

# Application for Retroactive Premium Subsidy

Based on 2003 and/or 2004 Taxation Years

Mailing Address Alberta Health and Wellness PO Box 1360 Stn Main Edmonton AB T5J 2N3

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AHC0391

- Please read the eligibility and program information on pages 3 and 4 before completing this application.
- Registrants may apply for retroactive subsidy for up to two previous subsidy periods. Complete this application to apply for subsidy for one or both retroactive periods. Spouses/adult interdependent partners (hereafter referred to as partner) must complete page 2.
- You and your spouse/partner (if applicable) must sign this application and include the required Notice(s) of Assessment or this application will not be processed.

Please do not alter this for		lease print)	Personal health nur	mber
Section A - Registrant's p	ersonarimormation (Pr	lease pririt)		_   _   _
Title (e.g. Mr, Mrs, Miss, Ms, Dr, Rev, Sr)	Last name			
First name		Middle name		
Mailing address				
City	Province/Territory	Country		Postal code
Are you applying for retroactive s	ubsidy for a previous account?	Yes N	0	
If yes, indicate the account numb	per showing on the premium s	tatement	•     •	
Section B - Registrant's i	ncome information (Co	omplete A or B, or bo	oth A and B)	
If you are applying for subsidy	for April 1, 2004 to March 3	1, 2005, complete A.		
A. Based on 2003 Taxation You	ear			
Did you file a 2003 income tax return? (see pages 3 and 4) If no, were you claimed as a spouse, partner or dependant in 2003?		☐ Yes ☐ Yes	□ No □ No	
<b>Taxable Income</b> (line 260 from your 2003 Notice of Assessment)  Refer to pages 3 and 4 to determine eligibility.			S Regis	trant's Taxable Income
If you are applying for subsidy	for April 1, 2005 to March 3	1, 2006, complete B.		
B. Based on 2004 Taxation Ye	ear			
Did you file a 2004 income tax return? (see pages 3 and 4)  If no, were you claimed as a spouse, partner or dependant in 2004?			☐ Yes ☐ Yes	□ No □ No
<b>Taxable Income</b> (line 260 from your 2004 Notice of Assessment)  Refer to pages 3 and 4 to determine eligibility.			S Regis	trant's Taxable Income
Section C - Alberta Healtl	n and Wellness Certifica	ation		
have read the information on	this form and certify that the	information given by n	ne is true and correct	t.
Signature of registrant	Date Year Month	Day Home phone numb	er Work	phone number
				<b>V</b> 1

# Please attach the applicable Notice(s) of Assessment.

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.

AHC0391Web (2006/01) Page 1

# **Application for Retroactive Premium Subsidy**

(If you do not have a spouse/partner, leave this page blank.)

Section D - Spouse's/Partr	ner's personal information	Person	al health nu	mber	
Section D - Spouse s/Faiti	iei s personal information			-	
Title (e.g. Mr, Mrs, Miss, Ms, Dr, Rev, Sr)	Last name				
First name		Middle name			
Is your mailing address the same If no, please provide your mailing		ess?			
Mailing address					
City	Province/Territory	Country		Postal code	
Are you applying for retroactive su	ubsidy for a previous account?	☐ Yes ☐ No			
If yes, indicate the account number	er showing on the premium state	ment I I I I I			
Section E - Spouse's/Part	tner's income information	(Complete A or B. or both	A and B	1)	
				,	
If your spouse/partner is applyi		to March 31, 2005, complete	4.		
A. Based on 2003 Taxation Ye			_		
			☐ Yes		
Taxable Income (line 260 from your 2003 Notice of Assessment)  Refer to pages 3 and 4 to determine eligibility.			\$	Spouse's/Partner's Taxable Income	
If your spouse/partner is applying for subsidy for April 1, 2005 to March 31, 2006, complete B.					
B. Based on 2004 Taxation Ye	ar				
Did you file a 2004 income tax return? (see pages 3 and 4)  If no, were you claimed as a spouse, partner or dependant in 2004?			☐ Yes		
Taxable Income (line 260 from your 2004 Notice of Assessment)  Refer to pages 3 and 4 to determine eligibility.			\$s	Spouse's/Partners's  Taxable Income	
Section F - Alberta Health	and Wellness Certificatio	n			
I have read the information on the	nis form and certify that the inf	ormation given by me is true a	and correc	t.	
Signature of spouse or partner	Date Year Month	Day Home phone number	Wor	k phone number	
			(	)  , ,   , , , ,	

# Please attach applicable Notice(s) of Assessment.

To apply for subsidy for the periods after March 31, 2006 (based on 2005 tax information), visit our website or contact our office to obtain an Application for Premium Subsidy (AHC0208G).

AHC0391 (2006/01) Page 2

# Application for Retroactive Premium Subsidy Eligibility and Program Information

Taxable income information from the 2003 calendar year is used to determine eligibility for retroactive subsidy for the subsidy period from April 1, 2004 to March 31, 2005.

