territory/Country.

**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.