

## Seasonal Agricultural Workers Registration for Ontario Health Insurance Coverage

For use only when registering Migrant Farm Workers through the Seasonal Agricultural Worker Program. Please fill in the form and print or print the form and fill out using a blue or black pen.

Section A - Personal Information								
Last Name		First Name				Middle Initial		
						If an indicate a second		
Date of Birth (year/month/day)		Have you ever had an Ontario						
	☐ Male ☐ Female	Yes No						
Home Telephone Number		Work Telephone Number						
( )		( )			Ext.	-		
Section B - Farm Mailing Address								
Street number and name, or P.O Box number, R.R. or General Delivery								
014.			Province	Poeta	' Oada		Cauntry.	
City			Province ON	POStai	l Code		Country Canada	
			UN				Odriada	
Section C - Farm Residence Addre	ess - if different from I	Mailing Addre	ss					
Street number and name, or P.O Box								
		· · · · · · · · · · · · · · · · · · ·						
City			Province	Posta	l Code		Country	
· 			ON				Canada	
Section D - Agreement								
I confirm and understand that:								
The Ministry of Health and Long-Term Care or its agent, ServiceOntario, may attempt to verify my residence status and any information I have given on this form and in the documents I have provided.								
• In support of this verification, my personal information may be collected from, and disclosed to, government and non-government organizations, as lawfully permitted.								
If there is a change in my name, address, citizenship or immigration status, ServiceOntario must be notified within 30 days of the change.								
All of the information I have given in this application, and in the documents I have provided, is true and accurate.								
Signature of Applicant				Date				
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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