



Group Medical Services
 #200-3303 Hillsdale St.
 Regina, SK S4S 7J8

***Extended Health/Dental Care Plan
 Information Update Form***

IMPORTANT INFORMATION

Please complete and return this form to the office of Group Medical Services.

Policy Holder Information					
Last Name		First Name			Initial
Address		City/Town	Prov.	Postal Code	Telephone No.
Health Services No.		GMS ID No.	Date of Birth (dd/mm/yy)		Gender M <input type="checkbox"/> F <input type="checkbox"/>
Family Information					
Complete this section, ensuring that all family members are listed below. If you have more than seven (7) children, please add a separate listing.					
	Name (last – if different from your last name, first, middle initial)	Gender (M or F)	Date of Birth (dd/mm/yy)	Health Services No.	Disabled Dependent?
Spouse					
Child					
Child					
Child					
Child					
Child					
Child					
Child					
If your child(ren) is (are) a full-time student(s) between the ages of 18 and 25 years inclusive, indicate the name of the institution being attended for each student.					

...See Over

