

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



First Name		Middle Name			Last Name												
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>															
Date of Birth		Day		Month		Year		Gender		Daytime Phone Number		Other Phone Number					
								Female Male		()		()					
Mailing Address							City			Province		Postal Code					
Home Address (if different)							Community										
Has your address recently changed?				Yes		No		If so, is this a complete family move?				Yes		No			
<p>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.</p>																	
Signature														Date			

You now have the opportunity to offer someone a second chance at life by becoming an organ and/or tissue donor. **If you wish to become, or continue to be, an organ donor this section must also be completed when you renew your health card. Please specify which organs/and or tissues you wish to donate and sign in the space provided.** For children under the age of 16 a parent/guardian must sign.

Organ and/or tissue donation is voluntary and is not required for health card eligibility. Identification as a Donor will appear on your new Health Card. The information below will be stored in a computerized donor registry. For information about organ donation, please call: 902-473-5523 or toll-free 1-877-841-3929. For information about tissue donation, please call: 902-473-4171 or toll-free 1-800-314-6515.

CONSENT FOR ORGAN AND/OR TISSUE DONATION

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:

Tissues:

Lungs

Skin

Heart

Vein

Liver

Eyes

Kidneys

Bone & Related Structures

Pancreas

Heart Valves/Pericardium

Small Bowel

Signature

Date

PLEASE FAX TO MSI REGISTRATION AND ENQUIRY AT 902-481-3160

Or mail to: NOVA SCOTIA MSI, PO BOX 500, HALIFAX, NS B3J 2S1

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

Please note this form cannot be submitted online.