

#### 4. Registering Employees with the Alberta Health Care Insurance Plan

All permanent residents of Alberta are required to register with the Alberta Health Care Insurance Plan (AHCIP). Most employees will already have their own Alberta Personal Health Number and account number. To commence an employee on your group plan, you will need the employee's Alberta Personal Health Number. This number can be obtained from his/her Alberta Personal Health Card (see page 4.9).

New employees who are not registered with the AHCIP and do not have an Alberta Personal Health Number must complete an *Application for Alberta Health Care Insurance Plan Coverage* (AHC0102). These individuals are usually new residents to Alberta.

An example of a completed *Application for Alberta Health Care Insurance Plan Coverage* is shown on pages 4.3 to 4.6.

**Effective January 1, 2005, new and returning residents to Alberta are required to provide residency validation documentation with their application to prove identity, legal entitlement to be in Canada and Alberta residency before coverage will be provided. If an *Employee Group Commencement and Termination* (AHC0199) form is submitted with the application for coverage, the residency validation documentation will not be required. However, residency validation documentation will be required when an employee submits the application directly to Alberta Health and Wellness. A Canada entry document for each family member who is not a Canadian citizen must always accompany the application.**

Once registered, the employee has two numbers: a personal health number and an account number. The personal health number is used to obtain health services. The account number is used to bill the person directly (for people who are not covered by a group plan).

NOTE: The *Application for Alberta Health Care Insurance Plan Coverage* will not commence an employee on your group plan. An *Employee Group Commencement and Termination* (AHC0199) (refer to page 6.1) form must accompany the *Application for Alberta Health Care Insurance Plan Coverage*.

Alberta Health and Wellness determines the date a person's AHCIP coverage becomes effective. The effective date may affect the date the employee's group coverage begins. The chart on pages 4.7 and 4.8 explains how an effective date is determined.

SAMPLE



**Application for  
Alberta Health Care  
Insurance Plan Coverage**

AHC0102

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

For Office Use Only

A	I	L	R
S	I	L	R

Before completing this form, please refer to pages 3 and 4.

All required documents (see page 4) must be submitted for this application to be processed.  
Please submit your application and required documents to the address indicated above.

**Section A - Personal information (Please print)**

Applicant	Title (e.g. Mr, Mrs, Miss, Ms, Dr, Rev, Sr)		Last name		White	
	First name		Middle name		Office use	
	Barry		T			
	Birthdate (Provide proof of age if over 65)		Male/Female		Marital status (check one)	
	19610516		M		<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Adult interdependent relationship	
	Mailing address					
120-10110 110 St NW						
City/Town		Province/Territory		Postal code		
Edmonton		AB		T5J2N3		
Legal land description or physical address (if providing a P.O. Box or rural address)				City/Town		Postal code
Citizenship or immigration status (If not a Canadian Citizen, include a clear photocopy of Canada entry document(s) with this application.)						
<input checked="" type="checkbox"/> Canadian <input type="checkbox"/> Landed immigrant <input type="checkbox"/> Other, specify status:						

Spouse/Partner	Title (e.g. Mr, Mrs, Miss, Ms, Dr, Rev, Sr)		Last name		First name	
	Middle name		Male/Female		Birthdate	
	Mary				19640802	
	Mailing address (if different than applicant's mailing address)		City/Town		Province/Territory	
Citizenship or immigration status (If not a Canadian Citizen, include a clear photocopy of Canada entry document(s) with this application.)						
<input checked="" type="checkbox"/> Canadian <input type="checkbox"/> Landed immigrant <input type="checkbox"/> Other, specify status:						

