

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:

- ❖ An address change;
- ❖ A name change;
- ❖ A person or people who no longer qualify as dependant(s) on your account (e.g. former spouses 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).

Residents

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.

Dependants

Eligible dependants are:

- ❖ 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.

Adult interdependent partners

Individuals who are not married may register under the AHCIP as adult interdependent partners.

A person is an adult interdependent partner if:

- ❖ the person has lived with the other 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
- ❖ the person has entered into an adult interdependent partner agreement with the other person.

An adult interdependent partner will hereafter be referred to as "partner".

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 document with your application. Eligibility for coverage will be determined based on the information on the Canada entry document.

When adding dependants moving to Alberta, please refer to page 2 for further documentation requirements.

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, your eligibility and/or level of subsidy may change if persons are added or deleted from your account.

Registration Validation Requirements

New and returning Alberta residents who are applying for coverage under the Alberta Health Care Insurance Plan (AHCIP) must provide documents to prove they are eligible for coverage with their application.

NOTE: You are not required to provide these documents if you are:

- ❖ moving from one AHCIP account to another, or
- ❖ a dependant child.

You must provide proof of the following to obtain AHCIP coverage:

- ❖ Identity – you are who you claim to be;
- ❖ Legal entitlement to be in Canada – you have the authority set out under Canadian federal law to be in Canada; and
- ❖ Alberta residency – you meet the definition of a resident (see page 1).

To prove eligibility for AHCIP coverage, applicants are required to submit a **clear** photocopy of:

- ❖ a document showing your **identity** - (must be photo identification and is required for **you and your spouse/partner**, if applicable);
- ❖ a document showing **legal entitlement** to be in Canada - (required for **you, your spouse/partner and dependants**, if applicable); and
- ❖ a document showing proof of **residency** in Alberta - (must include name and address and is required for **either you or your spouse/partner**, if applicable);

or a combination of documents that meet all three eligibility requirements.

Please do not send originals as we cannot guarantee their safe return.

See chart below for examples of acceptable documents.

Type of Document	Column 1	Column 2	Column 3
	Can the following be used as proof of identity? (must be photo identification)	Can the following be used as proof of legal entitlement to be in Canada?	Can the following be used as proof of Alberta residency? (must include name and address)
Canadian immigration document <ul style="list-style-type: none"> ❖ Canadian passport ❖ Canadian citizenship certificate ❖ Permanent Resident Card 	Yes	Yes	No
Federal identification card <ul style="list-style-type: none"> ❖ Department of National Defence ❖ Royal Canadian Mounted Police ❖ First Nations/Inuit 	Yes	Yes	No
Alberta Registries document <ul style="list-style-type: none"> ❖ Current Alberta driver's licence ❖ Current Alberta registries ID card 	Yes	No	Yes
Non-Canadian passport	Yes	No	No
Identification card <ul style="list-style-type: none"> ❖ Municipal, provincial/territorial or federal government employee card ❖ Student ID card ❖ Driver's licence from another province/territory 	Yes	No	No
Canadian birth certificate	No	Yes	No
Canada entry document	No	Yes	No
Provincial assistance program <ul style="list-style-type: none"> ❖ Current Income Support (social assistance) card ❖ Current AISH card 	No	Yes	Yes
Current bills for Alberta residence (within the last 6 months) <ul style="list-style-type: none"> ❖ Utility ❖ Telephone ❖ Gas ❖ Cable or satellite 	No	No	Yes
Current Alberta documents <ul style="list-style-type: none"> ❖ Residential property tax bill ❖ Residential land title ❖ Residential mortgage ❖ Residential rental agreement ❖ Residential lease agreement ❖ Residential insurance ❖ Tenant insurance ❖ Vehicle registration 	No	No	Yes

For more information or to obtain forms

Visit our website at www.health.gov.ab.ca or contact our office between 8:15 a.m. and 4:30 p.m. Monday through Friday at the office addresses or telephone numbers on page 3 of this form.

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 (Please print)				Personal health number			
Title (e.g. Mr, Mrs, Miss, Ms, Dr, Rev, Sr)		Last name as it appears on your personal health card					
First name			Middle name				
C2	Mailing address <input type="checkbox"/> Check if this is a new address						
City/Town		Province/Territory		Country		Postal code	
Legal land description or physical address (if providing a P.O. Box or rural address)							
City/Town		Province/Territory		Country		Postal code	

Do all family members on your account have the same mailing address? Yes No

If no, please provide the correct mailing address, full name and personal health number on a separate page. (Refer to page 4 if adding dependant children.)

Section B - Name change			
Full name (as it appears on personal health card)		Personal health number	Reason for name change (e.g. legal, marriage, incorrect spelling)
Change last name to	Change first name to	Change middle name to	

If you require more than one name change for your family, please provide the information requested above on a separate page.