Taxable income information from the 2004 calendar year is used to determine eligibility for retroactive subsidy for the subsidy period from April 1, 2005 to March 31, 2006.

## 1. Who is eligible to apply for Retroactive Premium Subsidy?

Any lower-income registrant of the Alberta Health Care Insurance Plan (AHCIP) may apply to have their premiums reduced or eliminated. (A registrant is the account holder who is responsible for paying premiums on an AHCIP account.) If you qualify for subsidized AHCIP premiums, and also have Alberta Blue Cross Non-Group coverage, your Non-Group premiums will also be subsidized.

Seniors can apply for retroactive premium subsidy for periods prior to their 65th birthday. Effective October 1, 2004, seniors and their dependants do not have to pay premiums for their AHCIP coverage or Alberta Blue Cross Coverage for Seniors. However, they remain responsible for premiums billed prior to October 1, 2004 and/or 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 retroactive subsidy for the period April 1, 2004 to March 31, 2005 and/or April 1, 2005 to March 31, 2006, you are required to complete this form and provide a copy(s) of your 2003 and/or 2004 Notice(s) of Assessment. If you have, or had, a spouse/partner, he/she must complete page 2 of this form and attach his/her 2003 and/or 2004 Notice(s) of Assessment as well.

#### Note:

To apply for subsidy for the period after March 31, 2006 (based on 2005 tax information), visit our website at: http://www.health.gov.ab.ca/ahcipforms.html or contact our office to obtain an Application for Premium Subsidy (AHC0208G). (Our office contact information is printed at the top of page 1.)

# 3. How is my eligibility for subsidy determined?

Subsidy eligibility is based on income tax information obtained from line 260 on your Notice of Assessment (and your spouse's/partner's Notice of Assessment, if applicable). The Canada Revenue Agency mails Notices of Assessment to taxpayers after they file their income tax. Tax summaries or income tax returns are not acceptable proof of taxable income.

To apply for subsidy for the period after March 31, 2006 (based on 2005 tax information), visit our website at: http://www.health.gov.ab.ca/ahcipforms.html or contact our office to obtain an Application for Premium Subsidy (AHC0208G).

#### 4. 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.

#### 5. How do I know if my spouse's/partner's income information is required?

Eligibility is based on the account status on a month-to-month basis. Income information is required for you, and any spouse/partner covered on your AHCIP account for all or part of the period from April 1, 2004 to March 31, 2005 and/or April 1, 2005 to March 31, 2006. Your spouse/partner must also sign Section F of this application and provide his/her 2003 and/or 2004 Notice of Assessment.

AHC0391 (2006/01) Page 3

## 6. What if I no longer have a spouse/partner due to divorce, separation or death?

As subsidy eligibility is determined on a month-to-month basis, your premium rate may vary if you added or deleted a spouse/partner or dependant(s) from your account during the subsidy period. If the spouse/partner was covered on your account as described in question 5 above, their Notice of Assessment(s) and signature is required. If your spouse/partner is deceased, only a copy of his/her Notice of Assessment is required.

## 7. How much will my premiums be adjusted?

Your 2003 or 2004 taxable income is used to calculate your eligibility for retroactive subsidy. To determine your eligibility, find your family category in Column 1 in the chart below. If your combined income is:

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

**Note:** The term "combined income" refers to the income of the applicant plus that of any spouse/partner covered on the same AHCIP account during the subsidy period from April 1, 2004 to March 31, 2005 and/or April 1, 2005 to March 31, 2006. If the registrant did not have a spouse/partner, "combined income" means the applicant's income information.

Column 1	Column 2	Column 3	
Family Category	Full Subsidy	Full Premiums	
Single	less than \$12,450	more than \$15,970	
Family – no children	less than \$21,200	more than \$28,240	
Family – with children	less than \$27,210	more than \$34,250	

Use the formula shown in the example below to determine your monthly premium. The example provided is for a single person with a taxable income of \$14,000 per year.

#### Example:

Registrant's 2003 taxable income	\$14,000	14,000 combined taxable income - 12,450 less threshold amount (Column 2 for a single person)
Spouse/partner's 2003 taxable income	\$not applicable	= 1,550 equals income above threshold x15 multiply by the linear rate of subsidy = 232.50 equals annual premium cost
Combined 2003 taxable income	\$14,000	÷ 12 divide by 12 months = 19.38 monthly premium

The non-subsidized monthly premium rates during these subsidy periods were \$44.00 for a single registrant and \$88.00 for families.

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.

## 8. What is an adult interdependent partner?

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

People are adult interdependent partners if:

- they have lived with one another in a relationship of interdependence
  - for a continuous period of not less than 3 years, or
  - of some permanence. For example, if there is a child of the relationship by birth or adoption, the relationship would be considered to have some permanence, or
- they have entered into an adult interdependent partner agreement with one another.

AHC0391 (2006/01) Page 4