Reset Form

Health PEI
One Island Health System

PO Box 3000
126 Douses Road, Montague
Prince Edward Island, C0A 1R0 Canada
Telephone: (902) 838-0900 / 1-800-321-5492

Please print all information clearly.
Complete in full and return to above address.

Personal Health Card Application

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Application ng Personal na Health Card

Health PEI
One Island Health System

PO Box 3000
126 Douses Road, Montague
Prince Edward Island, C0A 1R0 Canada
Telepono: (902) 838-0900 / 1-800-321-5492

Mangyaring i-print nang malinaw ang lahat ng impormasyon.
Kumpletuhin nang buo at bumalik sa address sa itaas..

For Office Use Only
Para Sa Opisina Lamang

Document No. • *Dokumento Bilang.*	_____	Household No. • *Household No.*	_____
Date Eligible • *Petsa Na Kwalipikado*	Day • *Araw* / Month • *Buwan* / Yr. • *Taon*	Status • *Katayuan*	_____
Date Entered • *Petsa Ng Ipinasok*	Day • *Araw* / Month • *Buwan* / Yr. • *Taon*	Entered by • *Pinasok ni*	_____
Date Approved • *Petsa Na Naaprubahan*	Day • *Araw* / Month • *Buwan* / Yr. • *Taon*	Approved by • *Inaprobahan ni*	_____

LIST BELOW THE NAMES OF ALL OF PERSONS REGISTERING FOR HEALTH CARE COVERAGE •
LLISTA SA IBABA ANG MGA PANGALAN NG LAHAT NG TAONG NAGPAPAREHISTRO PARA SA SAKLAW NG PANGANGALAGANG PANGKALUSUGAN

Name • *Pangalan*

Surname • *Apelyido*	First Name • *Pangalan*	Initials • *Inisyal*

Birth Date • *Araw ng Kapanganakan* (Day • *Araw* / Month • *Buwan* / Yr. • *Taon*)	Sex(M/F) • *Kasarian(M/F)*	Country and Province of Birth • *Bansa at Lalawigan ng Kapanganakan*	Personal Health Number • *Numero ng Personal na Kalusugan*

Mailing Address • *Mailing Address*

Street • *Kalye*	Apt# • *Apt#*	P.O. Box • *P.O. Box*	City/Town • *Lungsod/Bayan*

Postal Code • *Postal Code*	Telephone No. • *Telepono No.* Home • *Home* ( )	Cell • *Cell* ( )	Email • *Email*

Mother Tongue • *Sariling Wika*	Official Language • *Opisyal na Wika* English ☐ French • *Pranses* ☐ Neither • *Ni* ☐	Language Preference • *Pagpipilian sa Wika*
Organ Donor • *Organ Donor* Over 16 only • *Mahigit 16 lang* Y • *O* ☐ / N • *H* ☐	Tissue Donor • *Tissue Donor* Over 16 only • *Mahigit 16 lang* Y • *O* ☐ / N • *H* ☐	Signature • *Lagda:* _____

Spouse (Surname, First name, Initials) • *Asawa (Apelyido, Unang Pangalan, Inisyal)*

Surname • *Apelyido*	First Name • *Pangalan*	Initials • *Inisyal*

Birth Date • *Araw ng Kapanganakan* (Day • *Araw* / Month • *Buwan* / Yr. • *Taon*)	Sex (M/F) • *Kasarian(M/F)*	Country and Province of Birth • *Bansa at Lalawigan ng Kapanganakan*	Personal Health Number • *Numero ng Personal na Kalusugan*

Mother Tongue • *Sariling Wika*	Official Language • *Opisyal na Wika* English ☐ French • *Pranses* ☐ Neither • *Ni* ☐	Language Preference • *Pagpipilian sa Wika*
Organ Donor • *Organ Donor* Over 16 only • *Mahigit 16 lang* Y • *O* ☐ / N • *H* ☐	Tissue Donor • *Tissue Donor* Over 16 only • *Mahigit 16 lang* Y • *O* ☐ / N • *H* ☐	Signature • *Lagda:* _____

