

Registration for Ontario Health Insurance Coverage

If you are a **new or returning to Ontario**, complete sections A, B and C.
If you are **renewing** your photo Health Card, complete sections A and C.

Refer to the [Ontario Health Coverage Document List](#) for the list of documents you will need to present with your application. **Please print and use a blue or black**

Microfilm use only

Facility Use Only

Number	Reference Number
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A. Personal Information

Last Name Garge		First Name Mukta		Middle Name Swapnil		Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	
Date of Birth 1 9 year 1 0 month 7 2 day 2		Official language preference? <input checked="" type="checkbox"/> English <input type="checkbox"/> French		Have you ever had an Ontario Health Number? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, what was the number?	
Home Telephone Number ()		<input checked="" type="checkbox"/> No Telephone		Work or other Telephone Number (647) 446-2395		Extension -	
Mailing Address Apartment 501		Street Number and Name, R.R., P.O. Box or General Delivery 591 Sheppard Avenue East, North York					
City Toronto		Province ON		Postal Code M2K 0G2		Country CANADA	
Residence Address (if different from above) Apartment		Street Number and Name, or lot, concession and township					
City		Province ON		Postal Code		Country CANADA	
						Date moved to this address year month day	

B. Section to be completed only by new or returning residents

Where did you move from? (Apartment number, street number and name) 1105, Romell Grandeur, Off Vishweshwar Nagar Road, Goregaon		City Mumbai	
Province/State Maharashtra		Country India	
When did you arrive to Ontario? 2019/12/10		When did you take up permanent residence in Ontario? 2 0 year 1 9 month 2 1 day 0	
If you moved from another part of Canada, were you covered by a government health plan? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		How long do you plan to live in Ontario? <input checked="" type="checkbox"/> permanently <input type="checkbox"/> temporarily	
Are you a Canadian citizen returning to Canada? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Are you an immigrant returning to Canada? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Are you a new immigrant? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		If yes, what was your health number?	
Have you recently left the Canadian Forces? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (date of discharge) yyyy / mm / dd		Have you recently been released from a Federal penitentiary? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (date of release) yyyy / mm / dd	
Are you the spouse or dependant of a Regular Force member of the Canadian Forces? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Are you a reservist returning from an out-of-country posting? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (date of return) yyyy / mm / dd	
		Are you the spouse or dependant of a reservist currently deployed by the Canadian Forces into active service? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

C. Agreement

I confirm that:

- I make and intend to continue making Ontario my primary place of residence.
- I will be physically present in Ontario for at least 5 months (153 days) in any 12-month period.
- I must not be absent from Ontario for more than 30 days within the first 183 days immediately after establishing residency in Ontario unless I am considered by the Ministry of Health and Long-Term Care to be one of the following or I could lose my OHIP coverage: a Mobile Worker or a Mobile Student, a person who has moved to Ontario directly from another province or territory of Canada where I was insured under a publicly funded health care insurance plan, a Reservist returning from an out-of-country posting or the spouse and/or dependant of a Regular Force member of the Canadian Forces, or the spouse and/or dependant of a Reservist currently deployed by the Canadian Forces into active service.
- The information I have given in this application, 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 and/or its agent ServiceOntario within 30 days.
- The Ministry of Health and Long-Term Care and/or its agent ServiceOntario may check my residence status and any information I have given in this form and in the documents I have provided.
- For verification this information may be collected from, and disclosed to, government and non-government organizations, if the law allows it.
- It is an offence to knowingly provide false information in relation to this application.

Signature of <input checked="" type="checkbox"/> applicant <input type="checkbox"/> legal guardian	Date Jan 22, 2020
<input type="checkbox"/> parent <input type="checkbox"/> power of attorney X	

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 the *Ontario Drug Benefit Act*. The information may be used and disclosed in accordance with the *Personal Health Information Protection Act*, 2004, and 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 my consent to the collection of this information; but that in doing so may interfere with the provision of my Ontario health insurance coverage. For more information, please call ServiceOntario INFOLine at 1-800-268-1154.

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Res. Citizenship	Name on Document	Cit Type	Effective date	End date		
	Document Type	Issued by	Document Number	Client ID		
Res.	Document Type	Document source	HL	Id.	Document Type	Document source
			HL	Organ donor	Exemptions	A P S