

Health Card Change Form

When to use this Form

You should complete this Health Card Change form when:

- You need to update your personal information and your Health Card is not expired or due to expire within the next 12 months.
- You are updating your address or phone number and your Health Card is not expired.

You should complete a Health Card Renewal form available at <https://novascotia.ca/dhw-hc-01> when:

- Your Health Card has expired.
- Your Health Card has expired and you also need to update your personal information.
- Your Health Card is due to expire in the next 12 months and you need to update your personal information.

You should complete a Registration for Health Services form available at <https://novascotia.ca/dhw-hs-01> when:

- You have moved to Nova Scotia to live on a permanent basis.

You should contact MSI directly when:

- Your Health Card has been expired for more than 12 months.
- You are releasing from the Canadian Armed Forces.
- You wish to update or remove the Male/Female Identifier on you Health Card.

How to Complete this Form

Personal Information	<p>Please complete sections A and B.</p> <p>For changes to your date of birth, please include a copy of your birth certificate that supports the change.</p> <p>For a name change, include a copy of your name change document, marriage certificate, or driver's licence.</p> <p>If you are updating both your name and your Male/Female identifier, please include a copy of your revised birth certificate along with your name change document.</p>
Address and phone number change	<p>Please complete sections A and C.</p> <p>In section C, please provide the information of each family member to whom the address applies. Family members may include a spouse/common-law partner and dependants under the age of 19.</p>
Organ and Tissue Donation change	<p>Please complete sections A and D.</p>

A) Current Health Card Information

Last Name	First Name	Middle Name	Date of Birth
			Day Month Year
Health Card Number	Male Female	Daytime Phone Number	Other Phone Number
Mailing Address	City/Town/Community	Province/State	Postal/Zip Code
Home Address (if different)	City/Town/Community		

B) Updated Heath Card Information							
Last Name		First Name			Middle Name		
Male		Female		Date of Birth	Day	Month	Year

C) Updated Address and Phone Number Information				
Mailing Address		City/Town/Community	Province/State	Postal/Zip Code
Home Address (if different)			City/Town/Community	
Daytime Phone Number			Other Phone Number	

This address applies to the following family members:

Health Card Number	First Name	Middle Name	Last Name	Date of Birth	Day	Month	Year

Signature _____ Date _____
Signature not required if submitting through your MSI online account

D) Your Organ and Tissue Donation Decision

It is your choice. You can indicate a donation decision below or choose not to register one. You can change a previous decision at any time.

If you are 19 or older and eligible, you will be seen as agreeing to be an organ and tissue donor after your death, unless you register a decision to opt out of donation. This will be confirmed with your family at the time of your death.

Do you want to register a donation decision now?
 Please select your choice:

Yes, I want to be a donor and donate all organs and tissues (donor 1)

Yes, I want to be a donor and ONLY donate the following organs and tissues (donor 2):

Organs: Lungs Heart Liver Kidneys Pancreas Small Bowel

Tissues: Skin Vein Eyes Bone & Related Structures Heart Valves/Pericardium

No, I don't want to be a donor (opt out)

Talk about it
 Talk with your family, friends and the closest to you to make sure they know your donation decision.

Find out more
 Learn more about your organ and tissue donation choices and Nova Scotia's organ and tissue donation legislation at <https://beta.novascotia.ca/organ-and-tissue-donation>. Learn about organ and tissue donation at www.nshealth.ca/legacy-life, or by calling (toll-free in Canada) 1-844-411-5433 for information on organ donation and 1-800-314-6515 for information on tissue donation.

Submit Your Form		
Online: https://novascotia.ca/dhw-hc-02	By Mail: MSI Resident Services PO Box 500 Halifax NS B3J 2S1	By Fax: 902-481-3160

For questions, please call 902-496-7008 or 1-800-563-8880 (toll-free in Canada)

The personal health information submitted above is protected by the *Personal Health Information Act* and is only collected, used, retained, and disclosed to process your request unless otherwise authorized by the legislation or with your express consent. This information is collected under the authority of the *Health Services and Insurance Act*, or the *Fair Drug Pricing Act* to administer Nova Scotia's health insurance and drug programs.