**Section B - Alberta Residency**

<p>1. Why are you applying for Alberta Health Care Insurance Plan coverage? (please X one only)</p> <input checked="" type="checkbox"/> New resident of Alberta <input type="checkbox"/> Returning resident (has been away from Alberta for 6 months or more) <input type="checkbox"/> No longer a dependant on parent's account <input type="checkbox"/> Marriage, separation or divorce <input type="checkbox"/> Released from RCMP, Armed Forces or federal correctional institute <input type="checkbox"/> Other, specify: _____ Date of event:  Y Y Y Y   M M D D  Previous Alberta Personal Health Number (if known):         -		<p>3. Date you and your spouse/partner established permanent residence in Alberta: (see page three)</p> Applicant: 20040713 Spouse/partner (if applicable): 20040713	
<p>2. Do you, your spouse/partner and dependants (if applicable) intend to reside in Alberta permanently?</p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If no, please explain and provide length of stay: _____		<p>4. Date you and your spouse/partner arrived in Canada: (if applicable)</p> Applicant:  Y Y Y Y   M M D D  Spouse/partner (if applicable):  Y Y Y Y   M M D D	
		<p>5. Arrived in Alberta from (please specify):</p> <input checked="" type="checkbox"/> Other province/territory: Manitoba <input type="checkbox"/> Outside Canada: _____	
		<p>6. Indicate previous medical plan number (if applicable)</p> Applicant: 4444444 Spouse/partner (if applicable):	

**Section C - Declaration**

I certify that I am a resident of Alberta and any dependants listed are also residents of Alberta as defined on page three of this application.  
 I declare that all information provided on this application is true and correct, and I authorize the Minister of Health and Wellness to verify this information with immigration authorities, agencies and persons as appropriate.

Signature of Applicant	Date	Home phone number (403) 444 3333	Work phone number (403) 111 2222	Ext.
Signature of Spouse/Partner	Date	Home phone number (if different than applicant's) (403) 444 3333	Work phone number	Ext.

**Section D - Dependant's personal information**

- **If you have more than four dependants, please list their information on a separate sheet.**
- **If a dependant's address or phone number is different from yours, please provide his/her full name, address or phone number and reason on a separate page.**

First dependant child				Office use	
Last name <b>White</b>		First name <b>Robert</b>		Middle name <b>Samuel</b>	
Birthdate <b>1 9 8 8 1 1 2 1</b>		Male/Female <b>M</b>		If your child was previously registered in Alberta, please provide personal health number.	
Citizenship or immigration status (If not a Canadian Citizen, include a clear photocopy of Canada entry document(s) with this application.) <input checked="" type="checkbox"/> Canadian <input type="checkbox"/> Landed immigrant <input type="checkbox"/> Other, specify status:					
Date established permanent residence in Alberta <b>2 0 0 4 0 7 1 3</b>		Date of arrival in Canada <b>Y   Y   Y   Y   M   M   D   D</b>		Arrived in Alberta from (Provincial/Territory/Country) <b>Manitoba</b>	
Previous medical plan number					

Second dependant child				Office use	
Last name <b>White</b>		First name <b>Rita</b>		Middle name <b>Susan</b>	
Birthdate <b>1 9 9 1 0 7 0 2</b>		Male/Female <b>F</b>		If your child was previously registered in Alberta, please provide personal health number.	
Citizenship or immigration status (If not a Canadian Citizen, include a clear photocopy of Canada entry document(s) with this application.) <input checked="" type="checkbox"/> Canadian <input type="checkbox"/> Landed immigrant <input type="checkbox"/> Other, specify status:					
Date established permanent residence in Alberta <b>2 0 0 4 0 7 1 3</b>		Date of arrival in Canada <b>Y   Y   Y   Y   M   M   D   D</b>		Arrived in Alberta from (Provincial/Territory/Country) <b>Manitoba</b>	
Previous medical plan number					

Third dependant child				Office use	
Last name <b>White</b>		First name <b>Mary</b>		Middle name <b>Elizabeth</b>	
Birthdate <b>2 0 0 0 1 1 0 3</b>		Male/Female <b>F</b>		If your child was previously registered in Alberta, please provide personal health number.	
Citizenship or immigration status (If not a Canadian Citizen, include a clear photocopy of Canada entry document(s) with this application.) <input checked="" type="checkbox"/> Canadian <input type="checkbox"/> Landed immigrant <input type="checkbox"/> Other, specify status:					
Date established permanent residence in Alberta <b>2 0 0 4 0 7 1 3</b>		Date of arrival in Canada <b>Y   Y   Y   Y   M   M   D   D</b>		Arrived in Alberta from (Provincial/Territory/Country) <b>Manitoba</b>	
Previous medical plan number					

