



User Guide for Requesting Revision/Extension/Continued Health Coverage

For more information, please contact:

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1. Introduction and Log in

This guide explains how to request a revision/extension to a nomination certificate or request to continue Saskatchewan (SK) health coverage after receiving a nomination from Saskatchewan Immigrant Nominee Program (SINP).

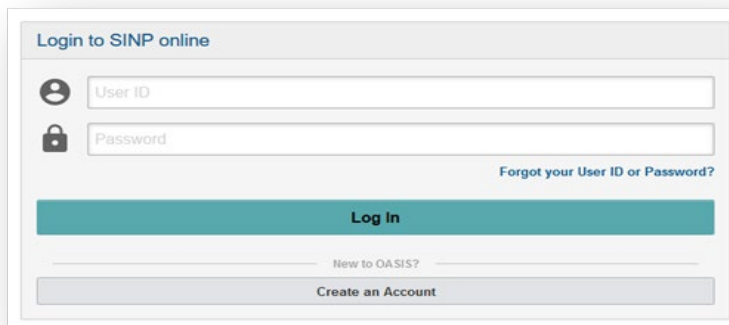
Click the following link to access the SINP Online portal:

<https://immigration.saskatchewan.ca>



1.1 Login to SINP Online

- On the login page, type in your username & password; and then click **Log I**



1.2 Authority to Disclose Personal Information

- In order to continue logging into OASIS, all users must agree to a disclosure statement each time by clicking the “I AGREE” button.
 - **Disclosure statement will be different in representative account**

AUTHORITY TO DISCLOSE PERSONAL INFORMATION

All users must agree to disclose information as stated below in order to continue.

I understand that the information collected, used and stored within the Saskatchewan Immigrant Nominee Program (SINP) Online Application System (OASIS) constitutes personal information and is subject to the provisions of The Freedom of Information and Protection of Privacy Act and relevant regulations.

I understand that unauthorized access to OASIS is strictly prohibited, and the information contained within is to be used and/or disclosed exclusively for the purposes for which it was acquired, or in accordance with the Acts listed above. Any use or disclosure of this information for any other purpose may result in prosecution.

I confirm my understanding of all the previous statements and have asked for and received an explanation, or language translation if required, of every point that was not clear to me.

I AGREE

1.2.1 Authority to Disclose Personal Information for Candidates

AUTHORITY TO DISCLOSE PERSONAL INFORMATION

All users must agree to disclose information as stated below in order to continue.


- I understand that the information collected, used and stored within the Saskatchewan Immigrant Nominee Program (SINP) Online Application System (OASIS) constitutes personal information and is subject to the provisions of *The Freedom of Information and Protection of Privacy Act, The Immigration Services Act* and relevant regulations.
- I authorize the Ministry of Immigration and Career Training (ICT) of the Government of Saskatchewan to collect, use and disclose, as necessary, information from this application to officials in ICT and to officials within the Government of Canada administering immigration, temporary foreign worker or other programs related to permanent residence or temporary residence in Canada.
- I understand and authorize ICT to disclose, as necessary, information collected from this application to a contracted third party for the purpose of verifying and confirming my qualifications and background as per the contract. I further understand and authorize the information provided to the third party will be shared by ICT to assess this application.
- I understand and authorize ICT and/or a contracted third party to contact previous institutions and employers I have identified to verify my qualifications, background and eligibility for the SINP. This information is collected for the purpose of assessing my SINP application.
- I authorize the Ministry of Immigration and Career Training to collect, use and disclose, as necessary, information provided on OASIS in order to evaluate the application and to ensure compliance with the requirements of *The Immigration Services Act*. To verify information provided, the Ministry of Immigration and Career Training may collect/receive, use and disclose information to or from:
 - a ministry or agency of the Government of Saskatchewan including the Ministries of Labour Relations and Workplace Safety, Justice, Corrections and Policing, Finance, and Saskatchewan Government Insurance;
 - a department or agency of the Government of Canada including Citizenship and Immigration Canada, Employment and Social Development Canada, Canada Border Services Agency, and Canada Revenue Agency;
 - a department or agency of another province or territory of Canada or of another country or state within that country;
 - a police service;
 - any other person or body that governs or regulates the conduct of individuals who provide recruitment services or immigration services to foreign nationals entering Canada including the College Of Immigration and Citizenship Consultant;
 - a person or body responsible for regulating a group of persons in the conduct of any activity, trade, profession or calling; and,
 - any other agency prescribed in regulations.
- I authorize the Ministry of Immigration and Career Training to collect, use and disclose as reasonable, IP address information available through the use of OASIS.
- I understand that unauthorized access to OASIS is strictly prohibited, and the information contained within is to be used and/or disclosed exclusively for the purposes for which it was acquired, or in accordance with the Acts listed above. Any use or disclosure of this information for any other purpose may result in prosecution.
- I understand that as an applicant and/or licensee (as applicable), that if I access and/or use the system for any purpose other than for which it is intended, that this constitutes a material breach of the terms and conditions of your license and that the same may be revoked and that any further applications for a license may be refused on this basis.
- I confirm my understanding of all the previous statements, and have asked for and received an explanation, or language translation if required, of every point that was not clear to me.

