

 **Who should complete this form?**

Please complete this form if you are reporting any of the following changes to your Alberta Health Care Insurance Plan (AHCIP) account:

- A name change;
- An address change;
- A person or people who no longer qualify as dependant(s) on your account (e.g. former spouse through divorce/separation, or dependants who became self-supporting/married); or
- A new dependant(s) (e.g. birth, adoption, marriage, adult interdependent partnership or reconciliation following separation).

 **Who is considered a permanent Alberta resident?**

A resident of Alberta is a person who is:

- legally entitled to be or to remain in Canada and makes his/her permanent home in Alberta;
 - committed to being physically present in Alberta for at least 183 days in a 12-month period;
 - not claiming residency or obtaining benefits under a claim of residency in another province, territory or country; and
 - any other person deemed by the regulations to be a resident.
- A tourist, transient or visitor to Alberta is not a resident.

 **Who is a dependant?**

Eligible dependants include:

- married spouses (must register together);
- separated spouses (may register together or separately);
- adult interdependent partners (may register together or separately);
- children (includes adopted children, foster children and wards) who are under 21, single and wholly dependent;
- single children over 21 who are wholly dependent because of physical or mental disabilities; and
- single children under 25 who are enrolled in three or more courses at an accredited educational institution.

 **Dependant addition policy**

The addition date is the date of event (marriage, adult interdependent partnership or other dependency) if notification is received within one month of the date of the event. Otherwise, the addition date will be the first day of the month following Alberta Health and Wellness receiving notification. Proof of marriage or adult interdependent partner status is not required.

Dependants who arrive from another Canadian province or territory are added the latest date of the following:

- The first day of the third month following the date of the dependants' entry into Alberta;
- The date of event (marriage, adult interdependent partnership or other dependency);
- Three months prior to the date the application was received by Alberta Health and Wellness.

Dependants who arrive from another country are added the date of arrival (as long as they apply within three months).

NOTE: If you are adding coverage for a person who is not a Canadian citizen, you must include a copy of their Canada entry documents with your application. Eligibility for coverage will be determined based on the information on the Canada entry documents.

When adding dependants moving to Alberta, please refer to the Required Documentation section at the bottom of the page.

 **Dependant deletion policy**

The deletion date will be one day prior to the date of the event, provided Alberta Health and Wellness receives notification within one month of the event. Otherwise, the deletion date will be the last day of the month in which notification is received.

NOTE: A person ceasing to be a dependant but who continues to reside in Alberta should contact Alberta Health and Wellness to arrange for continuous coverage on a separate account.

 **Premium Subsidy**

If you are currently receiving premium subsidy for Alberta Blue Cross Non-Group premiums, your eligibility may change if persons are added to or deleted from your account.

Required Documentation

All permanent residents of Alberta must register themselves and their dependants with the Alberta Health Care Insurance Plan.

In order to add dependants to your Alberta Health Care Insurance Plan coverage, you must include **photocopies** (*front and back, if applicable*) of their documents proving their **1) Alberta residency, 2) identity, and 3) legal entitlement to be in Canada**. Some examples of acceptable documents are listed below. **If you do not submit the required documents, your changes cannot be processed. Please do not send originals as we cannot guarantee their safe return.**

 Alberta residency ** Must show name and current Alberta address, which must be the same as on the application.	 Government issued photo identification ** Must be government issued ID which shows your photo, name and birthdate.	 Legal entitlement to be in Canada ** Must be ID which shows your name and birthdate.
One of the following in either applicant's or spouse/partner's name. <ul style="list-style-type: none"> • Current Alberta driver's licence • Current Alberta registries ID card • Current utility bills for an Alberta residence 	<ul style="list-style-type: none"> • Canadian/Non-Canadian passport • Canadian citizenship card • Permanent resident card • Federal identification card • Current Alberta/provincial/territorial driver's licence • Nexus card 	<ul style="list-style-type: none"> • Canadian passport • Canadian citizenship card • Canadian birth certificate • Permanent resident card • Canada entry document • Canadian baptismal certificate

Please use this form to make name, address and dependant changes on your Alberta Health Care Insurance Plan account.

