

The information on this form is being collected and used by Alberta Health pursuant to sections 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 dependant's 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 representative toll-free within Alberta at 310-0000 then 780-427-1432.

Personal Information as currently shown on your Alberta Personal Health Card or Account						
Last Name		First Name			Middle Name	
New Last Name <i>(Proof of identity required. See page 3.)</i>		Date of Birth	Year	Month	Day	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
						Personal Health Number

Mailing Address <input type="checkbox"/> Check if this is a new address			
City/Town	Province	Postal Code	Phone

Deleting a Spouse/Adult Interdependent Partner						
Last Name		First Name			Middle Name	
Date of Birth	Year	Month	Day	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Personal Health Number
New last name for deleted spouse/partner <i>(if known) (see note Page 3)</i>						
New address for deleted spouse/partner if known <i>(see note Page 3)</i>						
City/Town	Province	Postal Code	Phone			
Reason for Deletion <input type="checkbox"/> Divorce <input type="checkbox"/> Separation <input type="checkbox"/> Death <input type="checkbox"/> Federal Coverage <input type="checkbox"/> Other _____						Date of Deletion

Declaration
<p>I certify that:</p> <ul style="list-style-type: none"> All the information on this application is true and correct, and I authorize the Minister of Health to verify this information with immigration authorities, agencies and other persons as appropriate. <p>I acknowledge that:</p> <ul style="list-style-type: none"> It is an offence to knowingly provide false information in relation to this application. If there is a change in my name, address, marital status or citizenship status, I will notify Alberta Health within 30 days.
<p>_____ Signature</p>
<p>_____ Date (yyyy/mm/dd)</p>

Incomplete or unsigned forms will be returned. Forms will not be processed without documentation. (See page 3.)

Office Use Only					
P#	Initials	Card Requested <input type="checkbox"/> Yes <input type="checkbox"/> No	Name Validated <input type="checkbox"/> Yes <input type="checkbox"/> No	Issue Card <input type="checkbox"/> Yes <input type="checkbox"/> No	Document type viewed

Delete Dependant 1					
Last Name		First Name		Middle Name	
Date of Birth	Year	Month	Day	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Personal Health Number
Reason for Deletion <input type="checkbox"/> Finished School <input type="checkbox"/> Working <input type="checkbox"/> Married <input type="checkbox"/> Other _____				Date of Deletion	
New address for deleted dependant if known (see note Page 3)					
City/Town		Province	Postal Code	Phone	

Delete Dependant 2					
Last Name		First Name		Middle Name	
Date of Birth	Year	Month	Day	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Personal Health Number
Reason for Deletion <input type="checkbox"/> Finished School <input type="checkbox"/> Working <input type="checkbox"/> Married <input type="checkbox"/> Other _____				Date of Deletion	
New address for deleted dependant if known (see note Page 3)					
City/Town		Province	Postal Code	Phone	

Delete Dependant 3					
Last Name		First Name		Middle Name	
Date of Birth	Year	Month	Day	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Personal Health Number
Reason for Deletion <input type="checkbox"/> Finished School <input type="checkbox"/> Working <input type="checkbox"/> Married <input type="checkbox"/> Other _____				Date of Deletion	
New address for deleted dependant if known (see note Page 3)					
City/Town		Province	Postal Code	Phone	

Delete Dependant 4					
Last Name		First Name		Middle Name	
Date of Birth	Year	Month	Day	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Personal Health Number
Reason for Deletion <input type="checkbox"/> Finished School <input type="checkbox"/> Working <input type="checkbox"/> Married <input type="checkbox"/> Other _____				Date of Deletion	
New address for deleted dependant if known (see note Page 3)					
City/Town		Province	Postal Code	Phone	

If you have more than four dependants, please provide their information on a separate page.

IMPORTANT INFORMATION

All residents of Alberta must register themselves and their dependants with the Alberta Health Care Insurance Plan (AHCIP). Alberta Health must be notified of any changes to an individual's name, address, marital or citizenship status within 30 days.

Marital Status/Dependant

- Spouses must register together, unless separated or spouse does not intend to become an Alberta resident
- Adult interdependent partner (partner) - may register together or separately
- Single children:
 - under 21 and wholly dependent (includes adopted children, foster children and legal wards)
 - over 21 and wholly dependent because of physical or mental disabilities
 - under 25 and enrolled in three or more courses at an accredited educational institution

Deletion Information

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

Residents leaving Alberta to live permanently in another part of Canada are provided with extended Alberta Health Care Insurance Plan coverage to the end of the second month following the month in which they left Alberta. If requested, an extra month of coverage may be provided for traveling time. During this period of extended coverage, Alberta Health is responsible for covering any insured medical services received in the new province. To ensure medical coverage is continuous, an individual should apply for coverage in the new province as soon as possible.

Individuals moving out of Alberta temporarily who intend to return to Alberta as a permanent resident may maintain their Alberta Health Care Insurance Plan coverage for the duration of their absence (e.g. school, work, mission). Please contact our office to provide notification.

An individual ceasing to be a dependant but who continues to reside in Alberta should contact Alberta Health to arrange for continuous coverage on a separate account.

NOTE:

- Individuals registered with a government-sponsored supplementary health insurance plan through Alberta Blue Cross may be required to apply for continuous coverage when they are deleted from an account. Please contact Alberta Health to discuss continuous coverage options.
- If no forwarding address is provided for the deleted individual(s), Alberta Health Care Insurance Plan coverage may be cancelled until an address is provided.

Have your account updated in person at a Registry Agent office or by mail. Additional information on the Alberta Health Care Insurance Plan is available on the website.

Mailing Address

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

In Person at a Registry Agent Office

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

Website

www.health.alberta.ca

Telephone

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