

Application for Premium Subsidy 2006/2007 Based on 2005 Taxation Year

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- Please read the eligibility and program information on pages 3 and 4 before completing this application.
- This form can only be used for the period April 1, 2006 to March 31, 2007 based on 2005 tax information.
- Please do not alter this form.

Section A - Registrant's personal information (Please print)				Personal health number			
Title (e.g. Mr, Mrs, Miss, Ms, Dr, Rev, Sr)		Last name					
First name			Middle name				
Mailing address							
City		Province/Territory		Country		Postal code	
Registrant's income information (Based on 2005 Taxation Year)							
Did you file a 2005 income tax return? (see page 4)						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Or, were you claimed as a spouse, adult interdependent partner (hereafter referred to as partner - see page 4), or dependant in 2005? Please note: Unless you file an income tax return or are claimed on your spouse's/partner's return, you may not qualify for subsidy.						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Taxable Income (line 260 from your 2005 Notice of Assessment or 2005 income tax return) Refer to page 3 to determine subsidy eligibility.						➔ \$ _____ Registrant	

Section B - Alberta Health and Wellness Certification and Authorization

I have read the information on this form and certify that the information given by me is true and correct.

I authorize Alberta Health and Wellness to disclose my registration information to the Canada Revenue Agency for the purpose of verifying my eligibility for a premium subsidy under the Alberta Health Care Insurance Plan. I understand why I have been asked to consent to the disclosure of this information and I am aware of the risks and benefits of consenting or refusing to consent. I also understand that this authorization is in effect for the current subsidy period and for each subsequent subsidy period for which I receive a premium subsidy under the Alberta Health Care Insurance Plan and that I may revoke this consent in writing at any time with Alberta Health and Wellness.

Signature of Registrant			Date Year Month Day			Home phone number ()			Work phone number ()		
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Section C - Canada Revenue Agency Authorization

I authorize the Canada Revenue Agency to release information from my income tax returns, and, if applicable, other required tax information about me, whether supplied by me or a third party, to the Minister of Health and Wellness of the Province of Alberta. The information will be relevant to, and used solely for the purpose of determining and verifying my eligibility, entitlement for and general administration and enforcement of the Premium Subsidy Program under the Alberta Health Care Insurance Plan and for no other purpose. I acknowledge that this authority is in effect for the 2005 taxation year and each subsequent consecutive year for which I receive a premium subsidy under the Alberta Health Care Insurance Plan.

Signature of Registrant			Date Year Month Day			Social Insurance Number		
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The information requested on this application is being collected by Alberta Health and Wellness pursuant to section 20(a) and (b) of the *Health Information Act* and section 33 of the *Freedom of Information and Protection of Privacy Act* for the sole purpose of determining or verifying your eligibility to receive a premium subsidy under the Alberta Health Care Insurance Plan, and will not be disclosed to any other person or organization without your approval. If you have any questions regarding the collection of this information, please contact the Client Services Branch at the addresses or telephone numbers provided above.

**Sections B and C must be signed or this application will not be processed.
If you have a spouse/partner he/she must complete and sign page 2.**

Section D - Spouse's/Partner's personal information

Personal health number
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Title (e.g. Mr, Mrs, Miss, Ms, Dr, Rev, Sr)	Last name
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First name	Middle name
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Is your address the same as the registrant's mailing address? Yes No
 If no, please provide your mailing address below.

Mailing address

City	Province/Territory	Country	Postal code
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Spouse's/Partner's income information (Based on 2005 Taxation Year)
(If not applicable, leave this section blank.)

Did you file a 2005 income tax return? (see page 4) Yes No
 Or, were you claimed as a spouse/partner or dependant in 2005? Yes No
Please note: Unless you file an income tax return or are claimed on your spouse's/partner's return, you may not qualify for subsidy.

Taxable Income (line 260 from your 2005 Notice of Assessment or 2005 income tax return) \$ _____
Refer to page 3 to determine subsidy eligibility. **Spouse/Partner**

Section E - Alberta Health and Wellness Certification and Authorization

I have read the information on this form and certify that the information given by me is true and correct.

I authorize Alberta Health and Wellness to disclose my registration information to the Canada Revenue Agency for the purpose of verifying my eligibility for a premium subsidy under the Alberta Health Care Insurance Plan. I understand why I have been asked to consent to the disclosure of this information and I am aware of the risks and benefits of consenting or refusing to consent. I also understand that this authorization is in effect for the current subsidy period and for each subsequent subsidy period for which I receive a premium subsidy under the Alberta Health Care Insurance Plan and that I may revoke this consent in writing at any time with Alberta Health and Wellness.

Signature of spouse/partner	Date	Year	Month	Day	Home phone number	Work phone number
	()				()	()

Section F - Canada Revenue Agency Authorization

I authorize the Canada Revenue Agency to release information from my income tax returns, and, if applicable, other required tax information about me, whether supplied by me or a third party to the Minister of Health and Wellness of the Province of Alberta. The information will be relevant to, and used solely for the purpose of determining and verifying my eligibility, entitlement for and general administration and enforcement of the Premium Subsidy Program under the Alberta Health Care Insurance Plan and for no other purpose. I acknowledge that this authority is in effect for the 2005 taxation year and each subsequent consecutive year for which I receive a premium subsidy under the Alberta Health Care Insurance Plan.