Section A - Account Holder's personal information


Account holder's information	
Title (e.g. Mr, Mrs, Dr)	Personal health number -
My last name is	
My first name is	
My middle name is	
My birthday is YYYY MM DD	<input type="checkbox"/> Male <input type="checkbox"/> Female
My current mailing address is	<input type="checkbox"/> Check if this is a new address
City/Town	Province/Territory
Country	Postal code
If you have a rural route, site or PO box as your mailing address, please provide your legal land description or location of residence below:	
City/Town	Province/Territory
Country	Postal code
All my family members on my account have the same mailing address? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please provide the correct mailing address, full name and personal health number on a separate page. (Refer to page 2 if adding dependant children.)	


Name change	
My full name is	Personal health number -
My reason for a name change (e.g. legal, marriage)	
I want to change my last name to	
I want to change my first name to	
I want to change my middle name to	
If you require more than one name change for your family, please provide the information requested above on a separate page.	


Adding coverage for a spouse/partner	
Title (e.g. Mr, Mrs, Dr)	
My spouse/partner's last name is	
My spouse/partner's first name is	
My spouse/partner's middle name is	
My spouse/partner's birthdate is YYYY MM DD	<input type="checkbox"/> Male <input type="checkbox"/> Female
Please provide the Personal Health Number of your spouse/partner (if previously registered in Alberta) -	
Date of	<input type="checkbox"/> marriage <input type="checkbox"/> adult interdependent partnership YYYY MM DD
My spouse/partner's previous last name is (if applicable)	
My spouse/partner's citizenship or immigration status is <input type="checkbox"/> Canadian <input type="checkbox"/> Landed immigrant <input type="checkbox"/> Other, (specify status) _____	
(If not a Canadian citizen, include a clear photocopy of Canada entry document(s) with this application.)	
Date permanent residence established in Alberta YYYY MM DD	Date of arrival in Canada (if applicable) YYYY MM DD
Arrived in Alberta from (Province/Territory/Country)	Previous province/territory medical plan number
My spouse/partner is committed to being physically present in Alberta for at least 183 days in a 12-month period. <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered NO, explain and state how long he/she intends to stay in Alberta. _____	
My spouse/partner was released from the RCMP, Canadian Forces or federal institute <input type="checkbox"/> Yes <input type="checkbox"/> No Date of release YYYY MM DD	
If you both currently have an AHCIP account, whose account do you wish to be registered under? _____	
<ul style="list-style-type: none"> Married couples must be registered together on one account. Adult interdependent partners have the option of registering on one account or two individual accounts. 	


For Office Use Only			
G	I	L	R
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Section B - Adding coverage for dependant children


 First dependant's information	
My dependant's last name is	
My dependant's first name is	
My dependant's middle name is	
My dependant's birthdate is YYYY MM DD	<input type="checkbox"/> Male <input type="checkbox"/> Female
Please provide the Personal Health Number of your dependant (if previously registered in Alberta)	
Reason for adding dependant	
Date of dependency YYYY MM DD	

 Second dependant's information	
My dependant's last name is	
My dependant's first name is	
My dependant's middle name is	
My dependant's birthdate is YYYY MM DD	<input type="checkbox"/> Male <input type="checkbox"/> Female
Please provide the Personal Health Number of your dependant (if previously registered in Alberta)	
Reason for adding dependant	
Date of dependency YYYY MM DD	

 First dependant's citizenship
My dependant is a: <input type="checkbox"/> Canadian citizen <input type="checkbox"/> Landed immigrant <input type="checkbox"/> Other (specify status) <input type="text"/>

 Second dependant's citizenship
My dependant is a: <input type="checkbox"/> Canadian citizen <input type="checkbox"/> Landed immigrant <input type="checkbox"/> Other (specify status) <input type="text"/>


