

6. Commencing Group Coverage for Employees

As a group administrator, you are responsible for reporting all group commencements, and for indicating the date each employee joined your group. The *Employee Group Commencement and Termination* form (AHC0199) is the document used to report these changes. An example of a completed commencement form is shown on page 6.4.

Group coverage for a new employee may begin as early as the first day of the month following the date employment starts. If employment starts on the first working day of the month, group coverage may start at the beginning of that same month. You may also impose a probationary period of up to three months before starting group coverage for an employee. After the first three complete/full months of employment, all eligible employees must be covered.

For example:

Employment starts: August 3, 2004

Earliest date group coverage can start: September 1, 2004

Latest date group coverage can start: December 1, 2004

The following information is required on all commencement forms:

- employee's full name,
- employee's personal health number,
- employee's address,
- group number,
- company name,
- employment date, and
- commencement date. You need only indicate the year and month. Group coverage will always start the first day of the month.

An *Application for Alberta Health Care Insurance Plan Coverage* (AHC0102) is required for new or returning residents to Alberta.

If registering an employee who has recently moved to Alberta, an *Application for Alberta Health Care Insurance Plan Coverage (AHC0102)* and an *Employee Group Commencement and Termination (AHC0199)* form must be submitted to Alberta Health and Wellness together. Otherwise, the employee will be required to submit validation documentation with the application to prove they are eligible for coverage with the Alberta Health Care Insurance Plan (AHCIP).

If an employee is already registered, but does not have an Alberta Personal Health Number to give you, the employee should contact Alberta Health and Wellness to obtain his/her personal health number.

When an application for coverage and group commencement form are completed at the same time, the effective date of the AHCIP coverage may affect the employee's commencement date on your group (refer to section 4). If the coverage is effective on the first day of the month, group coverage can start the same day. If the coverage is effective on a day other than the first day of the month, group coverage cannot start until the first of the following month. Refer to the following examples:

Coverage is effective: September 1, 2004

Earliest date group coverage can start: September 1, 2004

Coverage is effective: September 4, 2004

Earliest date group coverage can start: October 1, 2004

When you enroll your group with Alberta Health and Wellness, you can arrange to have your premium statement organized by department or payroll numbers. If you request your group be organized by department or payroll numbers, these numbers must be included on all group commencement forms. A group commencement form will (with a few exceptions) terminate any existing group coverage because group coverage can only be maintained with one employer at a time. Group commencement forms must be submitted promptly to prevent the employee from receiving unnecessary premium statements and penalty charges. These forms may be submitted to Alberta Health and Wellness **up to three months in advance** of the group commencement date.

Note: If an employee has just moved to Alberta from another province/territory, AHCIP coverage will not start until the first day of the third month following the date permanent residence was established in Alberta. If the employee's family has remained behind, but intends to join the employee later, the employee must retain health care coverage in the province/territory of origin. This coverage can be retained for up to 12 months from his/her date of departure or to the end of the second month following the date their family arrives in Alberta (whichever comes first). If their family does not move to Alberta within 12 months, the employer should register the employee, but not the family.

SAMPLE



**Employee Group
Commencement and Termination**

To mail correspondence:
Alberta Health and Wellness
PO Box 1360 Stn Main
Edmonton AB T5J 2N3

For service in person:
10025 Jasper Ave, Edmonton, or
727 7 Ave SW, Calgary

To telephone:
427-1432 (within Edmonton)
Toll-free for the rest of Alberta at
310-0000 and then (780) 427-1432

To fax: (780) 422-0102
To visit our Website:
http://www.health.gov.ab.ca

AHC 199

ABC Company

Group name _____ Group number _____ 12345

Employee's personal information									
Title (e.g. Mr, Mrs, Miss, Ms, Dr, Rev, Sr) Mr.									
Surname Browne		First name Arnold			Middle name Arthur			1 2 3 4 5 6 7 8 9	
Mailing address 1840 12 St Apt 301									
City Anytown				Province/Territory Alberta			Country Canada		Postal code T2B 7C7
Area 780		Home 555-6666		Area 780		Work 555-5555		Ext. 5	

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

Year	2	0	0	4	1	2
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Number of people to be covered **03**
**If the number of people is different from the number of people covered on the account, please attach an AHC 110A or AHC 110B to add or remove coverage.*

Department number **10**

Payroll number **987**

Permanent full-time employment date

Year	2	0	0	4	0	8	2	9
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If a returning Alberta resident, please provide previous place of residence:

and date of return to Alberta

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

Year				Month		Day		
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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		
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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
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Other (explain)

Year				Month		Day		
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If your employee or his/her dependants are not Canadian citizens, please provide a clear photocopy of the Canada entry documents for these individuals.

Group Administrator's name **Jane Doe**
(Please print)

Phone num **555-1111** Date **November 3, 2004**