Ontario

Change of Information

ServiceOntario

Notice: *This information may be verified using information from government and non-government organizations as permitted by law. The Ministry of Health and Long-Term Care may verify your residence status and any information you have given on this form and in the documents you have provided.*

Read the instructions before completing this form.

- *A separate form is needed for each member of your family.*
- *You may need to visit a ServiceOntario – Health Card Services – OHIP Office to report your changes.*
- *All supporting documents must be ORIGINAL. Photocopies will not be accepted. See list of acceptable documents.*
- *Don't forget to sign the form.*

Complete this form to:

- change your address . . . . . **Section B**
- change your name or change / correct your date of birth or sex . . . . . **Section C**
- update your immigration status or change your citizenship status . . . . . **Section C**
- report a leave from Ontario for more than seven months . . . . . **Section D**
- request a replacement Health Card . . . . . **Section E**
- cancel your Ontario health insurance coverage . . . . . **Section F**

For the ServiceOntario – Health Card Services – OHIP Office nearest you please call 1 800 664–8988

In Toronto 416 327–7567

For TTY 1 800 387–5559

Need more information? Visit our websites at:

www.health.gov.on.ca

www.ServiceOntario.ca

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Instructions

A. Personal Information

Complete this section with your Health Number and the 1 or 2 letter version code *(if there is one)* exactly as they appear on your Health Card.

B. Address

Provide your current mailing and residence address. You do not have to visit a ServiceOntario – Health Card Services – OHIP Office for an address change.

C. New Information

If you are correcting/changing your name, sex, date of birth and/or citizenship/immigration status, you will need to visit a ServiceOntario – Health Card Services – OHIP Office. Please refer to the Ontario Health Insurance Coverage Document List (9998–82) as you will be required to provide ***original*** documents to support the change/correction.

D. Temporary Exemptions from the Physical Presence Requirements in Ontario

Complete this section if you qualify under Regulation 552 of the *Health Insurance Act* for continuous Ontario health insurance coverage while temporarily absent from Ontario for more than 7 months. In all cases, your primary place of residence must be in Ontario. You may be asked for ***original*** documentation to support the absence.

Please indicate whether you are traveling within Canada or outside Canada. Please note these are general descriptions only. Regulation 552 of the *Health Insurance Act* should be consulted for authoritative and regulatory requirements for temporary exemptions from the physical presence requirements in Ontario.

Within Canada – Students: If you are a full-time student, you may be eligible for OHIP for the duration of your studies. You must provide an ***original*** letter from school confirming your full-time registration and the expected duration of your program.

Within Canada – Other: If you are traveling or working within Canada, you may remain absent from Ontario for up to a year and maintain your coverage. With the exception of students, persons who plan on spending more than a year elsewhere in Canada should apply for health insurance coverage in their new province or territory.

Outside Canada – Students: If you are a full-time student, you may be eligible for OHIP for the duration of your studies. You must provide an ***original*** letter from school confirming your full-time registration and the expected duration of your program.

Outside Canada – Employment: You may be eligible for OHIP for up to 5 years. You must provide an ***original*** letter from your employer confirming your full-time employment and the expected duration of your employment.

Outside Canada – Charitable Worker: You may be eligible for OHIP for up to 5 years. You must provide an ***original*** letter from the registered charity confirming that you are serving on a full-time basis during the out-of-country assignment and the expected duration of your service.

Outside Canada-Vacation/Other: You may be eligible for OHIP during a vacation or for any other reason for up to two years. This may be taken as two separate 1-year exemptions or one 2-year exemption.

E. Card Replacement

Provide reason for replacement. To replace your Photo Health Card, contact the ministry at 1 800 664–8988. (In Toronto call 416 327–7567. For TTY service call 1 800 387–5559.) To replace a red and white card, you will need to visit a ServiceOntario – Health Card Services – OHIP Office to re-register for a Photo Health Card. Please refer to the *Ontario Health Insurance Coverage Document List (9998–82)* for acceptable documents that can be presented.

F. Cancellation of Coverage

This section is used to cancel a person's coverage:

- due to death *(Provide copy of Death Certificate)*
- if you are joining the Canadian Forces or RCMP and no longer need OHIP coverage
- leaving Ontario or Canada permanently
- other reasons

G. Agreement

Please ensure you read the agreement before signing and dating the form.
A custodial parent or legal guardian must sign for a child under 16 years of age. A person holding a valid power of attorney may sign for the represented individual. Provide a copy of the power of attorney.