Section C - Adding coverage for a spouse or partner												
Title	Spouse/Partner's last name		First name	Middle name								
Birthdate	Male/Female	Please provide personal health number of spouse/partner if previously registered in Alberta.										
Date of <input type="checkbox"/> marriage <input type="checkbox"/> adult interdependent partnership		Previous last name (if applicable)										
Citizenship or immigration status → (If not a Canadian citizen, include a clear photocopy of Canada entry document(s) with this application.)	<input type="checkbox"/> Canadian <input type="checkbox"/> Landed immigrant	<input type="checkbox"/> Other, specify status:										
Date permanent residence established in Alberta	Date of arrival in Canada (if applicable)	Arrived in Alberta from (Province/Territory/Country)	Previous province/territory medical plan number									
Will your spouse/partner in Section C reside in Alberta permanently? <input type="checkbox"/> Yes <input type="checkbox"/> No		For Office Use Only										
		<table border="1"> <tr> <td>G</td><td>I</td><td>L</td><td>R</td> </tr> <tr> <td>S</td><td>I</td><td>L</td><td>R</td> </tr> </table>			G	I	L	R	S	I	L	R
G	I	L	R									
S	I	L	R									

If both parties currently have an AHCIP account, whose account do you wish to be registered under? _____

- Married couples must be registered together on one account.
- Adult interdependent partners have the option of registering on one account or two individual accounts.

Section D - Declaration			
<ul style="list-style-type: none"> • I certify that I am a resident of Alberta and any dependants listed are also residents of Alberta as defined on page one of this form. • I declare that all information provided on this form is true and correct, and I authorize the Minister of Health and Wellness to verify this information with immigration authorities, agencies and persons as appropriate. 			
Signature of Applicant	Date	Home phone number	Work phone number Ext.
X		()	()
Signature of Spouse/Adult Interdependent Partner	Date	Home phone number (If different than applicant)	Work phone number Ext.
X		()	()
Group Administrator's Name, if applicable (Please print)	Group Number	Date	Work phone number Ext.
			()

Section E - Adding coverage for dependant children

(If you need to add more dependant children, please provide their information on a separate page.)

First child	Child's last name			First name			
	Middle name			Birthdate		Male/Female	
	Y Y Y Y M M D D			Y Y Y Y M M D D			
	Date of dependency		Please provide personal health number of child if previously registered in Alberta.			Reason for adding child	
	Y Y Y Y M M D D		-				
Citizenship or immigration status → (If not a Canadian Citizen, include a clear photocopy of Canada entry document(s) with this application.)			<input type="checkbox"/> Canadian		<input type="checkbox"/> Other, specify status:		
			<input type="checkbox"/> Landed immigrant				
Will your child reside in Alberta permanently? <input type="checkbox"/> Yes <input type="checkbox"/> No		Arrived in Alberta from (Province/Territory/Country)			Date of arrival in Alberta		
Y Y Y Y M M D D					Y Y Y Y M M D D		
Date of arrival in Canada (if applicable)		Previous province/territory medical plan number					
Y Y Y Y M M D D							
Second child	Child's last name			First name			
	Middle name			Birthdate		Male/Female	
	Y Y Y Y M M D D			Y Y Y Y M M D D			
	Date of dependency		Please provide personal health number of child if previously registered in Alberta.			Reason for adding child	
	Y Y Y Y M M D D		-				
Citizenship or immigration status → (If not a Canadian Citizen, include a clear photocopy of Canada entry document(s) with this application.)			<input type="checkbox"/> Canadian		<input type="checkbox"/> Other, specify status:		
			<input type="checkbox"/> Landed immigrant				
Will your child reside in Alberta permanently? <input type="checkbox"/> Yes <input type="checkbox"/> No		Arrived in Alberta from (Province/Territory/Country)			Date of arrival in Alberta		
Y Y Y Y M M D D					Y Y Y Y M M D D		
Date of arrival in Canada (if applicable)		Previous province/territory medical plan number					
Y Y Y Y M M D D							
Third child	Child's last name			First name			
	Middle name			Birthdate		Male/Female	
	Y Y Y Y M M D D			Y Y Y Y M M D D			
	Date of dependency		Please provide personal health number of child if previously registered in Alberta.			Reason for adding child	
	Y Y Y Y M M D D		-				
Citizenship or immigration status → (If not a Canadian Citizen, include a clear photocopy of Canada entry document(s) with this application.)			<input type="checkbox"/> Canadian		<input type="checkbox"/> Other, specify status:		
			<input type="checkbox"/> Landed immigrant				
Will your child reside in Alberta permanently? <input type="checkbox"/> Yes <input type="checkbox"/> No		Arrived in Alberta from (Province/Territory/Country)			Date of arrival in Alberta		
Y Y Y Y M M D D					Y Y Y Y M M D D		
Date of arrival in Canada (if applicable)		Previous province/territory medical plan number					
Y Y Y Y M M D D							

Section F - Deleting coverage for a dependant

Last name	First name	Middle name	Personal health number	Birthdate	Deletion date	Reason
				Year Month Day YYYY MM DD	Year Month Day YYYY MM DD	
				Y - YYYY MM DD	Y - YYYY MM DD	
				Y - YYYY MM DD	Y - YYYY MM DD	
				Y - YYYY MM DD	Y - YYYY MM DD	
If deletion is due to marriage or adult interdependent relationship, provide the full name of your dependant's spouse/partner.					Personal health number of dependant's spouse/partner	
					-	
Mailing address for deleted dependants (If more than one address, please list on a separate page.)						
City/Town		Province/Territory		Country		Postal code

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 the Client Services Branch at the address or telephone numbers on page 3.