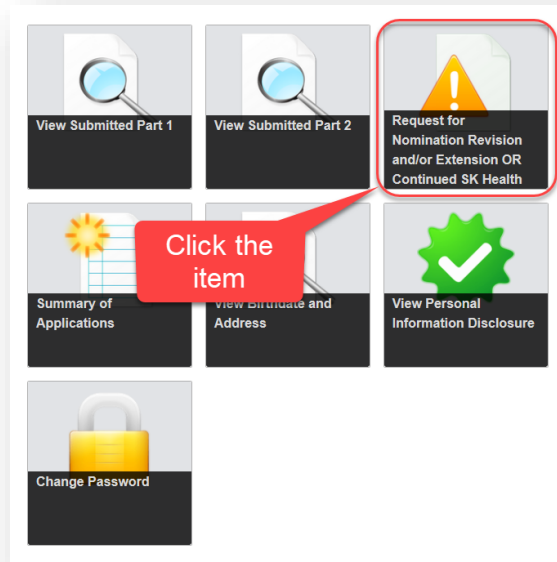
I AGREE

1.2.2 Authority to Disclose Personal Information for Representative

1 Start your Request

- From Applicant Account

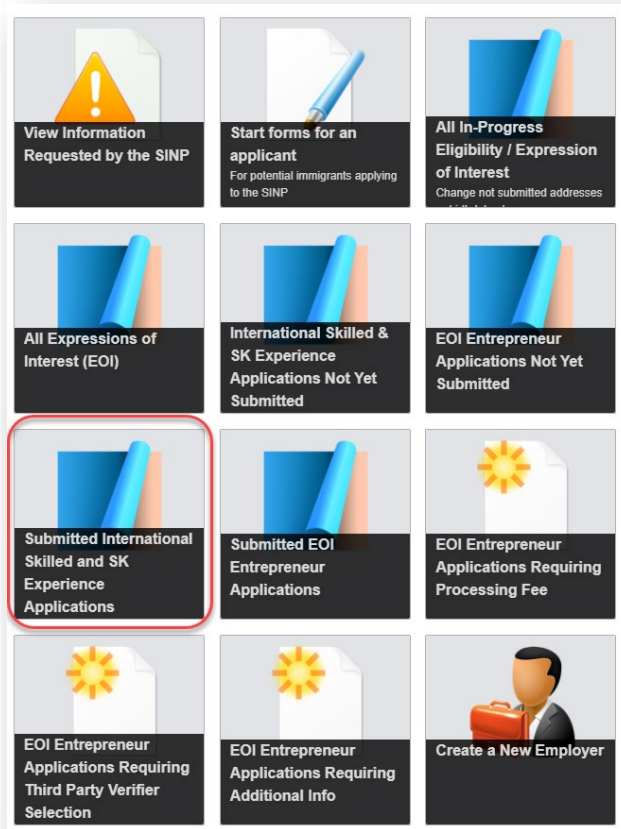
 Click the item “**Request for Nomination Revision and/or Extension OR Continued SK Health Coverage**” to create a new screen of the request.



- **From Representative Account**



Click the item “**Submitted International Skilled and SK Experience Applications**” to view the list of authorized applications.



➤ Choose the appropriate application;

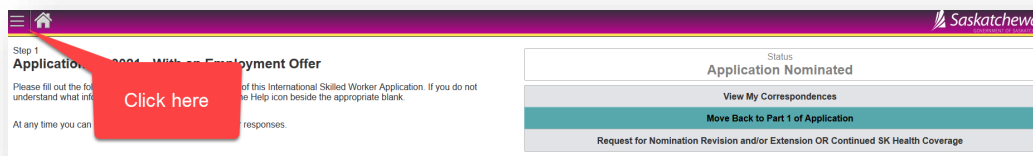
All Submitted International Skilled and SK Experience Applications

