



Proof of Age Declaration

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:
www.health.gov.ab.ca

Alberta Health and Wellness and Alberta Seniors and Community Supports require proof of your age to determine if you are exempt from paying premiums under the Alberta Health Care Insurance Plan and eligible for premium-free coverage under the Alberta Blue Cross Coverage for Seniors Plan.

To provide proof of your age, please send this letter to Alberta Seniors and Community Supports with a clear photocopy of **one** of the following documents:

- ❖ Birth Certificate
- ❖ Old Age Pension Entitlement Form
- ❖ Passport or Immigration Record
- ❖ Baptismal Certificate
- ❖ Naturalization or Citizenship Certificate (front and back)

Please **DO NOT** send originals as we cannot guarantee their safe return.

If you are unable to provide a copy of one of these documents, please contact one of our customer service agents at the numbers above.

We have also enclosed an application for the Alberta Seniors Benefit Program should you wish to apply. You may return your proof of age document and completed Alberta Seniors Benefit Program application by mail using the envelope provided. If you do not wish to apply for this program, please mail your proof of age document to: Alberta Seniors Benefit, PO Box 3100 Stn. Main, Edmonton AB T5J 4W3.

If you prefer to hand-deliver your documents and require the address of the Seniors Information Office nearest you, please call the Seniors Information Line at (780) 427-7876 within the Edmonton area, or toll-free for the rest of Alberta at 1-800-642-3853.

Please note that eligibility to receive Alberta Blue Cross Coverage for Seniors and exemption from paying your Alberta Health Care Insurance Plan premiums can only be provided after we receive proof of your age. If you have a spouse or partner, you should also include their proof of age.

The information on this form is being collected and used by Alberta Health and Wellness and Alberta Seniors and Community Supports 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 purpose of determining or verifying your eligibility to receive Alberta Blue Cross Coverage for Seniors and an exemption from premiums under the Alberta Health Care Insurance Plan, and for the Alberta Seniors Benefit Program. 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 provided at the top of this form.