



HEALTH CARD RENEWAL

FULL NAME: _____ **HEALTH CARD #:** _____
{Given Name(s) & Surname}

MAILING ADDRESS (including Postal Code):

Street/PO Box/RR# _____ **GENDER (M/F):** _____
City/Town/Village/Postal Code _____ **DATE OF BIRTH:** _____
(Day/Month/Year)

HOME ADDRESS (if different from above):

Street/Apt# _____ **HOME PHONE #** _____
Community Name _____ **WORK PHONE #** _____

PLEASE NOTE: IF THE BIRTHDATE ON YOUR HEALTH CARD IS WRONG, YOU MUST PROVIDE A COPY OF YOUR BIRTH CERTIFICATE. ALSO, IF YOUR ADDRESS HAS CHANGED, PLEASE SPECIFY IF IT IS NOT A COMPLETE FAMILY MOVE.

I CERTIFY THAT I AM A PERMANENT RESIDENT OF NOVA SCOTIA. (A PERMANENT RESIDENT IS A PERSON WHO MAKES HIS/HER HOME AND IS ORDINARILY RESIDENT IN NOVA SCOTIA.)
I AUTHORIZE ANY HEALTH SERVICE PROVIDER PAID BY MEDICAL SERVICES INSURANCE (MSI) TO RELEASE ANY INFORMATION REQUESTED BY MSI FOR CLAIMS PAYMENT AND AUDIT.

SIGNATURE (Parent/Guardian if renewal is for person under 16) **DATE**

YOUR ORGAN DONOR DECISION MUST ALSO BE RENEWED.

ORGAN DONATION - GIVING LIFE

You now have the opportunity to offer someone a second chance at life by becoming an organ and/or tissue donor. Please consider this option and if you are interested, complete the section below. Identification as a donor will appear on your new Health Card. The information below will be stored in a computerized donor registry. For additional information on organ donation, please call (902) 473-5523 or toll-free (877) 841-3929.

Please specify which organ(s) and/or tissue(s) you wish to donate:

- All organ(s) and tissue(s) needed for transplant.
 - OR**
 - Only the following organ(s) and/or tissue(s) needed for transplant.
- ORGANS: Lungs Heart Liver Kidney Pancreas Small Bowel
TISSUES: Skin Vein Corneas (eyes) Bone & Related Structures Heart Valves/Pericardium

I am 16 years of age or older. My consent to organ donation is voluntary and is not required for my Health Card.
(A parent or guardian must sign if donor is under the age of 16.)

DONOR'S SIGNATURE (Parent/Guardian if donor under 16) **DATE**

PLEASE FAX TO MSI REGISTRATION AND ENQUIRY AT (902) 481-3160
NOVA SCOTIA MSI, PO BOX 500, HALIFAX, NS B3J 2S1