Q- Go Actions

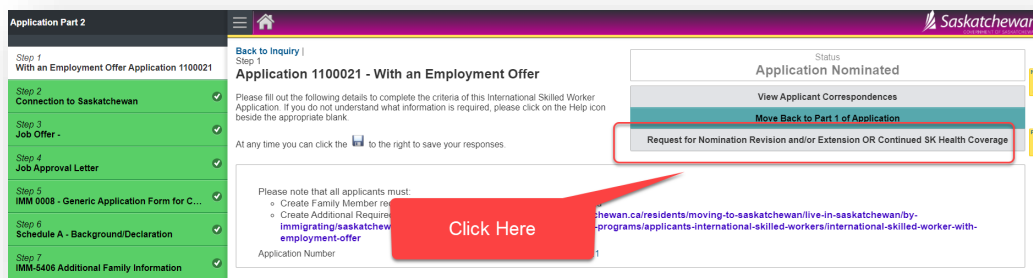
1 - 69

	First Name	Last Name	Application #	Application Type	Application Sub-Category	Received Date	Current Status
Click here to view	First Name	Family Name	1100021	With an Employment Offer	With an Employment Offer	29-Jul-2021	Application Nominated
Click here to view							
Click here to view							
Click here to view							
Click here to view							
Click here to view							
Click here to view							
Click here to view							
Click here to view							
Click here to view							
Click here to view							
Click here to view							

- You may need to click on the Navigation Menu to show all the screens.



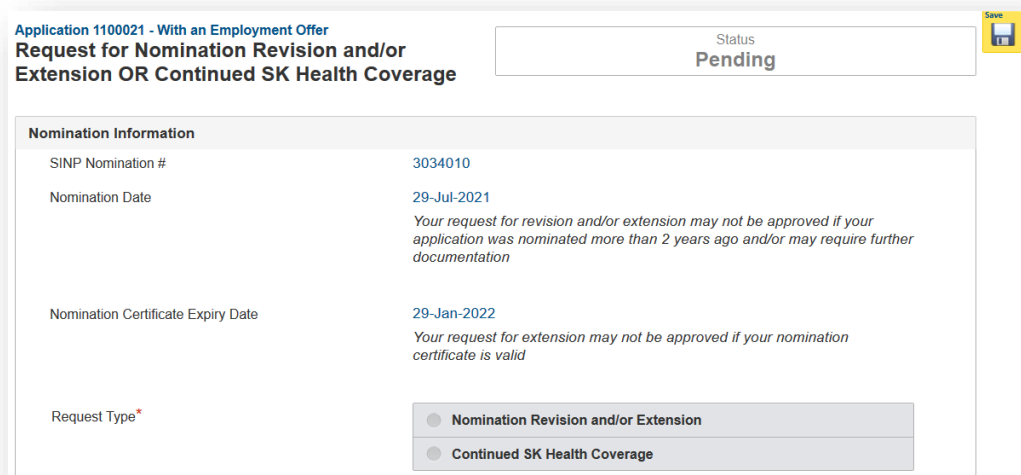
- Click the button “Request for Nomination Revision and/or Extension OR Continued SK Health Coverage” to create a new screen of the request.



1.2 Selecting the Type of Request

Screen will be displayed with existing information from the application.

- Status “Pending” means request has been created but not submitted yet. Navigating away from this screen will not delete the request and clicking again on the item from Step 2 will navigate back to this screen. Navigation to this screen will continue until a final decision has been made after the submission of this request.



Choose the type of request to further populate the applicable fields:

- **Nomination Revision and/or Extension** – If any change is required on the received nomination certificate. For example:
 - IRCC requests a revised and/or extended nomination certificate.
 - You have a new job offer from the same or different employer.
 - You and/or your accompanying family members have obtained new passports.
 - Your nomination certificate has expired and you require additional time to submit your application for permanent residency.
 - You have updated your Express Entry Profile Number and Job Seeker Validation Code after your application is nominated.
 - You want to update your application category from Express Entry/Occupation in-Demand to Employment Offer (With Job Offer and Employer Position Assessment (EPA) Approval)
- **Continued SK Health Coverage** - If your/your family member's health card is expired and you are eligible to continue your provincial health coverage.

•

1.3 Nomination Revision and/or Extension

- Review the populated information below:

Request Type*

Nomination Revision and/or Extension

Continued SK Health Coverage

Please be advised that SINP will NOT revise or extend a nomination certificate if you have received a letter from Immigration, Refugee Citizenship Canada (IRCC) stating that your application for permanent residency has been refused. In this case, your SINP application is now considered closed and the SINP nomination certificate number cannot be used again. You may re-apply with a new, complete, online application to the SINP.

