Alberta
Health and Wellness

## AHC0391

Telephone
(780) 427-1432 Edmonton

Toll-free within Alberta at 310-0000 then (780) 427-1432
Fax (780) 422-0102
Website
www.health.gov.ab.ca

- 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 form.

## Section A - Registrant's personal information (Please print)

| 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 subsidy for a previous account? <br> If yes, indicate the account number showing on the premium statement |  | Yes No | 1 |

## Section B - Registrant's income information (Complete A or B, or both A and B)

If you are applying for subsidy for April 1, 2004 to March 31, 2005, complete A.

## A. Based on 2003 Taxation Year

Did you file a 2003 income tax return? (see pages 3 and 4)

| $\square$ Yes $\quad \square$ No |  |
| :--- | :--- |
| $\square$ Yes | $\square$ No |

Taxable Income (line 260 from your 2003 Notice of Assessment)
Refer to pages 3 and 4 to determine eligibility.
$\geqslant \$$
Registrant's Taxable Income

If you are applying for subsidy for April 1, 2005 to March 31, 2006, complete B.

## B. Based on 2004 Taxation Year

Did you file a 2004 income tax return? (see pages 3 and 4)

| $\square$ Yes | $\square$ No |
| :--- | :--- |
| $\square$ Yes | $\square$ No |

Taxable Income (line 260 from your 2004 Notice of Assessment)
Refer to pages 3 and 4 to determine eligibility.

- $\$$

Registrant's Taxable Income

## 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 of registrant

## 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.
(If you do not have a spouse/partner, leave this page blank.)
Section D - Spouse's/Partner's personal information
Personal health number

Title (e.g. Mr, Mrs, Miss, Ms, Dr, Rev, Sr)
Last name


## Section E-Spouse's/Partner's income information (Complete A or B, or both A and B)

If your spouse/partner is applying for subsidy for April 1, 2004 to March 31, 2005, complete A.

## A. Based on 2003 Taxation Year

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?

Taxable Income (line 260 from your 2003 Notice of Assessment)
$\rho$
\$


If your spouse/partner is applying for subsidy for April 1, 2005 to March 31, 2006, complete B.
B. Based on 2004 Taxation Year

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?


Taxable Income (line 260 from your 2004 Notice of Assessment)
Refer to pages 3 and 4 to determine eligibility.
$\rightarrow \$$
\$__Spouse's/Partners's Taxable Income

## Section F - 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.


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).

# 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 dol 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.

## 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 |
|  |  |  | $x$. 15 multiply by the linear rate of subsidy |
|  | \$ |  | $=232.50$ equals annual premium cost |
| Combined 2003 taxable income |  | 14,000 | $\div 12$ 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.calahcip/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.

