

Before completing this application, please see the back of this form for important program information.

**Seniors 65 and older only complete this form. If you are under 65, you must apply for Premium Subsidy through the Premium Subsidy Program, Alberta Health and Wellness.**

Section A - Applicant's personal information (Please print)			
Title (e.g. Mr, Mrs, Miss, Ms, Dr)	Last name	Personal health number	
First name	Middle name		
Mailing address			
City	Province	Postal code	Date of Birth (year/month/day)

Section B - Calculation on Combined Taxable Income	
<b>Applicant Information</b>	
Did you claim a deduction for your spouse/partner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Applicant's Taxable Income</b> (line 260 of 2005 Notice of Assessment or a statement from Canada Revenue Agency)	(A) \$ _____
<b>Spouse's/Adult Interdependent Partner's Income</b> (If you do not have a spouse/partner, leave this section blank.)	
<b>Spouse's Taxable Income</b> (line 260 of 2005 Notice of Assessment or a statement from Canada Revenue Agency)	(B) \$ _____
<b>Combined 2005 Taxable Income</b> (Add A and B)	(C) \$ _____

**Section C - Certification**

**If this section is not signed, dated, and your Notice of Assessment or a statement is not included, your application will not be processed and will be returned to you. Please refer to the back of this application for information on obtaining a copy of your 2005 Notice of Assessment.**

**Please read, check (✓) each box, sign and attach the supporting document(s).**

- I certify that information given by me in this application is true and correct.
- I have attached a copy of my 2005 Notice of Assessment or statement from Canada Revenue Agency.

*If family coverage, both account holder and spouse/partner must sign and date this form and provide/confirm telephone numbers.*

Applicant's signature <b>X</b>	Date	Home phone Area code ( )	Work phone
Spouse's/partner's signature <b>X</b>	Date	Home phone Area code ( )	Work phone

This information is being collected under the authority of Section 3 of the Alberta Aids to Daily Living and Extended Health Benefits Regulation under the *Public Health Act* for the purpose of providing a health aid and will be protected under the provisions of the *Freedom of Information and Protection of Privacy Act* (FOIP). Should you have any questions about this, you may contact the FOIP Coordinator, Alberta Seniors and Community Supports at (780) 415-6039 or 3rd Floor, Standard Life Centre, 10405 Jasper Avenue, Edmonton, Alberta, T5J 4R7.

# Cost-Share Exemption Information

Under the Alberta Aids to Daily Living (AADL) program, every Albertan who is disabled or chronically ill may be eligible to receive certain basic medical supplies/equipment. Cost-share exemption is designed to help those who are having problems paying the client portion of the cost of supplies/equipment.

Figures from your 2005 Notice of Assessment or a statement from Canada Revenue Agency determine if you qualify for cost-share exemption during the 2006-2007 benefit year.

You may qualify for cost-share exemption if line 260 on your 2005 Notice of Assessment or a statement from Canada Revenue Agency is:

- less than \$20,970 for single coverage
- less than \$33,240 for a family with no children, or
- less than \$39,250 for a family with children.

If your Alberta Health and Wellness account includes a spouse/adult interdependent partner (partner), the taxable income from your spouse's/partner's 2005 Notice of Assessment or a statement from Canada Revenue Agency must also be included.

If you do not qualify for cost-share exemption, but because of more recent financial difficulty are unable to pay your cost-share portion, please complete a Temporary Cost-Share Exemption Application. Contact our office or visit our website at [www.seniors.gov.ab.ca/aadl](http://www.seniors.gov.ab.ca/aadl) to obtain an application.

## You are eligible to receive cost-share exemption, and do not have to complete this application form if you receive:

- Alberta Widows' Pension (between 55 - 64)
- Income Support from Human Resources and Employment
- Assured Income for the Severely Handicapped (AISH)
- Alberta Health Care Premium Assistance (under 65)

If you do not qualify for Cost-Share Exemption, you will be required to pay 25% of the cost of your authorized benefits. AADL will pay 75% of the authorized benefits, excluding upgrades.

## Notice of Assessment from Revenue Canada Agency

If you do not have your Notice of Assessment from Canada Revenue Agency, you can call the Canada Revenue Agency to obtain a statement of income:

**1-800-959-8281 as listed in the phonebook under Government of Canada Blue Pages**

If the Canada Revenue Agency re-assesses your income tax after you apply for Cost-Share Exemption, please notify our office.

## You are NOT eligible to apply for cost-share exemption if you are:

- Treaty Indian - Health Canada, First Nations and Inuit Health Branch, Medical Services Branch is responsible for the cost of medical equipment and supplies on behalf of all Registered Indian and Inuit people;
- a new or returning resident from outside Canada, who has not yet lived in Alberta for 12 consecutive months;
- exempt from paying income tax for religious, charitable or communal reasons; or
- a student from outside Canada who is temporarily in Canada.

## Adult interdependent partners

Couples who are not married may apply as adult interdependent partners. An adult interdependent partner is a person who lives together with another person in a relationship of interdependence:

- for a continuous period of not less than 3 years, or
- of some permanence, if there is a child of the relationship by birth or adoption, or
- if the registrant and partner have entered into an adult interdependent partner agreement.

*Adult interdependent partners will hereafter be referred to as "partner".*