



Employee Group Commencement and Termination

AHC0199

Mailing Address
Alberta Health and Wellness
PO Box 1360 Stn Main
Edmonton AB T5J 2N3
Office Address
10025 Jasper Ave, Edmonton,
or 727 7 Ave SW, Calgary

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

Group name _____ Group number _____

Employee's personal information

Title (e.g. Mr, Mrs, Miss, Ms, Dr, Rev, Sr)		Personal health number			
Surname		First name		Middle name	
Mailing address <input type="checkbox"/> Check if this is a new address					
City		Province/Territory		Country	
Area code		Home phone number		Extension	
Area code		Work phone number		Extension	

Do all family members on this account number have the same mailing address? Yes No

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

Note: To ensure your premium statement is accurate, please submit changes before the 15th of each month. If your employee is a member of the RCMP or Armed Forces, please indicate the spouse/adult interdependent partner's personal health number, surname, first name and middle name.

Commencement on this group will terminate any other group coverage.

Commencing group coverage

Commence on the **first** of

G1	Year	Month
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Number of people to be covered

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Department number

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Payroll number

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Permanent full-time employment date

Year	Month	Day
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If a returning Alberta resident, please provide previous city, province and country of residence:

Date of return to Alberta

Year	Month	Day
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If returning from outside Canada, date of entry into Canada

Year	Month	Day
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This number should equal all family members covered on the account. To add or remove coverage, please complete and attach an AHC0107 with this form.

Terminating group coverage

Terminate the **last** day of

G2	Year	Month
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Termination reason

Left employment

Year	Month	Day
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Deceased

Year	Month	Day
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Left province to reside in another part of Canada*

Year	Month	Day
------	-------	-----

Left country*

Year	Month	Day
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Released from Armed Forces, RCMP

Year	Month	Day
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(Release date)

Year	Month	Day
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(Birthdate of released member)

(Released member's name) _____ (Gender) _____

Other (explain) _____

Year	Month	Day
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*Please provide new address, if known. _____

Group Administrator's name _____
(Please print)

Phone number _____ Date _____