Examples of reasons you may request a Revision and/or Extension:

- IRCC requests a revised and/or extended nomination certificate.
- You have a new job offer from the same or different employer.
- You and/or your accompanying family members have obtained new passports.
- Your nomination certificate has expired and you require additional time to submit your application for permanent residency.
- You have updated your Express Entry Profile Number and Job Seeker Validation Code after your application is nominated.

Exclusions:

- The SINP will not revise your certificate of nomination to reflect a change in family composition (i.e. new child, change in marital status).

Applicant First Name*
Please enter your First Name as it appears on your passport

Applicant Middle Name
Please enter your Middle Name as it appears on your passport, if applicable

Applicant Last Name
Please enter your Last Name as it appears on your passport, if applicable

Date of Birth
Date must be entered as DD-Mon-YYYY Example: 01-Jan-2015

Address	Address Line 1 Address Line 2 Address Line 3 City / Town International Afghanistan postal code <i>Please enter your current address</i>
Phone Number	Telephone Number <i>Please enter your current phone number</i>
Alternate Phone Number	 <i>Please enter your alternate phone number</i>
Email Address	Email Address <i>Please enter your current email address</i>
Representative Email Address	 <i>Please enter the email address of your representative, if applicable</i>

- Fill in the type of and reason for the Request.
 - Entering your work permit expiry date may prioritize your request.
 - If you were nominated more than two years ago, then please provide an updated job offer or reference letter stating that your job is still valid. You can attach this/these documents at the bottom of the screen.

Requesting for*	<input type="radio"/> Revision <input type="radio"/> Extension <input checked="" type="radio"/> Extension & Revision <i>Select the type of request</i>
Nominated over 2 years ago	No
Are you currently working on a valid work permit in SK?*	<input type="button" value="Yes"/> <input type="button" value="No"/>
Reason for Request*	

- Agreeing to terms and conditions and then saving the screen will make the submit button appear.

Document Uploads
 Please upload the applicable document(s) by clicking "Add an Additional Document" button and then click "Upload File" button.

Applicable Documents

- o Copy of principal applicant passport (if a new passport has been obtained)
- o Copy of any accompanying family member passports (if a new passport has been obtained)
- o Copy of current work permit (if you are working in Saskatchewan)
- o Copy of IRCC Letter (if IRCC requested the revision and/or extension)
- o Copy of Job Offer Letter and Job Approval Letter (if your job has changed)
- o Copy of updated Job Offer Letter or Reference Letter stating that your job is still valid (if you were nominated with a job offer over 2 years ago)
- o Explanation letter that states the reason as to why you have not applied for Permanent Residency (if requesting an extension)
- o Copy of IRCC correspondence that states why your original Permanent Residency application was not accepted
- o Copy of IRCC letter indicating why your original Express Entry and Job Seeker Validation Code has changed (if a new Express Entry profile and Job Seeker Validation Code has been obtained)
- o Copy of IRCC Correspondence that states your current Express Entry and Job Seeker Validation Code (if a new Express Entry profile and Job Seeker Validation Code has been obtained)

Terms and Conditions

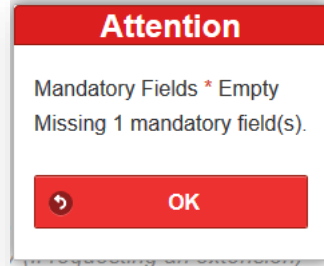
I declare that I have attached copies of all required documents to this request. I understand that failure to submit all required documents will result in an ineligible request.

Agree to Terms and Conditions?*

Yes

Please save the screen for Submit button to appear

- All required fields must be filled in order to submit the request successfully.



1.4 Continued SK Health Coverage

- Review the populated information below:

Request Type*

Nomination Revision and/or Extension
 Continued SK Health Coverage

Please be advised that in order to receive support from the Saskatchewan Immigrant Nominee Program (SINP) to continue your Saskatchewan Health coverage, you must:

- Be living and working in Saskatchewan.
- Be nominated by the SINP.
- Have applied to Immigration, Refugees and Citizenship Canada (IRCC) for Permanent Residence and
- Have applied to IRCC to extend your work permit.

Please note:

- If you meet the above requirements, SINP will email support for your continued health coverage directly to E-Health Saskatchewan, so they can begin processing your Health card extension. The Saskatchewan Health Card should be received within two weeks.
- If you do not meet the above requirements, the SINP cannot support your request for continued Saskatchewan Health coverage.

