



Health

Insured Benefits, Insurance Division
300 Carlton St Winnipeg, MB R3B 3M9
T 204-786-7101 F 204-783-2171
www.manitoba.ca

May 24, 2019

«Name»

«Address»

«City»

Dear «Salutation»:

Thank you for your notification advising our office of your common-law union.

We require the following information to update our records:

***REQUEST FOR CHANGE TO MANITOBA HEALTH REGISTRATION
AS A RESULT OF A COMMON-LAW UNION***

Name of person requesting the change: _____

Address : _____

Manitoba Health Registration Number: _____

I request to have my common-law spouse with his/her dependants (if applicable) who are now registered on another registration number added to my Manitoba Health registration. The registration number(s), name(s) and birth date(s) of my common-law spouse and dependants are:

Common-Law Spouse	Birthdate	Manitoba Health Reg. #
Dependant	Birthdate	Manitoba Health Reg. #
Dependant	Birthdate	Manitoba Health Reg. #

(Please use reverse side if more space required)

Signature of both spouses required.

Signature

Date

Signature

Date

A stamped self-addressed envelope is enclosed for your convenience.

Please contact our office should there be any enquires pertaining to this matter.

Yours truly,

«Signature»

The purpose for which this information is being collected is to enable Manitoba Health to provide you with health coverage and/or service. If you require any further information about the collection of this information, please do not hesitate to contact a Manitoba Health representative at 786-7101."

«Ces renseignements sont demandés pour permettre à Santé Manitoba de vous offrir des services de santé ou une assurance-maladie. Si vous avez besoin d'autres renseignements au sujet de cette collecte, n'hésitez pas à communiquer avec un représentant de Santé Manitoba au 786-7101.»