

10. Changing Employee and Family Information (Revised)

The *Notice of Change* (AHC0107) form is the document used to request the following changes:

- employee/dependant's name change,
- employee/dependant's address change,
- addition of dependant coverage*, and
- deletion of dependant coverage*

* NOTE: A husband and wife must be covered on the same account. In cases of separation or divorce, the parent with custody registers the children as dependants.

Changing or Correcting an Employee's Name

An employee's or dependant's name can be changed by completing Section A on the *Notice of Change* (AHC0107) form.

Name changes generally occur because of:

- a legal name change;
- an incorrect spelling of the name on the group premium statement or the employee's personal health card or
- a change in marital status.

Changing an Employee's Address

An address can be changed by completing Section A on the *Notice of Change* (AHC0107).

Adding Coverage for a Dependant

Adding coverage for a dependant must be done by completing Sections A, B & C (to add coverage for a spouse or adult interdependent partner) or Sections A, C & D (to add coverage for dependant children) on the *Notice of Change* (AHC0107) form. An example of a completed addition request is shown on page 10.4.

Dependants are defined as:

- married persons (husband or wife). These individuals must register together. Separated spouses may choose to register together or separately.
- adult interdependent partners (may choose to register together or separately).
- children, including adopted children, under age 21 who are single and wholly dependent on the parent(s).
- foster children and wards for whom the resident claims income tax deductions.
- single children over 21 who are wholly dependent because of physical or mental disabilities
- single children under 25 who are enrolled and attending three or more courses at an accredited educational institution.

Dependants, who are Alberta residents, are added to the account the date of event, provided Alberta Health and Wellness receives notification within one month of the event. If notification is received after one month, coverage is added the first of the month following receipt of notification.

Beginning January 1, 2005, spouses/partners new to Alberta, or those who have not had Alberta Health Care Insurance Plan (AHCIP) coverage for six months or more, must provide documents with the application to prove they are eligible for AHCIP coverage, unless the application is submitted through the employer. **Copies of the Canada entry documents are required whenever coverage is being added for a spouse/partner/dependant who is not a Canadian citizen.**

Dependants arriving from another part of Canada are added the latest date of the following:

- the first day of the third month following the date of entry into Alberta, or
- the date of event (marriage or other dependency), or
- three months prior to the date the application is received.

Dependants arriving from outside Canada are added the latest date of the following:

- the date of entry into Alberta, or
- the date they became eligible for coverage (based on Canada entry document), or
- the date of event (marriage or other dependency), or
- three months prior to the date the application is received.

Adding Coverage for a Newborn

Newborn children will be added the latest date of the following:

- the date of birth, or
- the effective date of the parents' account, or
- three months prior to the date the application is received.

Most newborns born in Alberta are added through the Newborn Metabolic Screening Program. Therefore, the instances of when employers need to add newborns will be rare.

Adding Coverage for an Adopted Child

Adopted children will be added the later date of the following:

- the date of adoption or the date placed in the parents' care, or
- three months prior to the date the application is received.

Adding Coverage for a Dependant Causing a Rate Change on the Account

If a dependant's coverage is added the first of the month resulting in a premium rate change, the rate change will be effective that month. If the addition date is on a day other than the first of the month, and results in a premium rate change, the rate change will be effective the first day of the following month.

Personal Health Number

Dependants who are already covered by the Alberta Health Care Insurance Plan will have a personal health number and will retain the same number for life.

SAMPLE



Notice of Change

AHC0107

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

Before completing this form, please refer to pages 3 and 4.
 Please use this form to make name, address and dependant changes on your Alberta Health Care Insurance Plan account.

Section A - Account holder's personal information (Please print)				8 8 7 7 6 6 5 5 4
Title	Ms (Sr.)	Last name as it appears on personal health card		Adam
First name	Eve	Middle name	Ruth	Reason for name change (e.g. legal, marriage, incorrect spelling)
Change last name on card to		Change first name to	Change middle name to	
Mailing address <input type="checkbox"/> check if this is a new address				
City/Town		Province/Territory	Country	Postal code
Legal land description or physical address (if providing a P.O. Box or rural address)				
City/Town		Province/Territory	Country	Postal code
Home phone number		Work phone number	Extension	

Do all family members on your account have the same mailing address? Yes No
 If no, please provide the correct mailing address, full name and personal health number on a separate page.