Applicant First Name*

First Name
Please enter your First Name as it appears on your passport

Applicant Middle Name

Middle Name
Please enter your Middle Name as it appears on your passport, if applicable

Applicant Last Name

Family Name
Please enter your Last Name as it appears on your passport, if applicable

Applicant Full Name from Health Card*

Please enter your Full Name as it appears on your Health Card

Date of birth

01-Jan-2000
Date must be entered as DD-Mon-YYYY Example: 01-Jan-2015

Current Address

Address Line 1
Address Line 2
Address Line 3

City / Town
International
Afghanistan
postal code
950800,1
Please enter your current address

Phone Number

Telephone Number
Please enter your current phone number

Email Address

Email Address
Please enter your current email address

- The following four requirements must be met to request continued SK health coverage

Has your address changed since date of application for Health Coverage?

Have you applied to IRCC for Permanent Residence?

Copy of IRCC letter acknowledging receipt of permanent residence application*

If this letter has not yet been received then a copy of payment receipt or postage tracking slip

Date of Application* Date must be entered as DD-Mon-YYYY Example: 01-Jan-2015

Have you applied to IRCC to extend your Work Permit?

Copy of receipt letter from IRCC for principle applicant and all family members in Saskatchewan*

If this letter has not yet been received then work (and study if applicable) permit extension application payment receipt(s)

Date of Application* Date must be entered as DD-Mon-YYYY Example: 01-Jan-2015

Work Permit expiry date* Date must be entered as DD-Mon-YYYY Example: 01-Jan-2015

Are you currently employed in Saskatchewan?

Copy of most recent pay slip with your Saskatchewan employer*

Name of Employer*

Are you currently residing in Saskatchewan?

Saskatchewan Health Card Number*

Health Card Expiry date* Date must be entered as DD-Mon-YYYY Example: 01-Jan-2015

- Declare if any family member(s) needs to be included in the request
 - Additional member can be added by clicking the button “Add another Family Member” as shown below:

Does your spouse and/or children currently reside in Saskatchewan?

Family Member #	1			
Full Name of family member from Passport*	<input type="text"/>			
	<small>Please enter Full Name as it appears on the passport</small>			
Full Name of family member from Health Card*	<input type="text"/>			
	<small>Please enter Full Name as it appears on the Health Card</small>			
Date of Birth of family member	<input type="text" value="DD-Mon-YYYY"/>			
	<small>Date must be entered as DD-Mon-YYYY Example: 01-Jan-2015</small>			
Saskatchewan Health Card Number*	<input type="text"/>	Health Card Expiry date*	<input type="text" value="DD-Mon-YYYY"/>	
			<small>Date must be entered as DD-Mon-YYYY Example: 01-Jan-2015</small>	
Temporary Resident Visa Number*	<input type="text"/>	Temporary Resident Visa Expiry date*	<input type="text" value="DD-Mon-YYYY"/>	
			<small>Date must be entered as DD-Mon-YYYY Example: 01-Jan-2015</small>	

- Agreeing to terms and conditions and then saving the screen will make the submit button appear.

Additional Document Uploads
If you have additional documents to upload, please use the Add an Additional Document button to add additional documents.

Terms and Conditions

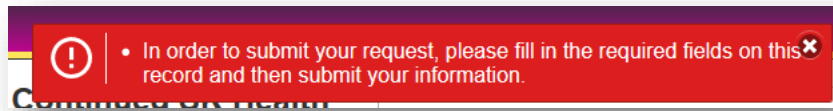
- I authorize the release of the information from this form and any information from my Saskatchewan Immigrant Nominee Program application (as necessary) to officials of Saskatchewan Health for extending my Saskatchewan Health Coverage.
- I declare that the information I have given in this affidavit is truthful, complete and correct.
- I have read and understand the above declaration.

Agree to Terms and Conditions? Yes

Please save the screen for Submit button to appear

Submit Request for Continued SK Health Coverage

- All required fields must be filled in order to submit the request successfully.



1.5 Submitted Request

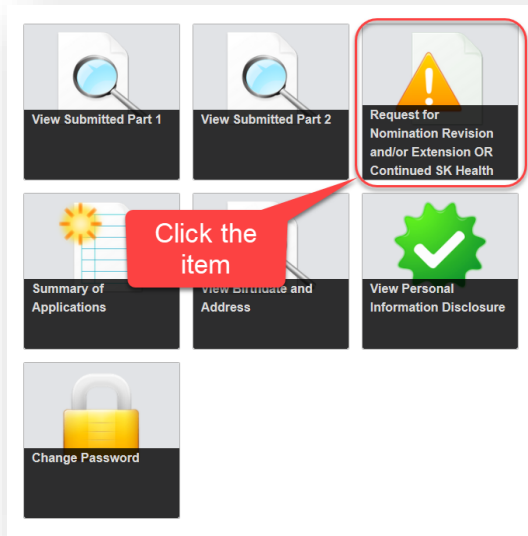
Status of the request will change to “Submitted”

