



# Change to Existing Employee Group Coverage

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To fax: (780) 422-0102

To visit our Website:

<http://www.health.gov.ab.ca>

**AHC0520**

Group name \_\_\_\_\_ Group number \_\_\_\_\_

## Employee's personal information

Title (e.g. Mr, Mrs, Miss, Ms, Dr, Rev, Sr)		Surname		Personal health number			
First name			Middle name				
C2	Mailing address						
City		Province		Country		Postal code	
Area code	Home phone number		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.

## Change existing group coverage

Complete applicable areas.

**Change commencement date from**

Year	Month	to	Year	Month
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**Change termination date from**

Year	Month	to	Year	Month
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Date of permanent employment

Year	Month	Day
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Date left employment

Year	Month	Day
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Please provide reason for change \_\_\_\_\_

**Change employee's department number to**

Department number
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**Change group coverage to**

Name \_\_\_\_\_

Personal health number \_\_\_\_\_

Change employee's payroll number to

Payroll number
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Effective date \_\_\_\_\_

Group administrator's name \_\_\_\_\_ Phone number \_\_\_\_\_ Date \_\_\_\_\_

**Return to the Alberta Health Care Insurance Plan**