Section B - Adding coverage for a spouse or partner				
Spouse/Partner's last name	Mr	Byrne	First name	Brian
Middle name	David	1 9 7 3 1 2 2 2	M	If spouse/partner prev health number 7 7 6 6 5 - 4 4 3 3
Date of marriage	2 0 0 4 1 0 2 2		Previous last name (if applicable)	
<input checked="" type="checkbox"/> Adult interdependent partnership <input type="checkbox"/> Immigration status (if not a Canadian Citizen, include a clear photocopy of Canada entry document(s) with this application.) <input type="checkbox"/> Landed immigrant <input type="checkbox"/> Other, specify status:				
Do you and your spouse/partner reside in Alberta permanently? <input type="checkbox"/> Yes <input type="checkbox"/> No		Arrived in Alberta from (Provincial/Territory/Country)		Date of arrival in Alberta
Date of arrival in Canada		Previous medical plan number		
				For Office Use Only
				S I L R

Section C - Declaration				
<ul style="list-style-type: none"> 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 form. I declare that all information provided on this form 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	Work phone number Ext.
Signature of Spouse/Adult Interdependent Partner		Date	Home phone number (if different than applicant)	Work phone number Ext.
Group Administrator's Name, if applicable (Please print)		Group Number	Date	Work phone number Ext.
Jane Doe		12345	Nov 23, 2004	780 5 5 5 5 5 5 5 123

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See the reverse side to add or delete dependants from your account.

Deleting Coverage for a Dependant from an Account

Deleting coverage for a dependant is done by completing Sections A & E on the Notice of Change (AHC0107). An example of a completed deletion request is shown on pages 10.7 and 10.8.

Reasons for deleting coverage for a spouse include:

- separation (separated spouses may choose to maintain coverage together or separately)
- divorce
- death

Reasons for deleting coverage for a child include:

- marriage/adult interdependent relationship
- becoming self-supporting (full-time employee)
- leaving the province
- death

Reasons for deleting coverage for an adult interdependent partner include:

- separation (separated partners must maintain coverage on separate accounts)
- termination of an adult interdependent agreement
- death

Coverage is deleted from the account the date the person is no longer dependent on the account holder, provided Alberta Health and Wellness receives notification within one month of the event. Otherwise, coverage is deleted the last day of the month in which notification is received. If the deletion is due to death, the deletion date is the date of death, regardless of when notification is received.

Deleting Coverage for a Dependant Causing a Premium Rate Change on the Account

If a dependant's coverage is deleted the first of the month resulting in a premium rate change both the deletion and the rate change will occur the same day. However, if the dependant's coverage is deleted on a day other than the first day of the month and a rate change is involved, the rate change will occur the first day of the following month.

Personal Health Numbers

Individuals retain their personal health numbers for life. When dependants are deleted from an account, their personal health numbers remain the same. However, they should contact Alberta Health and Wellness to ensure they are provided with continuous coverage on their own account.

SAMPLE



Notice of Change

AHC0107

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

Before completing this form, please refer to pages 3 and 4.
 Please use this form to make name, address and dependant changes on your Alberta Health Care Insurance Plan account.

Section A - Account holder's personal information (Please print)				4 4 3 3 2 2 1 1 0			
Title	Mr (Sr.)	Last name as it appears on personal health card		Blush			
First name	George	Middle name	Ben	Reason for name change (e.g. legal, marriage, incorrect spelling)			
Change last name on card to		Change first name to		Change middle name to			
Mailing address <input type="checkbox"/> check if this is a new address							
City/Town		Province/Territory		Country		Postal code	
Legal land description or physical address (if providing a P.O. Box or rural address)							
City/Town		Province/Territory		Country		Postal code	
Home phone number		Work phone number		Extension			

Do all family members on your account have the same mailing address? Yes No
 If no, please provide the correct mailing address, full name and personal health number on a separate page.