Request for Nomination Revision and/or Extension OR Continued SK Health Coverage	
SINP Nomination #	3034010
Nomination Date	29-Jul-2021 <i>Your request for revision and/or extension may not be approved if your application was nominated more than 2 years ago and/or may require further documentation.</i>
Nomination Certificate Expiry Date	29-Jan-2022 <i>Your request for extension may not be approved if your nomination certificate is valid.</i>

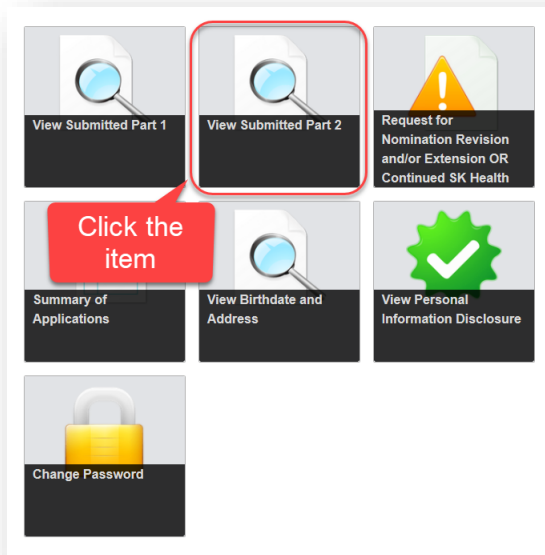
2 Status Inquiry of Request

- **Applicant Home Screen**

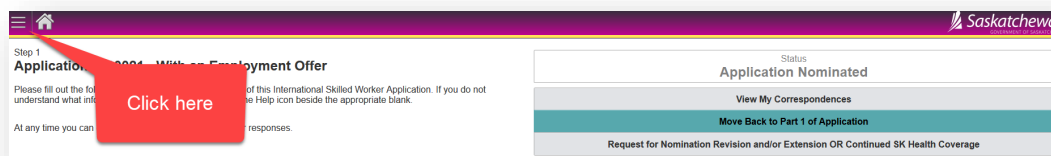
Clicking the item “**Request for Nomination Revision and/or Extension OR Continued SK Health Coverage**” will show the current status of the request until a decision has been made. Once the decision is made then this link will create a new revision and/or extension or continued health coverage request.

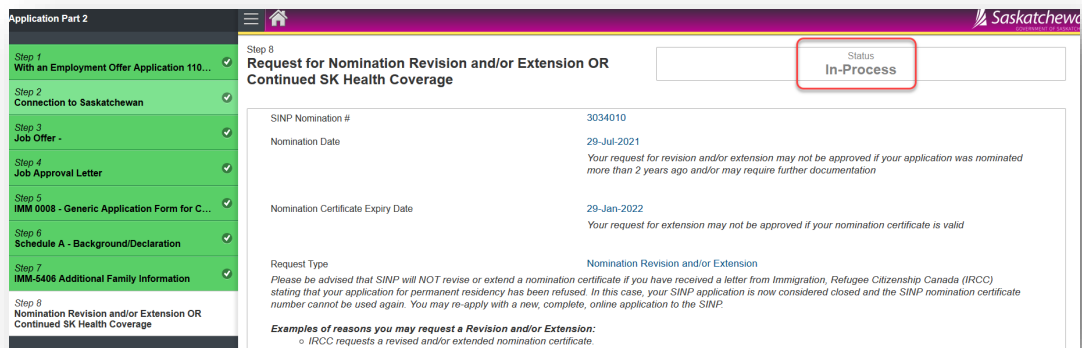
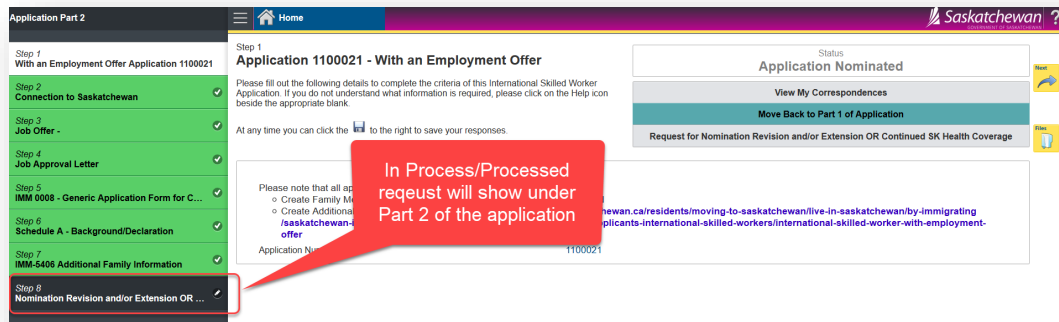


Once processing has started on the request, then status can be inquired by clicking “View Submitted Part 2”



You may need to click on Navigation Menu to show all the screens.





