



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

Form section A containing fields for Last Name, First Name, Middle Initial, Date of Birth, Sex, Home Telephone Number, Work Telephone Number, and Ontario Health Number.

Section B - Farm Mailing Address

Form section B containing fields for Street number and name, City, Province (ON), Postal Code, and Country (Canada).

Section C - Farm Residence Address - if different from Mailing Address

Form section C containing fields for Street number and name, City, Province (ON), Postal Code, and Country (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...
- In support of this verification, my personal information may be collected from, and disclosed to, government and non-government organizations...
- 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 and Date fields.

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.

Ministry use only section containing fields for Health Number, Version Code, Processing Clerk, Name on Document, Cit Type (MFW), Effective Date, End Date, Document Type, Issue Date, End Date, Issued by (CAN), Document Number, and Client I.D.