Section B - Adding coverage for a spouse or partner							
Title	Spouse/Partner's last name			First name			
Middle name	Birthdate			Male/Female	If spouse/partner previously registered in Alberta, provide personal health number.		
Date of <input type="checkbox"/> marriage		Y Y Y Y M M D D		Previous last name (if applicable)			
<input type="checkbox"/> adult interdependent partnership		Y Y Y Y M M D D					
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:							
Will your spouse/partner reside in Alberta permanently? <input type="checkbox"/> Yes <input type="checkbox"/> No		Arrived in Alberta from (Provincial/Territory/Country)			Date of arrival in Alberta		
Date of arrival in Canada		Previous medical plan number					
Y Y Y Y M M D D							
For Office Use Only							
S I L R							

Section C - Declaration							
<ul style="list-style-type: none"> 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 form. I declare that all information provided on this form 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		Work phone number		Ext.
			()		()		
Signature of Spouse/Adult Interdependent Partner		Date	Home phone number (if different than applicant)		Work phone number		Ext.
			()		()		
Group Administrator's Name, if applicable (Please print)		Group Number	Date	Work phone number		Ext.	
Jane Doe		12345	Nov 23, 2004	780 5 5 5 5 5 5 5		5	

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See the reverse side to add or delete dependants from your account.

SAMPLE

Section D - Adding coverage for dependant children (If you need to add more dependant children, please use a separate page.)

First child	Child's last name		First name		
	Middle name		Birthdate Y Y Y Y Y M M D D D	Male/Female	
	Date of dependency Y Y Y Y Y M M D D D	If child previously registered in Alberta, provide personal health number.	Reason for adding child		
	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:				
	Will your child reside in Alberta permanently? <input type="checkbox"/> Yes <input type="checkbox"/> No	Arrived in Alberta from (Province/Territory/Country)		Date of arrival in Alberta Y Y Y Y Y M M D D D	
	Date of arrival in Canada Y Y Y Y Y M M D D D	Previous medical plan number			
Second child	Child's last name		First name		
	Middle name		Birthdate Y Y Y Y Y M M D D D	Male/Female	
	Date of dependency Y Y Y Y Y M M D D D	If child previously registered in Alberta, provide personal health number.	Reason for adding child		
	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:				
	Will your child reside in Alberta permanently? <input type="checkbox"/> Yes <input type="checkbox"/> No	Arrived in Alberta from (Province/Territory/Country)		Date of arrival in Alberta Y Y Y Y Y M M D D D	
	Date of arrival in Canada Y Y Y Y Y M M D D D	Previous medical plan number			
Third child	Child's last name		First name		
	Middle name		Birthdate Y Y Y Y Y M M D D D	Male/Female	
	Date of dependency Y Y Y Y Y M M D D D	If child previously registered in Alberta, provide personal health number.	Reason for adding child		
	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:				
	Will your child reside in Alberta permanently? <input type="checkbox"/> Yes <input type="checkbox"/> No	Arrived in Alberta from (Province/Territory/Country)		Date of arrival in Alberta Y Y Y Y Y M M D D D	
	Date of arrival in Canada Y Y Y Y Y M M D D D	Previous medical plan number			

Section E - Deleting coverage for a dependant

Last name	First name	Middle name	Personal health number	Birthdate	Deletion date	Reason
Blush	Barbara	Ana	1 2 3 4 5 6 7 8 9	1970 02 22	2004 12 01	Divorce
Blush	Adam	Ben	9 8 7 6 5 4 3 2	1998 08 15	2004 12 01	With Mother
				YYYY MM DD	YYYY MM DD	
				YYYY MM DD	YYYY MM DD	
				YYYY MM DD	YYYY MM DD	
If deletion is due to marriage or adult interdependent relationship, provide the full name of your dependant's spouse/partner.					Personal health number of dependant's spouse/partner	
Mailing addr PO Box 1 (If more than one address, please list on a separate page)						
City/Town Anytown		Province/Territ AB	Country Canada		T 0 Y 0 Y 0	

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.