3 Request for Additional Information

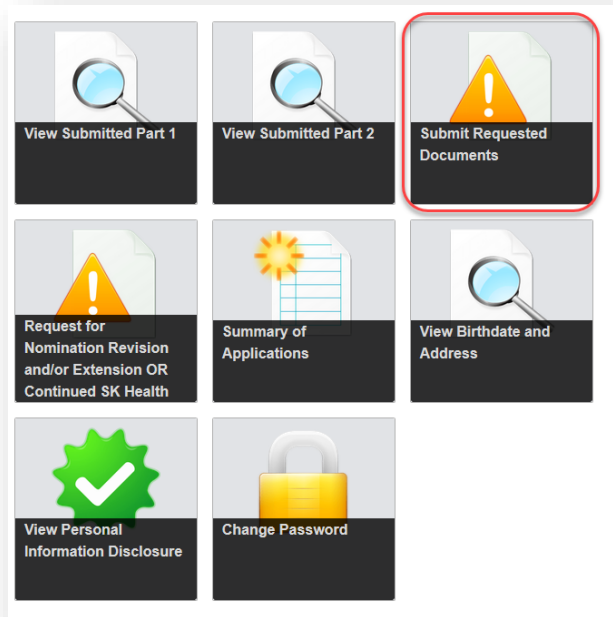
If your application requires additional documents to be processed, you will receive correspondence from the SINP through OASIS. To check your correspondence, you may click on the link provided in the email, or you may login to OASIS.

To submit your documents, please log into your OASIS account and click on 'Submit Requested Documents'. Upload the requested document(s) on the 'Request Additional Information' record and click the 'Submit' button.

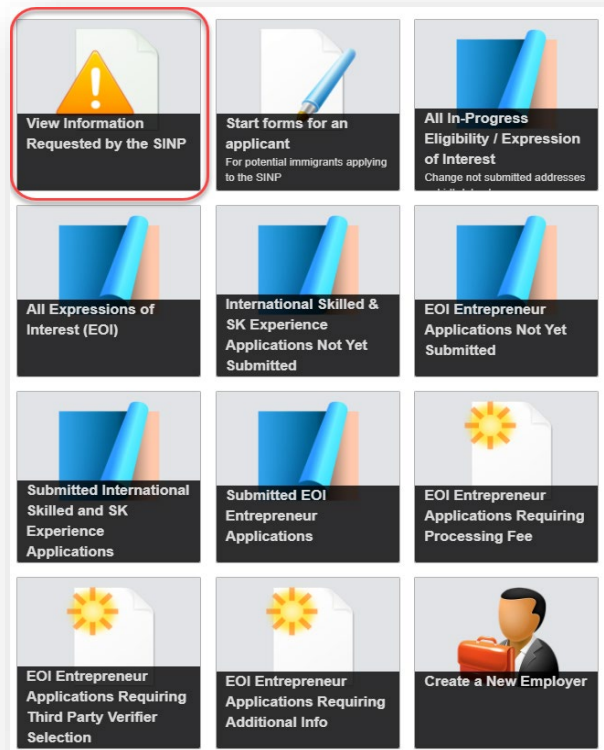
You may also access 'Request Additional Information' record by clicking View Submitted Part 2.

Please note that documents received via email will not be accepted. You must attach all documents through your OASIS account.

- **Applicant Home Screen**



- **Representative Home Screen**



Choose the appropriate application;