1. Dependant • *Umaasa*

Surname • *Apelyido*	First Name • *Pangalan*	Initials • *Inisyal*

Birth Date • *Araw ng Kapanganakan* (Day • *Araw* / Month • *Buwan* / Yr. • *Taon*)	Sex (M/F) • *Kasarian(M/F)*	Country and Province of Birth • *Bansa at Lalawigan ng Kapanganakan*	Personal Health Number • *Numero ng Personal na Kalusugan*

Mother Tongue • *Sariling Wika*	Official Language • *Opisyal na Wika* English ☐ French • *Pranses* ☐ Neither • *Ni* ☐	Language Preference • *Pagpipilian sa Wika*
Organ Donor • *Organ Donor* Over 16 only • *Mahigit 16 lang* Y • *O* ☐ / N • *H* ☐	Tissue Donor • *Tissue Donor* Over 16 only • *Mahigit 16 lang* Y • *O* ☐ / N • *H* ☐	Signature • *Lagda* _____

2. Dependant • *Umaasa*

Surname •*Apelyido*	First Name • *Pangalan*	Initials • *Inisyal*
Birth Date • *Araw ng Kapanganakan* (Day • *Araw* Month • *Buwan* Yr. • *Taon*)	Sex (M/F) •*Kasarian (M/F)*	Country and Province of Birth • *Bansa at Lalawigan ng Kapanganakan*
		Personal Health Number • *Numero ng Personal na Kalusugan*

Mother Tongue • *Sariling Wika*	Official Language • *Opisyal na Wika* English ☐ French • *Pranses* ☐ Neither•*Ni* ☐	Language Preference • *Pagpipilian sa Wika*
Organ Donor • *Oragn Donor* Y•*O* / N•*H* ☐ ☐ *Over 16 only • Mahigit 16 lang*	Tissue Donor • *Tissue Donor* Y•*O* / N•*H* ☐ ☐ *Over 16 only • Mahigit 16 lang*	Signature • *Lagda:* _____

3. Dependant • *Umaasa*

Surname •*Apelyido*	First Name • *Pangalan*	Initials • *Inisyal*
Birth Date • *Araw ng Kapanganakan* (Day • *Araw* Month • *Buwan* Yr. • *Taon*)	Sex (M/F) •*Kasarian (M/F)*	Country and Province of Birth • *Bansa at Lalawigan ng Kapanganakan*
		Personal Health Number • *Numero ng Personal na Kalusugan*

Mother Tongue • *Sariling Wika*	Official Language • *Opisyal na Wika* English ☐ French • *Pranses* ☐ Neither•*Ni* ☐	Language Preference • *Pagpipilian sa Wika*
Organ Donor • *Organ Donor* Y•*O* / N•*H* ☐ ☐ Over 16 only • *Mahigit 16 lang*	Tissue Donor • *Tissue Donor* Y•*O* / N•*H* ☐ ☐ Over 16 only • *Mahigit 16 lang*	Signature • *Lagda:* _____

4. Dependant • *Umaasa*

Surname •*Apelyido*	First Name • *Pangalan*	Initials • *Inisyal*
Birth Date • *Araw ng Kapanganakan* (Day • *Araw* Month • *Buwan* Yr. • *Taon*)	Sex (M/F) •*Kasarian (M/F)*	Country and Province of Birth • *Bansa at Lalawigan ng Kapanganakan*
		Personal Health Number • *Numero ng Personal na Kalusugan*

Mother Tongue • *Sariling Wika*	Official Language • *Opisyal na Wika* English ☐ French •*Pranses* ☐ Neit*her* • *Ni* ☐	Language Preference • *Pagpipilian sa Wika*
Organ Donor • *Organ Donar* Y•*O* / N•*H* ☐ ☐ Over 16 only • *Mahigit 16 lang*	Tissue Donor • *Tissue Donor* Y•*O* / N•*H* ☐ ☐ Over 16 only • *Mahigit 16 lang*	Signature • *Lagda:* _____

