

To prevent delays in the processing of your request this section of the form must be signed in the space provided and returned to MSI. For children under the age of 16 a parent/guardian must sign.



HEALTH CARD RENEWAL



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|------------|-------------|-----------|
| First Name | Middle Name | Last Name |
|------------|-------------|-----------|

0 0 0 1 2 3 4 5 6 7

Please print your **health card number** neatly in the boxes provided

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|---------------|-----|-------|------|---|-----------------------------|---------------------------|
| Date of Birth | Day | Month | Year | Gender <input type="radio"/> Female <input type="radio"/> Male | Daytime Phone Number () | Other Phone Number () |
|---------------|-----|-------|------|---|-----------------------------|---------------------------|

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|-----------------|------|----------|-------------|
| Mailing Address | City | Province | Postal Code |
|-----------------|------|----------|-------------|

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|-----------------------------|-----------|
| Home Address (if different) | Community |
|-----------------------------|-----------|

Has your address recently changed? ☐ Yes ☐ No If so, is this a complete family move? ☐ Yes ☐ No

I certify that I am a resident of Nova Scotia. A resident is a person who makes his/her home and is ordinarily present (physically present for at least 183 days calendar days per year) 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

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Date

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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. Learn more about who is eligible at www.novascotia.ca/organissuedonation or by calling MSI at 1-800-563-8880 or 902-496-7008 in HRM.

Do you want to register a donation decision now?

Completely fill in the circle to mark 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 those closest to you to make sure they know your donation decision.

Find out more

Learn more about your organ and tissue donation choices, and recent changes to Nova Scotia's organ and tissue donation legislation at www.novascotia.ca/organissuedonation. Learn about organ and tissue donation at www.nshealth.ca/legacy-life or by calling 1-877-841-3929 for organ donation and 1-800-314-6515 for tissue donation.

Please fax to MSI Resident Services at 902-481-3160

Or Mail to: MSI Resident Services, PO Box 500, Halifax, NS, B3J 2S1

Phone 902-496-7008 (1-800-563-8880)

Please note this form cannot be submitted online.