SW Applications Requiring Additional Info


Q- Go Actions ▾

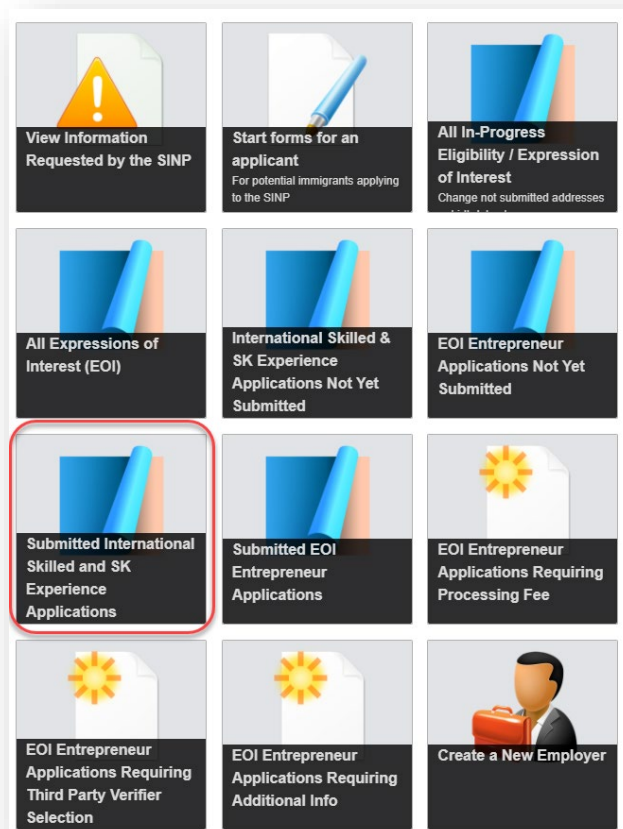
1 - 8

	Application #	Surname	Given Name	Due Date
Click here to View	1097159			
Click here to View				
Click here to View				
Click here to View				
Click here to View				
Click here to View				
Click here to View				
Click here to View				
Click here to View				

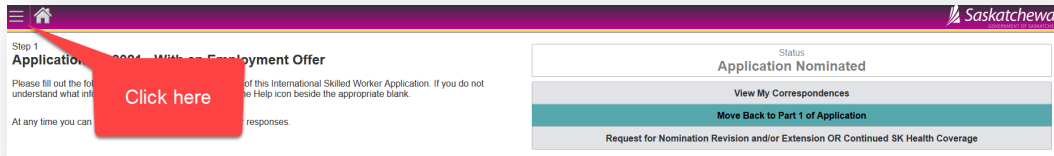
1 - 8



 Alternatively, these requests can be accessed through the link shown below. You may need to click on Navigation Menu to show all the screens.

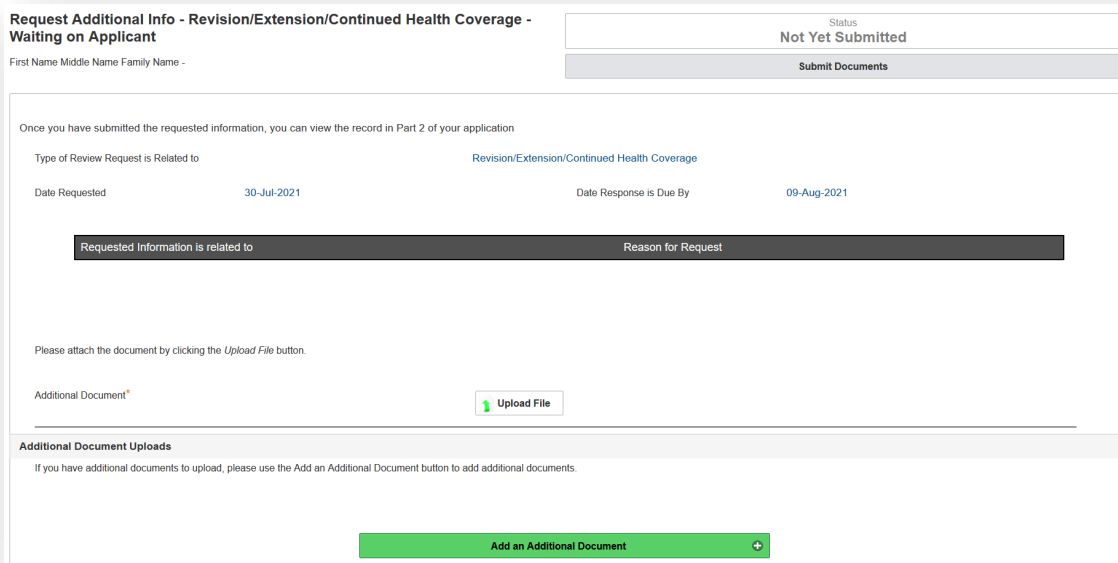


- View Information Requested by the SINP
- Start forms for an applicant
For potential immigrants applying to the SINP
- All In-Progress Eligibility / Expression of Interest
Change not submitted addresses
- All Expressions of Interest (EOI)
- International Skilled & SK Experience Applications Not Yet Submitted
- EOI Entrepreneur Applications Not Yet Submitted
- Submitted International Skilled and SK Experience Applications**
- Submitted EOI Entrepreneur Applications
- EOI Entrepreneur Applications Requiring Processing Fee
- EOI Entrepreneur Applications Requiring Third Party Verifier Selection
- EOI Entrepreneur Applications Requiring Additional Info
- Create a New Employer



4.1 Request Additional Info screen.

View and upload the requested information.



Thank you for your interest in the Saskatchewan Immigrant Nominee Program.