Fourth dependant child				Office use	
Last name		First name		Middle name	
Birthdate		Male/Female		If your child was previously registered in Alberta, please provide personal health number.	
Citizenship or immigration status (If not a Canadian Citizen, include a clear photocopy of Canada entry document(s) with this application.) <input type="checkbox"/> Canadian <input type="checkbox"/> Landed immigrant <input type="checkbox"/> Other, specify status:					
Date established permanent residence in Alberta		Date of arrival in Canada		Arrived in Alberta from (Provincial/Territory/Country)	
Previous medical plan number					

The information on this form is being collected and used by Alberta Health and Wellness pursuant to section 20(a) and (b) of the *Health Information Act* and section 33 (c) of the *Freedom of Information and Protection of Privacy Act* for the purpose of determining your and your dependants' eligibility to receive coverage under the Alberta Health Care Insurance Plan. 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 on the reverse side.



## Application for Alberta Health Care Insurance Plan coverage

### Who should complete this application?

New or returning permanent residents of Alberta are required to complete this application in order to receive Alberta Health Care Insurance Plan (AHCIP) coverage. Please complete page one if registering yourself and your spouse/adult interdependent partner (if applicable). If you have dependants, complete page two as well. Page three and four provide information about the AHCIP, and should be read before completing this application.

### Permanent residents

All permanent residents of Alberta must apply for AHCIP coverage for themselves and their dependants. A resident of Alberta is a person who is:

- ❖ legally entitled to be or to remain in Canada and makes his/her permanent home in Alberta;
- ❖ committed to being physically present in Alberta for at least 183 days in a 12 month period;
- ❖ not claiming residency or obtaining benefits under a claim of residency in another province, territory or country;
- ❖ any other person deemed by the regulations to be a resident. A tourist, transient or visitor to Alberta is not a resident.

**To receive coverage you will need to provide documentation to prove you are a resident and entitled to coverage. For examples of the documents required, refer to page four.**

**Residents of Alberta who already have a personal health number and are being added to an active AHCIP account do not need to complete this application.** A Notice of Change (AHC0107) form can be obtained from your employer, our website, or by contacting us at the addresses and telephone numbers on the front of this application.

**NOTE: If you are a member of the Canadian Armed Forces, the Royal Canadian Mounted Police or an inmate of a federal correctional institution, you have health coverage with the federal government.** However, any of your dependants residing in Alberta will be required to apply for AHCIP coverage.

### Dependants

Eligible dependants are:

- ❖ Married spouses (must register together)
- ❖ Separated spouses (may register together or separately)
- ❖ Adult interdependent partners (may register together or separately)
- ❖ Children (includes adopted children, foster children and wards who are under 21, single and wholly dependent
- ❖ Single children over 21 who are wholly dependent because of physical or mental disabilities, and
- ❖ Single children under 25 who are enrolled in three or more courses at an accredited educational institution

### Adult interdependent partners

Individuals who are not married may register under the AHCIP as adult interdependent partners.

A person is an adult interdependent partner if:

- ❖ the person has lived with the other person in a relationship of interdependence
  - ❖ for a continuous period of not less than 3 years, or
  - ❖ of some permanence, if there is a child of the relationship by birth or adoption,
- or
- ❖ the person has entered into an adult interdependent partner agreement with the other person.

An adult interdependent partner will hereafter be referred to as "partner".

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### When does coverage start?

If you **move to Alberta from another Canadian province or territory**, you are eligible for coverage on the first day of the third month following the date you established permanent residency here, if you apply before the first of the fourth month after arrival. Alberta Health and Wellness will determine when coverage begins for individuals who apply late.

If you move ahead of your family, please arrange to continue coverage for yourself and your dependants in the province/territory from which you came. You will be eligible for AHCIP coverage the first day of the third month following the date your family joins you in Alberta.

If you **move to Alberta from outside Canada**, you are eligible for coverage the date of arrival as long as you apply within three months of arriving in Alberta. Eligibility will be determined based on the information on the Canada entry document. If you move here ahead of your family, do not register any of your dependants until they arrive in Alberta.

**NOTE:** Alberta Health and Wellness does not consider the effective dates or termination dates of other provincial/territorial or private health plans when determining your eligibility date for the AHCIP coverage.

