

## 9. Changing Employee Group Coverage Information

An *Employee Group Coverage Change Notice* (AHC0520) is the document used to revise the following employee information:

- group commencement date,
- group termination date,
- department number,
- payroll number,
- home mailing address, and
- home and work telephone numbers.

An example of the *Employee Group Coverage Change Notice* (AHC0520) is shown on page 9.2.

SAMPLE



**Change to Existing Employee Group Coverage**

AHC0520

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:

422-1212 (within Edmonton)  
1-800-272-8864 (toll-free from elsewhere in Alberta)

To fax: (780) 422-0102

To visit our Website:

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

Group name ABC Company Group number 12345

**Employee's personal information**

Title (e.g.)	Mr.	Surname	Green	8	7	6	5	4	3	2	1	0
First name	Konert		Allan									
Mailing address	PO Box 123											
Ct	Anytown		Province	Alberta		Cc	Canada		T0T 0T0			
Ar	/80	number	444-4444		/80	Wt	555-5555		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.

**Change existing group coverage**

Complete applicable areas.

Change commencement date from  to  Change termination date from  to

Date of permanent employment  Date left employment

Please provide reason for change Incorrect date submitted

**Change group coverage to**

Change employee's department number to  Name

Personal health number

Change employee's payroll number to  Effective date

Group administrator's name Jane Doe Phone number 555-1111 Date November 23, 2004

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