

AHC0656

Application for Waiver of Premiums

To mail correspondence: Alberta Health and Wellness PO Box 1360 Stn Main Edmonton AB T5J 2N3

For service in person: 10025 Jasper Ave NW, Edmonton, or 727 7 Ave SW, Calgary *To telephone:* 427-1432 Edmonton Toll-free within Alberta at 310-0000 then (780) 427-1432

To Fax: (780) 422-0102 Edmonton *To visit our Website:*

For office use only Return application by (date)

www.health.gov.ab.ca

Please read the information on the back of this form before applying for	
waiver of premiums.	

Section A – Registrant's p		Perso	nal he	alth	num	lber						
Title (e.g. Mr, Mrs, Miss, Ms, Dr, Rev, Sr)	Last na											
First name			Middle name									
Mailing address												
City	Province/Territory		Country					Post	al code			
Do all family members on this account have the same mailing address? \Box Yes \Box No												

If no, please provide the family member's mailing address, full name and personal health number on a separate page.

Section B – Income information Read the *"Eligibility"* section on the reverse to determine if you are eligible to apply.

- Include your gross monthly income (income before deductions) for the three months prior to the month in which you
 complete the application. If you have a spouse or adult interdependent partner (hereafter referred to as partner) on your Alberta
 Health Care Insurance Plan account during these three months, his/her gross income information and signature are also required.
- · Use your exact gross monthly income amount. Approximate amounts are not acceptable.
- · Do not include child tax benefits, student loans or GST credits as gross income.

income for. Thes month in which	e months must b you complete the July, your gross inco	e the months you and be the three mont application. For e ome for April, May a	hs prior to the example, if you sign	Source of income report	ted.				
Month	Account holder's gross income \$	Spouse's/partner's gross income \$	Combined family gross income \$						
				If your gross income is zero (0), please explain how you meet your monthly expens					
				Name of employer (if no	t employed, provide name of last e	mployer).			
TOTALS				Date left employment <i>(ii</i> Year	f applicable). Month	Day			

Please sign Section C, below. If you have a spouse/partner, his/her signature is also required in Section C.

Section C - Alberta Health and Wellness Certification

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

Signature (registrant)	Date Year Month Day H						Date Year Month Day				<i>istrant)</i> Date _{Year Month Day} Home phone number				Home phone number					ber Work phone number								
		1	1		1		1	()	1	I		1			()	1	I		1							
Signature (spouse/partner)	Date	/ear		Mc	onth		Day	Home	phon	e nui	mber					Work	phone	e nun	nber									
		I	I		1		1	()	I	I		I	1	1	()	I	I		1	1						

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 premium assistance 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.

Please return this application to Alberta Health and Wellness within 21 days from the date signed. Incomplete or unsigned applications will be returned.

Waiver of Premiums Program

This program assists account holders who are unable to pay their Alberta Health Care Insurance Plan (AHCIP) premiums due to recent financial difficulty. If you are eligible, current premiums are waived for a six month period. When the period of waiver ends, a new application can be made.

To apply for waiver of premiums you must provide your gross income (income before deductions) for each of the three months before the date you sign this application. If your AHCIP account includes a spouse/partner, you must also include the gross income for that person.

Premiums for Alberta Blue Cross Non-Group coverage are not waived or reduced under this program.

Eligibility

You are not eligible to apply for the Waiver of Premiums Program if you are:

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

Your average gross monthly income (income before deductions) for the three months prior to the date the application is completed is used to calculate your eligibility for waiver. 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 the 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

The example provided is for a single person who is eligible, and who completes and signs the application in July.

290	63.40	gross	income	for	April

- + 847.97 plus gross income for May
- + <u>424.09</u> plus gross income for June
- = 4235.46 equals total for three months
- ÷ <u>3</u> divided by 3
- = 1411.82 equals average gross monthly income

Therefore, he/she is eligible for the Waiver of Premiums Program.

Examples of gross monthly income

Some examples of what to include as gross income are: employment income, employment insurance benefits, Workers' Compensation benefits, Human Resources and Employment benefits, Veteran's benefits, grants, benefits under any policy, insurance or annuity contract, payments from unions during labour disputes, disability benefits, taxable support payments (alimony and maintenance) received, training allowance, pension benefits, RRSP withdrawals, severance payouts, and holiday pay. Income from a business or self-employment, farm income, investment income, commission income, and rental income must also be reported. Expenses incurred earning these types of income may be deducted if details are provided.

Adult Interdependent Partner

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

• 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.