### What about health cards?

If you have just moved to Alberta, personal health cards for you and your dependants will be mailed to you after your application is processed.

### What about premiums?

AHCIP premiums are based on single (one person) or family (two or more persons) coverage. Quarterly premium statements will be mailed to your home address unless your coverage is provided through your employer. Options for paying your premiums are outlined on the premium statement.

Alberta Health and Wellness has two premium assistance programs to reduce or eliminate AHCIP premiums. Information and applications for these programs are available on the website or by contacting us.

Residents 65 years of age and over and their eligible dependants are not required to pay AHCIP premiums and also receive premium free Alberta Blue Cross coverage. If you or your spouse/partner are 65 years of age or older, **we require proof of your age** before we can provide you with these benefits (refer to page four for more information).

## Registration Validation Requirements

All new Alberta residents or residents who have not had Alberta Health Care Insurance Plan (AHCIP) coverage for 6 months or more must provide documents with the application to prove they are eligible for coverage under the AHCIP.

**NOTE:** You are not required to provide these documents if you are:

- ❖ reapplying for coverage **within** six months of last AHCIP coverage, or
- ❖ a spouse moving from one AHCIP account to another within six months of last coverage, or
- ❖ a dependant child.

Applicants must provide proof of the following to obtain AHCIP coverage:

- ❖ Identity –they are who they claim to be (can also be used for proof of age)
- ❖ Legal Entitlement to be in Canada –they have the authority set out under Canadian federal law to be in Canada
- ❖ Alberta residency –they meet the definition of a resident (see page three)

To prove eligibility, you will need to submit a clear photocopy of the following validation documents:

- ❖ a document showing your **identity** (must be photo identification and is required for the **applicant and spouse/partner**, if applicable),
- ❖ a document showing **legal entitlement** to be in Canada (required for the **applicant, spouse/partner and dependants**, if applicable), and
- ❖ a document showing proof of **residency** in Alberta (must include name and address and is required by **either the applicant or the spouse/partner**, if applicable) or a combination of documents that meet all three eligibility requirements.

Please do not send originals as we cannot guarantee their safe return.

See chart below for examples of acceptable documents:

Type of Document	Can the following be used as proof of identity? (must be photo identification)	Can the following be used as proof of legal entitlement to be in Canada?	Can the following be used as proof of Alberta residency? (must include name and address)
Canadian Immigration Documents ❖ Canadian passport ❖ Canadian Citizenship card ❖ Permanent resident card	<b>Yes</b>	<b>Yes</b>	<b>No</b>
Federal Identification Cards ❖ Department of National Defence ❖ Royal Canadian Mounted Police ❖ First Nations/Inuit	<b>Yes</b>	<b>Yes</b>	<b>No</b>
Current Alberta Driver's License	<b>Yes</b>	<b>No</b>	<b>Yes</b>
Non-Canadian passport	<b>Yes</b>	<b>No</b>	<b>No</b>
Identification Cards ❖ Municipal, provincial/territorial or federal government employee card ❖ Student ID card ❖ Driver's licence from another province/territory	<b>Yes</b>	<b>No</b>	<b>No</b>
Canadian birth certificate	<b>No</b>	<b>Yes</b>	<b>No</b>
Other valid immigration documentation	<b>No</b>	<b>Yes</b>	<b>No</b>
Provincial Assistance Programs ❖ Current Income Support (social assistance) card ❖ Current AISH card	<b>No</b>	<b>Yes</b>	<b>Yes</b>
Current bills (within the last 6 months) ❖ Utility ❖ Telephone ❖ Gas ❖ Cable or satellite	<b>No</b>	<b>No</b>	<b>Yes</b>
Current documents ❖ Property tax bill ❖ Land title ❖ Mortgage ❖ Rental agreement ❖ Lease agreement ❖ Residential insurance ❖ Tenant insurance ❖ Vehicle registration	<b>No</b>	<b>No</b>	<b>Yes</b>

### For more information or to obtain forms

Visit our website at [www.health.gov.ab.ca](http://www.health.gov.ab.ca) or contact our office between 8:15 a.m. and 4:30 p.m. Monday through Friday at the addresses or telephone numbers on the front of this application.