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Ontario

Change of Information

ServiceOntario

Microfilm use only

Collection of the personal health information on this form is for assessment and verification of eligibility for Ontario health insurance coverage, or related programs, health planning and research, and the administration of the *Health Insurance Act* and *Ontario Drug Benefit Act*. The authority for the collection and use of this information is found in the *Personal Health Information Protection Act*, S.O. 2004, s. 36, the *Health Insurance Act*, R.S.O. 1990, c.H.6., s.2(3) and 4.1(1) and (2) and the *Ontario Drug Benefit Act*, R.S.O. 1990, C.O. 10, s.13 (1) and (2). The information may be used and disclosed in accordance with the *Personal Health Information Protection Act* as set out by the "Ministry of Health and Long-Term Care Statement of Information Practices" which may be accessed at www.health.gov.on.ca. I understand that I may withhold consent to the collection of this information; however this may interfere with the provision of my Ontario health insurance coverage. For information about the collection practices, call 1 800 268–1154 or write to the Director, Registration and Claims Branch, 4th floor, 49 Place d'Armes, Kingston ON K7L 5J3.

A. Personal Information – *Complete all sections*

Health Number	Version	Sex	Date of birth
		☐ M ☐ F	yyyy mm dd

Last name	First name	Middle name

Home telephone no.		Work or other telephone no.	
( )	☐ no telephone	( )	ext.

B. Address

Mailing address	Apartment	Street number and name, or P.O. box number, R.R., General Delivery			
City	Province	Country	Postal code	Effective date of change yyyy mm dd	
Residence address *(if different from above)*	Apartment	Street number and name, or lot, concession, and township			
City	Province **ON**	Country **CANADA**	Postal code	Effective date of change yyyy mm dd	

C. New Information – Supporting document required for any changes in this section

Name	Last name	First name	Middle name
Date of birth yyyy mm dd	**Sex** ☐ Male ☐ Female	Effective date of change yyyy mm dd	

Citizenship status ☐ Canadian ☐ First Nations ☐ Permanent resident ☐ Convention refugee/ protected persons ☐ Other *(specify)* :

D. Temporary Exemption from the Physical Presence Requirements in Ontario – See instructions for supporting document requirements

Departure date	Expected date of return	Contact telephone number *(if available)*
		( )

Reason for being out-of-province
☐ full-time academic studies ☐ other *(specify)*

Reason for being out-of-country
☐ full-time academic studies ☐ employment ☐ vacation ☐ charitable work ☐ other *(specify)* :

Mailing address outside Ontario	Apt.	Street number and name, or P.O. box number, R.R., General Delivery		
City	Province	Country	Postal code	
Ontario address	Apt.	Street number and name, or P.O. box number, R.R., General Delivery		
City	Province **ON**	Country **CANADA**	Postal code	

E. Card Replacement

My Health Card is: ☐ lost ☐ stolen ☐ damaged ☐ I did not receive my Health Card

F. Cancellation of Coverage

Reason for cancellation ☐ death ☐ joining Canadian Forces / RCMP ☐ leaving Ontario permanently ☐ leaving Canada permanently ☐ other *(specify)* :

Effective date yyyy mm dd

Name of person reporting cancellation	Relationship	Signature
		X

G. Agreement

I confirm that:
- My primary place of residence is and will continue to be in Ontario.
- Except as permitted under OHIP, I will be physically present in Ontario for at least 153 days in any twelve-month period to retain OHIP coverage.
- The information I have provided on this form, and in the documents I have provided, is true and accurate.

I understand that:
- If there is any change in my name, address, citizenship or immigration status I will inform the Ministry of Health and Long-Term Care or its agent ServiceOntario within 30 days.
- It is an offence to knowingly provide false information in, or in relation to, this application.

Signature of ☐ applicant ☐ legal guardian ☐ custodial parent ☐ power of attorney **X** | Date

Ministry use only	Health Number	Version code	Date	Processing Clerk no.	Initials

Citizenship	Name on document			Cit type	Effective date	End date
	Document type	Issued by	Document no.			Client I.D.
Res.	Document type	Document source	Ident. Document type	Document source	Organ donor	Exemptions ☐ A ☐ P ☐ S

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