5. Dependant • *Umaasa*

Surname •*Apelyido*	First Name • *Pangalan*	Initials • *Inisyal*
Birth Date • *Araw ng Kapanganakan* (Day • *Araw* Month • *Buwan* Yr. • *Taon*)	Sex (M/F) •*Kasarian (M/F)*	Country and Province of Birth • *Bansa at Lalawigan ng Kapanganakan*
		Personal Health Number • *Numero ng Personal na Kalusugan*

Mother Tongue • *Sariling Wika*	Official Language • *Opisyal na Wika* English ☐ French • *Pranses* ☐ Neither•*Ni* ☐	Language Preference • *Pagpipilian sa Wika*
Organ Donor • *Organ Donor* Y•*O* / N•*H* ☐ ☐ Over 16 only • *Mahigit 16 lang*	Tissue Donor • *Tissue Donor* Y•*O* / N•*H* ☐ ☐ Over 16 only • *Mahigit 16 lang*	Signature • *Lagda:* _____

6. Dependant • *Umaasa*

Surname •Apelyido	First Name • *Pangalan*	Initials • *Inisyal*
Birth Date • *Araw ng Kapanganakan* (Day • *Araw* Month • *Buwan* Yr. • *Taon*)	Sex (M/F) •*Kasarian (M/F)*	Country and Province of Birth • *Bansa at Lalawigan ng Kapanganakan*
		Personal Health Number • *Numero ng Personal na Kalusugan*

Mother Tongue • *Sariling Wika*	Official Language • *Opisyal na Wika* English ☐ French • *Pranses* ☐ Neither•*Ni* ☐	Language Preference • *Pagpipilian sa Wika*
Organ Donor • *Organ Donor* Y•*O* / N•*H* ☐ ☐ Over 16 only • *Mahigit 16 lang*	Tissue Donor • *Tissue Donor* Y•*O* / N•*H* ☐ ☐ *Over 16 only • Mahigit 16 lang*	Signature • *Lagda:* _____

Residential Status • *Katayuan ng Tirahan*

☐ New Resident • *Bagong Residente*

☐ Returning Resident • *Bumalik na Residente*

☐ Armed Forces, Penitentiary • *Sandatahang Lakas, Penitentiary*
(Please indicate release date if any of the above apply) •
(Mangyaring ipahiwatig ang petsa ng paglabas kung ang alinman sa itaas ay naaangkop)

Day • *Araw* | Month • *Buwan* | Yr. • *Taon*

Province/Country of last residence • *Lalawigan/Bansa ng huling paninirahan*

Mailing Address • Mailing Address	City/Town • *Lungsod/Bayan*	Country/Province • *Bansa/Lalawigan*	Postal Code • *Postal Code*

Former Provincial Health Care No. (if applicable) •
Dating Provincial Health Care No. (kung naaangkop)

Reason for coming to Prince Edward Island • Dahilan para pumunta sa Prince Edward Island

☐ Full-Time Student • *Full-time na Mag-aaral*

☐ Part-Time Student • *Part-time na Estudyante*

☐ Employment • *Trabaho*

☐ Other (Please specify) • *Iba (Mangyaring tukuyin)*

Completion Date • *Petsa ng Pagkumpleto* _____

_____

Length of stay on Prince Edward Island • *Tagal ng Pananatili sa Prince Edward Island*

Permanent • *Permanente* ☐

Temporary • *Pansamantala* (Please define • *Pakitukoy*) _____ ☐

Date of arrival on Prince Edward Island • *Petsa ng pagdating sa Prince Edward Island*

Day • *Araw* | Month • *Buwan* | Yr. • *Taon*

Citizenship Status (must attach supporting documents for each individual applying before applications may be processed) •
Katayuan ng Pagkamamamayan (Dapat mag-attach ng mga sumusuportang dokumento para sa bawat indibidwal na nag-aaplay bago maproseso ang mga aplikasyon)

☐ Canadian Citizen (Please attach copy of former provincial health care card front and back if applicable or birth certificate) •
Canadian Citizen (Paki-attach ang kopya ng dating provincial health care card sa harap at likod kung naaangkop o birth certificate)