Signature of spouse/partner	Date	Year	Month	Day	Social Insurance Number
	()				

The information requested on this application is being collected by Alberta Health and Wellness pursuant to section 20(a) and (b) of the *Health Information Act* and section 33 of the *Freedom of Information and Protection of Privacy Act* for the sole purpose of determining or verifying your eligibility to receive a premium subsidy under the Alberta Health Care Insurance Plan, and will not be disclosed to any other person or organization without your approval. If you have any questions regarding the collection of this information, please contact the Client Services Branch at the addresses or telephone numbers provided on page 1.

Premium Subsidy Program Information

Please detach this sheet and keep for your records.

1. Who is eligible to apply for premium subsidy?

Lower income Albertans may apply to have their Alberta Health Care Insurance Plan (AHCIP) premiums reduced or waived. Premium subsidy eligibility is based on the previous year tax information you reported to the Canada Revenue Agency.

Effective October 1, 2004, seniors and their dependants do not have to pay AHCIP or Alberta Blue Cross premiums. Seniors can apply for premium subsidy for premiums billed prior to their 65th birthday.

You are not eligible to apply if you are:

- a new or returning resident from outside Canada, who has not yet lived in Alberta for 12 consecutive months, or
- exempt from paying income tax for religious, charitable or communal reasons, or
- a student from outside Canada who is temporarily in Canada.

2. How do I apply?

To apply for premium subsidy during the period April 1, 2006 to March 31, 2007, you are required to file your 2005 income tax return with the Canada Revenue Agency and complete and return this form to our office.

3. How do I know if I am eligible for subsidy?

The taxable income you reported to the Canada Revenue Agency is used to calculate your eligibility for subsidy. To determine your eligibility, find your family category in column 1 in the chart below. If your combined taxable income is:

- less than the amount in column 2, you qualify for full subsidy.
- more than the amount in column 3, you are not eligible for subsidy.
- between the two amounts, you qualify for partial subsidy.

Use the formula shown in the example below to determine your monthly premium for AHCIP coverage. The example provided is for a single person with a taxable income of \$19,000.

Column 1	Column 2	Column 3
Family Category	Full Subsidy	Full Premiums
Single	less than \$17,450	more than \$20,970
Family – no children	less than \$26,200	more than \$33,240
Family – with children	less than \$32,210	more than \$39,250

Note: The term “combined income” means your income, plus the income of any spouse/partner covered on your account during the subsidy period. If you do not have a spouse/partner, “combined income” means your income information.

Example:

Registrant's 2005 taxable income	\$ 19,000	19,000 combined taxable income
Spouse's/partner's 2005 taxable income	\$ not applicable	- 17,450 less threshold amount (Column 2 for a single person)
Combined 2005 taxable income	\$ 19,000	= 1,550 equals income above threshold
		x .15 multiply by the linear rate of subsidy
		= 232.50 annual premium cost
		÷ 12 divide by 12 months
		= 19.38 monthly premium

Current premium rates can be found on our website at www.health.gov.ab.ca. To assist you in determining your subsidized monthly premium rate, a subsidy calculator is available on our website at: www.health.gov.ab.ca/ahcip/faq/subsidies.html.

4. How do I get my income tax information?

The income tax information we require on your application can be obtained from line 260 on your 2005 income tax return or your 2005 Notice of Assessment. If you filed your income tax return but do not have this information, contact the Canada Revenue Agency to obtain it.

5. What if I did not file an income tax return?

To be eligible for premium subsidy an income tax return must be filed or a valid reason for not filing (e.g. claimed as a spouse/partner or dependant) must be provided with the application.

6. What happens if family members are added to or deleted from my account?

If you add family members to your account or delete family members from your account and it changes your family category, your eligibility for subsidy may change. If this occurs, your subsidy will be adjusted automatically and you do not need to reapply. If you add a spouse/partner we require that person's income information and signature to determine if you are still eligible for premium subsidy. Subsidized registrants who add a spouse/partner should complete a Supplementary Application for Premium Subsidy (AHC0901G). Contact our office or visit our website at www.health.gov.ab.ca to obtain this application.

7. When do I need to reapply for subsidy for next year?

If you are receiving subsidy for the current year, your eligibility for subsidy will be automatically re-assessed each year in March. We will notify you if your subsidy will be automatically renewed or we will send you an application to reapply.

8. What other premium assistance programs are available?

Retroactive Premium Subsidy

Registrants may apply for retroactive premium subsidy for up to two previous subsidy periods. To apply, please complete an Application for Retroactive Premium Subsidy (AHC0391).

Waiver of Premiums Program

This program is for registrants who are unable to pay their AHCIP premiums due to recent financial difficulty. Your average gross monthly income (income before deductions) for the three months prior to the date the application is completed is used to determine your eligibility for this program. If you have a spouse/partner his/her gross income must also be included. To determine your eligibility, find your family category in column 1 in the chart below. If your average gross monthly income for three consecutive months is less than or equal to the amount in column 2, then you are eligible for waiver.

Column 1	Column 2
Family Category	AVERAGE gross monthly income (three month total divided by 3)
Single	\$1430 or less
Family – no children	\$2270 or less
Family – with children	\$2670 or less

To apply, please complete an Application for Waiver of Premiums (AHC0656). If you are eligible, your current premiums will be waived for a six month period. When the period of waiver ends, a new application can be made, if applicable.

Contact our office or visit our website at www.health.gov.ab.ca to obtain the above applications.

9. Who is the registrant?

The person who has accepted primary responsibility for the AHCIP account.

10. Who is an adult interdependent partner?

An adult interdependent partner is a person who lives 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
- the person has entered into an adult interdependent partner agreement with the other person.

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