 My first dependant
Is a: <input type="checkbox"/> new Alberta resident <input type="checkbox"/> returning Alberta resident
<ul style="list-style-type: none"> who established permanent residence in Alberta on: <input type="text" value="Y Y Y Y M M D D"/> who arrived in Canada on: (if applicable) <input type="text" value="Y Y Y Y M M D D"/> who is committed to being physically present in Alberta for at least 183 days in a 12-month period. <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered NO, explain and state how long he/she intends to stay in Alberta. <input type="text"/>
<p style="text-align: center;">My dependant's</p> <ul style="list-style-type: none"> Last place of residence was: <input type="text"/> <input type="text"/> Previous province/territory medical plan number was: <input type="text"/>


 My second dependant
Is a: <input type="checkbox"/> new Alberta resident <input type="checkbox"/> returning Alberta resident
<ul style="list-style-type: none"> who established permanent residence in Alberta on: <input type="text" value="Y Y Y Y M M D D"/> who arrived in Canada on: (if applicable) <input type="text" value="Y Y Y Y M M D D"/> who is committed to being physically present in Alberta for at least 183 days in a 12-month period. <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered NO, explain and state how long he/she intends to stay in Alberta. <input type="text"/>
<p style="text-align: center;">My dependant's</p> <ul style="list-style-type: none"> Last place of residence was: <input type="text"/> <input type="text"/> Previous province/territory medical plan number was: <input type="text"/>


If you have more than 2 dependants, please proceed to page 3.


If you have dependants to delete from coverage, please proceed to page 4.


Section B - Adding coverage for dependant children (continued)


 Third dependant's information	
My dependant's last name is	
My dependant's first name is	
My dependant's middle name is	
My dependant's birthdate is YYYY MM DD	<input type="checkbox"/> Male <input type="checkbox"/> Female
Please provide the Personal Health Number of your dependant (if previously registered in Alberta)	
Reason for adding dependant	
Date of dependency YYYY MM DD	

 Fourth dependant's information	
My dependant's last name is	
My dependant's first name is	
My dependant's middle name is	
My dependant's birthdate is YYYY MM DD	<input type="checkbox"/> Male <input type="checkbox"/> Female
Please provide the Personal Health Number of your dependant (if previously registered in Alberta)	
Reason for adding dependant	
Date of dependency YYYY MM DD	

 Third dependant's citizenship
My dependant is a: <input type="checkbox"/> Canadian citizen <input type="checkbox"/> Landed immigrant <input type="checkbox"/> Other (specify status) _____


 Fourth dependant's citizenship
My dependant is a: <input type="checkbox"/> Canadian citizen <input type="checkbox"/> Landed immigrant <input type="checkbox"/> Other (specify status) _____


 My third dependant
Is a: <input type="checkbox"/> new Alberta resident <input type="checkbox"/> returning Alberta resident
<ul style="list-style-type: none"> who established permanent residence in Alberta on: <input type="text" value="Y Y Y Y M M D D"/> who arrived in Canada on: (if applicable) <input type="text" value="Y Y Y Y M M D D"/> who is committed to being physically present in Alberta for at least 183 days in a 12-month period. <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered NO, explain and state how long he/she intends to stay in Alberta. _____
<p style="text-align: center;">My dependant's</p> <ul style="list-style-type: none"> Last place of residence was: _____ _____ Previous province/territory medical plan number was: _____

 My fourth dependant
Is a: <input type="checkbox"/> new Alberta resident <input type="checkbox"/> returning Alberta resident
<ul style="list-style-type: none"> who established permanent residence in Alberta on: <input type="text" value="Y Y Y Y M M D D"/> who arrived in Canada on: (if applicable) <input type="text" value="Y Y Y Y M M D D"/> who is committed to being physically present in Alberta for at least 183 days in a 12-month period. <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered NO, explain and state how long he/she intends to stay in Alberta. _____
<p style="text-align: center;">My dependant's</p> <ul style="list-style-type: none"> Last place of residence was: _____ _____ Previous province/territory medical plan number was: _____


If you have more than four dependants, please list their information on a separate sheet.
If you have dependants to delete from coverage, please proceed to page 4.


