

11. Applying for Premium Assistance

Alberta Health and Wellness has two premium assistance programs to assist lower income Albertans with their Alberta Health Care Insurance Plan (AHCIP) premiums: the Premium Subsidy Program and the Waiver of Premiums Program.

The following individuals are not eligible to apply for premium assistance:

- a new or returning resident from outside Canada, who has not lived in Alberta for 12 consecutive months, or
- a resident who is exempt from paying income tax for religious, charitable or communal reasons, or
- a student from outside Canada who is temporarily in Canada.

Seniors and their eligible dependants are not required to pay AHCIP premiums. Seniors can apply for subsidy for periods prior to their 65th birthday.

Note: Receiving premium assistance is not a valid reason for an employer to exclude or terminate an employee from their group.

Premium Subsidy Program

Eligibility for premium subsidy is based on the combined taxable income (line 260 of an individual's tax return or Notice of Assessment) of the employee and spouse/partner (if there is one) for the taxation year before each subsidy period. For example, income information from the 2005 tax return will determine if an employee qualifies for premium subsidy for the subsidy period April 1, 2006 to March 31, 2007. Employees who qualify for the Premium Subsidy Program are provided with full or partial premium subsidy for up to one year starting April 1 of one year and ending March 31 of the next year. To determine eligibility for the program, the employee (and spouse/partner, if applicable) must complete an Application for Premium Subsidy.

An example of an *Application for Premium Subsidy* (AHC0208G) is shown on Pages 4 to 7 of this section. **Note:** The employee and his/her spouse (if applicable) are required to sign the application.

Retroactive Premium Subsidy

Employees may apply for retroactive premium subsidy for up to two previous premium subsidy periods. Eligibility is based on the employee's and spouse/partner's (if there was one) taxable income (line 260 from the Notice of Assessment) for the taxation year before each premium subsidy period. Copies of the Notice(s) of Assessment from the Canada Revenue Agency are required with the application.

An example of an *Application for Retroactive Premium Subsidy* (AHC0391) is shown on Pages 8 to 11 of this section. **Note:** The employee and his/her spouse (if applicable) are required to sign the application.

Monthly Premium Calculation

To calculate the employee's subsidized premium rate, first determine the family category in which he or she belongs (see column 1). If the combined taxable income is:

- less than the amount in column 2, the employee qualifies for full premium subsidy,
- more than the amount in column 3, the employee is not eligible for premium subsidy,
- between the amounts in column 2 and 3, the employee qualifies for a partial premium subsidy.

Column 1 Family Category	Column 2 Full Premium Subsidy	Column 3 Full AHCIP Premiums
Single	less than \$12,450	more than \$15,970
Family - no children	less than \$21,200	more than \$28,240
Family - with children	less than \$27,210	more than \$34,250

Below is an example of how the premium rate is calculated for a single person who qualifies for partial premium subsidy:

$$\begin{array}{r}
 14,000 \text{ combined taxable income} \\
 - 12,450 \text{ less threshold amount from column 2} \\
 = 1,550 \text{ equals income above threshold} \\
 \times .15 \text{ multiply by the linear rate of premium subsidy} \\
 = 232.50 \text{ equals annual premium cost} \\
 \div 12 \text{ divide by 12 months} \\
 = \$19.38 \text{ equals monthly premium}
 \end{array}$$

Reassessment of Eligibility

The addition or deletion of family members on an employee's AHCIP account may change or end the employee's subsidized premium rate. Eligibility for premium subsidy is based on the combined taxable income of both the employee and spouse/partner. Therefore, if your employee is receiving premium subsidy and is adding a spouse/partner, we also require the spouse/partner's income tax information. Your employee and his or her spouse/partner should complete and sign a *Supplementary Application for Premium Subsidy* AHC0901G (see example on Pages 12 and 13 of this section) to provide the required information. Your employee's subsidized rate will end and full premiums will be billed if we do not receive this information. (Exception: if the employee's spouse/partner was enrolled in the Premium Subsidy Program at the time he/she was added to the account, subsidy eligibility will be reassessed automatically and your employee does not need to provide additional income information.)

Waiver of Premiums Program

Residents of Alberta who are experiencing current financial difficulty may apply to have their premiums waived through the Waiver of Premiums Program. To determine eligibility for this program, the employee (and spouse/partner if applicable) must complete an *Application for Waiver of Premiums* (AHC0656).

Eligibility for waiver of premiums is based on the employee's (and spouse/partner's if applicable) combined gross income (income before deductions) for the three calendar months immediately before the month in which the application is signed. For example, if the application is signed in July, the gross monthly incomes for April, May and June are required. If the employee is eligible, current AHCIP premiums are waived for up to six months. When the period of waiver ends, if necessary, the employee can reapply for waiver of premiums.

To be eligible for waiver of premiums, the average gross monthly income for the three months cannot be more than \$1,020 for single coverage, \$1,860 for families without children, or \$2,260 for families with children.

An example of an *Application for Waiver of Premiums* (AHC0656) is shown on Pages 14 and 15 of this section. **Note:** The employee and his/her spouse, if applicable, are required to sign the application.