☐ Canadian citizen returning from another country (Please attach copy of Canadian passport) •
Canadian citizen na bumalik mula sa ibang bansa (Paki-attach ang kopya ng Canadian passport)

☐ Landed Immigrant (Please attach copy of Confirmation of Permanent Residence document or both sides of Permanent Resident card) •
Landed Immigrant (Paki-attach ang kopya ng Confirmation of Permanent Residence na dokumento o magkabilang panig ng Permanent Resident card)

☐ International Student (Please attach copy of Study Permit and proof of enrollment from designated learning institution) •
Internasyonal na Mag-aaral (Mangyaring maglakip ng kopya ng Study Permit at patunay ng pagpapatala mula sa itinalagang institusyon ng pag-aaral)

☐ Working Visa (Please attach copy of Immigration record and Passport) •
Working Visa (Paki-attach ang kopya ng rekord ng Immigration at Passport)

☐ Other (Please specify) •
Iba (Mangyaring tukuyin)

I hereby authorize the details of this application may be discussed with the Federal Department of Employment and Immigration Canada. •
Sa pamamagitan nito, pinahihintulutan ko ang mga detalye ng application na ito na maaaring talakayin sa Federal Department of Employment and Immigration Canada.

Signature • *Lagda*

Signature of Spouse/Partner •
Lagda ng Asawa/Kasosyo

Declaration • *Declaración*

I hereby state that I am legally entitled to remain in Canada, I am currently residing and making Prince Edward Island my primary residence and I understand that it is an offence to give false information in this application.

I hereby authorize the details of this application may be discussed with the Federal Department of Employment and Immigration Canada.

Isinasaad ko dito na ako ay legal na karapat-dapat na manatili sa Canada, ako ay kasalukuyang naninirahan at ginagawa ang Prince Edward Island bilang aking pangunahing tirahan at naiintindihan ko na isang pagkakasala ang magbigay ng maling impormasyon sa application na ito.

Sa pamamagitan nito, pinahihintulutan ko ang mga detalye ng application na ito na maaaring talakayin sa Federal Department of Employment and Immigration Canada.

Signature • *Lagda*

Signature of Spouse/Partner
Lagda ng Asawa/Kasosyo

Day • *Araw* | **Month • *Buwan*** | **Yr. • *Taon***

Personal Health Card Application Guide • *Gabay sa Application ng Personal na Health Card*

You are eligible for a PEI Health Card if you:

- are legally in Canada;
- reside on PEI on an annual basis and are present for at least six months plus a day each year, or,
- are a PEI resident studying full-time in another province.

A "resident" means a person lawfully entitled to be or to remain in Canada, who makes his home and is ordinarily present on PEI.

You are not eligible for a PEI Health Card if you are:

- a tourist, transient or visitor to PEI;
- a member of the Canadian Armed Forces;
- an inmate of a Federal Penitentiary; or
- a foreign student (certain exceptions apply).

Kwalipikado ka para sa PEI Health Card kung ikaw ay:

- *ay legal sa Canada;*
- *naninirahan sa PEI sa taunang batayan at naroroon nang hindi bababa sa anim na buwan at isang araw bawat taon, o,*
- *ay residente ng PEI na nag-aaral ng full-time sa ibang probinsya.*

Ang ibig sabihin ng "residente" ay isang taong legal na may karapatan na manatili o manatili sa Canada, na gumagawa ng kanyang tahanan at karaniwang naroroon sa PEI.

Hindi ka karapat-dapat para sa isang PEI Health Card kung ikaw ay:

- *isang turista, lumilipas o bisita sa PEI;*
- *isang miyembro ng Canadian Armed Forces;*
- *isang bilanggo ng isang Federal Penitentiary; o*
- *isang dayuhang estudyante (may mga partikular na eksepsiyon na nalalapat).*

1. What is your **mother tongue**? (The language you first learned)
2. If your mother tongue is neither English nor French, in which of **Canada's Official Languages** are you most comfortable?
3. What is your **preferred language** for service delivery?

