



FORMS REQUISITION
Health Care Insurance Plan

Alberta Health and Wellness
DATA Warehouse and Distribution Centre
Bay E, 707 Barlow Trail SE
Calgary, AB T2E 8C2

Shipping Information (complete all sections)

Group Name		Attention	
Mailing Address (Street or PO Box)			
City/Town		Province	
Postal Code	Telephone Number	Fax Number	
Email Address (if available)			

**To get your order filled quickly,
order directly on line**

**or if you require
quantities of under 10 each,
download forms now from the
Alberta Health and Wellness website**

To reduce costs, please order more than one item at a time. We suggest you order a 3 to 4 month supply.

Quantity	Form	Form / Brochure Name	Amount Sent	Amount Back Ordered
	AHC0102	Application for Alberta Health Care Insurance Plan Coverage		
	AHC0107	Notice of Change		
	AHC0199	Employee Group Commencement and Termination		
	AHC0201	Applicaiton for Alberta Blue Cross Non-Group Coverage		
	AHC0208G	Application for Premium Subsidy		
	AHC0391	Application for Retroactive Premium Subsidy		
	AHC0460	Notice to Terminating Employees		
	AHC0520	Employee Group Coverage Change Notice		
	AHC0656	Application for Waiver of Premiums		
	AHC0901G	Supplementary Application for Premium Subsidy		
	AHC0930	Changes to Group Administrator Information		
	AHC1086	Group Payment Listing for Senior's Premium Remittance		
	NCN0009 "Alberta Health Care Insurance Plan" brochure			
	NCN0008 "Blue Cross Non-Group Coverage" brochure			
	Other (please specify)			

Fax your completed order form to (403) 272-7774