

Dependant Primary Contact Change Form

About this Form

Use this form to change the primary contact for your dependant(s) who are under 19 years of age. Please note that both parents/guardians must reside at the same civic address to use this form. If the parents/guardians do not share the same civic address, please contact MSI for assistance at 902-496-7008 or 1-800-563-8880 (toll-free in Canada).

Once the form is processed, MSI correspondence related to the dependant(s) will be sent to the new primary contact.

For more information about updating the primary contact for dependants, please visit <https://novascotia.ca/dhw-med-03>

Current Primary Contact (Parent/Guardian)

| | | | | | | | | | | | |
|-----------------------------|-----|-------|------|--------------------|--|---------------------|--|----------------------|--|--------------------|--|
| Last Name | | | | First Name | | | | Middle Name | | | |
| Date of Birth | Day | Month | Year | Health Card Number | | | | Daytime Phone Number | | Other Phone Number | |
| Mailing Address | | | | | | City/Town/Community | | Province/State | | Postal/Zip Code | |
| Home Address (if different) | | | | | | City/Town/Community | | | | | |

New Primary Contact (Parent/Guardian)

| | | | | | | | | | | | |
|---------------|-----|-------|------|--------------------|--|--|--|----------------------|--|--------------------|--|
| Last Name | | | | First Name | | | | Middle Name | | | |
| Date of Birth | Day | Month | Year | Health Card Number | | | | Daytime Phone Number | | Other Phone Number | |

Dependant Information

| Health Card Number | First Name | Middle Name | Last Name | Date of Birth | Day | Month | Year |
|--------------------|------------|-------------|-----------|---------------|-----|-------|------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Signature of Current Primary Contact

I understand that this change will be effective on the date my request is processed by MSI.

Signature _____ Date _____

Signature not required if submitting through your MSI online account

Submit Your Form

| | | |
|--|--|-------------------------|
| Online: https://novascotia.ca/dhw-med-03 | By mail: MSI Resident Services PO Box 500 Halifax, NS B3J 2S1 | By fax: 902-481-3160 |
|--|--|-------------------------|

For questions, please call 902-496-7008 or 1-800-563-8880 (toll-free in Canada)

The personal health information submitted above is protected by the *Personal Health Information Act* and is only collected, used, retained, and disclosed to process your request unless otherwise authorized by the legislation or with your express consent. This information is collected under the authority of the *Health Services and Insurance Act*, or the *Fair Drug Pricing Act* to administer Nova Scotia's health insurance and drug programs.