Your preferred language of service will be displayed on your PEI Health Card.
This language information will help Health PEI plan for and deliver quality health care services.

1. *Ano ang iyong **sariling wika**? (Ang wikang una mong natutunan)*
2. *Kung ang iyong sariling wika ay hindi Ingles o Pranses, alin sa mga **Opisyal na Wika ng Canada** ang pinaka komportable ka?*
3. *Ano ang **gusto mong wika** para sa paghahatid ng serbisyo?*

Ang iyong gustong wika ng serbisyo ay ipapakita sa iyong PEI Health Card.
Ang impormasyon sa wikang ito ay makakatulong sa Health PEI na magplano at maghatid ng mga de-kalidad na serbisyo sa pangangalagang pangkalusugan.

An Organ and Tissue Intent to Donate Registry is a place for people to indicate and record their willingness to donate organs and tissues at the time of their death. **Organ** refers to lungs, heart, liver, kidneys, pancreas and small bowel. **Tissue** refers to skin, vein, eyes, bone and related structures, heart valves/pericardium.

You can be an organ and tissue donor if you are aged 16 or over and fully understand the nature and consequences of your donation. A **signature is required** for each individual to indicate their intentions regarding organ and tissue donation. Parents cannot sign on behalf of their child(ren).

Your organ and tissue donor decision will be displayed on your PEI Health Card. If, in the future, you decide to change your mind, you can update your intention by completing the Intent to Donate and Language Information form found here:
www.healthpei.ca/organandtissuedonation

For more information about organ and tissue donation, please call*:* 902-368-5920.

*Ang Organ and Tissue Intent to Donate Registry ay isang lugar para ipahiwatig at itala ng mga tao ang kanilang pagpayag na mag-abuloy ng mga organ at tissue sa oras ng kanilang kamatayan. Ang **organ** ay tumutukoy sa baga, puso, atay, bato, pancreas at maliit na bituka. Ang **tissue** ay tumutukoy sa balat, ugat, mata, buto at mga kaugnay na istruktura, mga balbula ng puso/pericardium.*

*Maaari kang maging isang organ at tissue donor kung ikaw ay may edad na 16 o higit pa at lubos na nauunawaan ang kalikasan at mga kahihinatnan ng iyong donasyon. **Kinakailangan ng pirma** para sa bawat indibidwal upang ipahiwatig ang kanilang mga intensyon tungkol sa donasyon ng organ at tissue. Ang mga magulang ay hindi maaaring pumirma sa ngalan ng kanilang (mga) anak.*

*Ang iyong desisyon sa donor ng organ at tissue ay ipapakita sa iyong PEI Health Card. Kung, sa hinaharap, magpasya kang magbago ang iyong isip, maaari mong i-update ang iyong intensyon sa pamamagitan ng pagkumpleto ng Intent to Donate at Language Information form na makikita dito: **www.healthpei.ca/organandtissuedonation***

Para sa karagdagang impormasyon tungkol sa donasyon ng organ at tissue, mangyaring tumawag sa: 902-368-5920.

Personal information on this form is collected under Section 8 (Registration of Entitled Persons) of Prince Edward Island's Health Services Payment Act (Regulations) and will be used to ensure a resident's entitlement in respect to basic health services. If you require additional information, please contact Medicare Services, 126 Douses Road, Montague, PE C0A 1R0, 1-800-321-5492.

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Ang personal na impormasyon sa form na ito ay kinokolekta sa ilalim ng Seksyon 8 (Rehistrasyon ng mga May Karapatang Tao) ng Prince Edward Island's Health Services Payment Act (Regulasyon) at gagamitin upang matiyak ang karapatan ng isang residente kaugnay ng mga pangunahing serbisyong pangkalusugan. Kung kailangan mo ng karagdagang impormasyon, mangyaring makipag-ugnayan sa Medicare Services, 126 Douses Road, Montague, PE C0A 1R0, 1-800-321-5492.

16HPE15-44179