Section C - Deleting coverage for a spouse/partner


 Spouse or partner's information	
My spouse/partner's last name is	
My spouse/partner's first name is	
My spouse/partner's middle name is	
My spouse/partner's birthdate is YYYY MM DD	<input type="checkbox"/> Male <input type="checkbox"/> Female
Please provide the Personal Health Number of your spouse/partner	
Reason for deleting is	Date of deletion YYYY MM DD


 New mailing address for deleted spouse or partner	
New mailing address is	
City/Town	
Province/Territory	
Country	Postal code

Section D - Deleting coverage for dependant(s)

 First dependant's information	
My dependant's last name is	
My dependant's first name is	
My dependant's middle name is	
My dependant's birthdate is YYYY MM DD	<input type="checkbox"/> Male <input type="checkbox"/> Female
Please provide the Personal Health Number of your dependant	
Reason for deleting is	Date of deletion YYYY MM DD

 Third dependant's information	
My dependant's last name is	
My dependant's first name is	
My dependant's middle name is	
My dependant's birthdate is YYYY MM DD	<input type="checkbox"/> Male <input type="checkbox"/> Female
Please provide the Personal Health Number of your dependant	
Reason for deleting is	Date of deletion YYYY MM DD

 Second dependant's information	
My dependant's last name is	
My dependant's first name is	
My dependant's middle name is	
My dependant's birthdate is YYYY MM DD	<input type="checkbox"/> Male <input type="checkbox"/> Female
Please provide the Personal Health Number of your dependant	
Reason for deleting is	Date of deletion YYYY MM DD

 Fourth dependant's information	
My dependant's last name is	
My dependant's first name is	
My dependant's middle name is	
My dependant's birthdate is YYYY MM DD	<input type="checkbox"/> Male <input type="checkbox"/> Female
Please provide the Personal Health Number of your dependant	
Reason for deleting is	Date of deletion YYYY MM DD

If you have more than four dependants, please list their information on a separate sheet.

If your dependants will have a new mailing address, please provide their name and address on a separate sheet.

Section D - Declaration(s)

Important: Both the applicant and spouse or partner (if applicable) must sign this declaration in order for the application to be processed.

Unsigned forms will be returned.



Applicant Declaration

- I certify that I am a resident of Alberta and any dependants listed are also residents of Alberta as defined on the information page of this application.
- I declare all the information on this application is true and correct, and I authorize the Minister of Health and Wellness to verify this information with immigration authorities, agencies and other persons as appropriate.

Signature

X

Date

Y Y Y Y | M M | D D

Home phone number

Work phone number

Ext.



Spouse or Partner Declaration

- I certify that I am a resident of Alberta and any dependants listed are also residents of Alberta as defined on the information page of this application.
- I declare all the information on this application is true and correct, and I authorize the Minister of Health and Wellness to verify this information with immigration authorities, agencies and other persons as appropriate.

Signature

X

Date

Y Y Y Y | M M | D D

Home phone number *(if different than applicant)*

Work phone number

Ext.



Did you remember to...

- ✓ Include photocopies (front and back if applicable) of all required documents? (Please do not send originals.)
- ✓ Fill out all applicable information?
- ✓ Did you and your spouse/partner (if applicable) sign the above declaration(s)?

Contact information

Mailing Address

Alberta Health and Wellness
PO Box 1360 Stn Main
Edmonton AB T5J 2N3

In Person

To locate the office nearest you,
please telephone our office or
visit our website

Telephone

780-427-1432 Edmonton
Toll-free within Alberta at
310-0000 then 780-427-1432

Fax 780-422-0102

Website

www.health.alberta.ca

The information on this form is being collected and used by Alberta Health and Wellness pursuant to section 20(a) and (b) of the *Health Information Act* and section 33 (c) of the *Freedom of Information and Protection of Privacy Act* for the purpose of determining your and your dependants' eligibility to receive coverage under the Alberta Health Care Insurance Plan. If you have any questions regarding the collection and usage of this information, please contact an Alberta Health and Wellness representative at the address or telephone numbers above.