Page 4

Condition	Alberta Health Care Insurance Plan Effective Date	Remarks
New residents from within Canada	First day of the third month following the month of arrival in Alberta, provided the application is received before the end of the third month. (See chart below.) If the application is not received within this time, the effective date is determined using the late registration policy (see below.)	<p>Coverage continues in the previous province/territory of residence for the month of departure, plus the two following months.</p> <p>If the employee's family has not relocated to Alberta at the same time as your employee, the employee should not be registered or commenced on your group until their family moves to Alberta. If the family does not move to Alberta within 12 months, the employer should register the employee, but not the family.</p>

New residents from outside Canada	Date of arrival in Alberta, if the application is received within three months from the date of arrival. If the application is not received within this time, the effective date is determined using the late registration policy (see below).	<p>A Canada entry document for each family member who is not a Canadian citizen <b>must</b> accompany the application.</p> <p>If the employee's family has not relocated to Alberta at the same time as your employee, the employee should only register him or herself.</p>
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Late Registration	<p>The earliest date of:</p> <p>(a) three months prior to the date the application is received, or</p> <p>(b) three months prior to the date that a health service was provided, or</p> <p>(c) the first day of the month following three complete months of employment.</p>	The effective date cannot be before the date that would normally be assigned had the person registered on time.
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Month of entry into Alberta from within Canada	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Coverage will be effective the first day of	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR

The following are common situations where a new application is required for an employee who is currently registered as a dependant on someone else's account:

Condition	Alberta Health Care Insurance Plan Effective Date	Remarks
Full-time employee is a dependant child on parent's account	Date the dependant becomes self-supporting, provided the application is received within one month. If the application is not received within one month, of the date of becoming self-supporting, the effective date is determined using the late notification policy (see below).	Dependants who are single, under 25, and enrolled in three or more courses at an accredited educational institution, may remain covered on their parents' accounts.
Late Notification	First of the month following the date the application is received, or first of the month following three full months of full-time employment, whichever is earliest.	Coverage is continued on previous account until the new account is effective.
Spouse recently separated or divorced	Date of separation or divorce, provided the application is received within one month. If the application is not received within one month, the effective date is determined using the late notification policy (see below).	Separated spouses can remain on the same account. Divorced spouses must have separate accounts.
Late Notification	First of the month following the date the application is received.	Coverage is continued on previous account until the new account is effective.



## Alberta Personal Health Cards

Once registered, the employee will receive an Alberta Personal Health Card in the mail at their home address. If the employee has dependants, the dependants will each receive a personal health card in the same envelope. A *Statement of Coverage* will also be included with the cards and will list all family members covered on the account.

The Alberta Personal Health Card shows the person's personal health number and must be presented when receiving health services from a new provider. Alberta Personal Health Numbers have nine digits in the 99999-9999 format. Alberta residents keep the same personal health number for life.

### Statement of Coverage

THE DEPENDANTS COVERED ON YOUR HEALTH CARE ACCOUNT ARE LISTED BELOW. PLEASE CHANGE PERSONAL DATA UNDER CARD CHANGES BELOW. TO ADD OR DELETE A DEPENDANT, OR CORRECT YOUR ADDRESS, COMPLETE AND RETURN THE FORM ON THE BACK.

	BIRTHDATE	PERSONAL HEALTH NO.
Barry T. White	1961/05/16	12345-0000
Elizabeth Mary	1964/08/02	87654-3210
Robert Samuel	1988/11/21	44332-2110
Rita Susan Whit	1991/07/02	12345-6789
Mary Elizabeth	2000/11/03	98765-4321

### Alberta Personal Health Card

Personal Health Number

12345-0000

**VOID**

Barry T White

Gender **M** Birthdate **1961/05/16**  
Year Mo Day

**Alberta**  
HEALTH AND WELLNESS

You are eligible for health insurance coverage provided you are a resident of Alberta.

In the above example, Barry White's personal health card shows his personal health number, name, gender and date of birth. The statement of coverage lists the dependants covered on his Alberta Health Care Insurance Plan account. Mr. White's statement shows he is covered with his spouse and three children. Rather than Mr. White notifying Alberta Health and Wellness directly of any dependant or personal data changes, he should provide you, the employer, with the information and you submit the information on his behalf.