Application for Premium Subsidy 2006/2007

Section D - Spouse/Adult Interdependent Partner's personal information

Section D - Spouse/Adult Interdependent Partner's personal information			Personal health number	
Title (e.g. Mr, Mrs, Miss, Ms, Dr, Rev, Sr)	Last name			
First name	Middle name			
Is your address the same as the registrant's mailing address? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please provide your mailing address below.				
Mailing address				
City	Province/Territory	Country	Postal code	

Spouse/Adult Interdependent Partner's income information (Based on 2005 Taxation Year)

(If not applicable, leave this section blank. See page 4 for a definition of Adult Interdependent Partner)

Did you file a 2005 income tax return? (see page 4) Yes No
 Or, were you claimed as a spouse, adult interdependent partner (see page 4) or dependant in 2005? Please note: Unless you file an income tax return or are claimed on your spouse or partner's return, you may not qualify for subsidy. Yes No

Taxable Income (line 260 from your 2005 Notice of Assessment or 2005 income tax return) ➔ \$ _____
 Refer to page 3 to determine subsidy eligibility. Spouse/Adult Interdependent Partner

Section E - Alberta Health and Wellness Certification and Authorization

I have read the information on this form and certify that the information given by me is true and correct.

I authorize Alberta Health and Wellness to disclose my registration information to the Canada Revenue Agency for the purpose of verifying my eligibility for a premium subsidy under the Alberta Health Care Insurance Plan. I understand why I have been asked to consent to the disclosure of this information and I am aware of the risks and benefits of consenting or refusing to consent. I also understand that this authorization is in effect for the current subsidy period and for each subsequent subsidy period for which I receive a premium subsidy under the Alberta Health Care Insurance Plan and that I may revoke this consent in writing at any time with Alberta Health and Wellness.

Signature of spouse/Adult Interdependent Partner	Date	Year	Month	Day	Home Phone Number	Work Phone Number
	_ _	_ _	_	_	(_ _) _ _ _ _	(_ _) _ _ _ _

Section F - Canada Revenue Agency Authorization

I authorize the Canada Revenue Agency to release information from my income tax returns, and, if applicable, other required tax information about me, whether supplied by me or a third party to the Minister of Health and Wellness of the Province of Alberta. The information will be relevant to, and used solely for the purpose of determining and verifying my eligibility, entitlement for and general administration and enforcement of the Premium Subsidy Program under the Alberta Health Care Insurance Plan and for no other purpose. I acknowledge that this authority is in effect for the 2005 taxation year and each subsequent consecutive year for which I receive a premium subsidy under the Alberta Health Care Insurance Plan.

Signature of spouse/Adult Interdependent Partner	Date	Year	Month	Day	Social Insurance Number
	_ _	_ _	_	_	_ _ _ _ _ _ _

The information requested on this application is being collected by Alberta Health and Wellness pursuant to section 20(a) and (b) of the *Health Information Act* and section 33 of the *Freedom of Information and Protection of Privacy Act* for the sole purpose of determining or verifying your eligibility to receive a premium subsidy under the Alberta Health Care Insurance Plan, and will not be disclosed to any other person or organization without your approval. If you have any questions regarding the collection of this information, please contact the Client Services Branch at the addresses or telephone numbers provided on page 1.

Premium Subsidy Program Information

Please detach this sheet and keep for your records.

1. Who is eligible to apply for Premium Subsidy?

Lower income Albertans may apply to have their Alberta Health Care Insurance Plan (AHCIP) premiums reduced or waived. Premium subsidy eligibility is based on your previous year's tax information.

Seniors can apply for premium subsidy for periods prior to their 65th birthday. Effective October 1, 2004, seniors and their dependants do not have to pay AHCIP or Alberta Blue Cross premiums.

You are not eligible to apply if you are:

- a new or returning resident from outside Canada, who has not yet lived in Alberta for 12 consecutive months, or
- exempt from paying income tax for religious, charitable or communal reasons, or
- a student from outside Canada who is temporarily in Canada.

2. How do I apply?

To apply for premium subsidy during the period April 1, 2006 to March 31, 2007, you are required to file your 2005 income tax return with the Canada Revenue Agency and complete and return this form to our office.

3. How do I know if I am eligible for subsidy?

Your taxable income is used to calculate your subsidy. To determine your eligibility, find your family category in Column 1 in the chart below. If your combined taxable income is:

- less than the amount in column 2, you qualify for full subsidy.
- more than the amount in column 3, you are not eligible for subsidy.
- between the two amounts, you qualify for partial subsidy.

Column 1	Column 2	Column 3
Family Category	Full Subsidy	Full Premiums
Single	less than \$12,450	more than \$15,970
Family – no children	less than \$21,200	more than \$28,240
Family – with children	less than \$27,210	more than \$34,250

Note: The term "combined income" indicates income for the registrant plus any spouse/adult interdependent partner covered on the same account during the subsidy period. If the registrant does not have a spouse/adult interdependent partner, the "combined income" will mean only the registrant's income information.

Use the formula shown in the example below to determine your monthly premium. The example provided is for a single person with a taxable income of \$14,000.

Example:

Registrant's 2005 taxable income	\$ _____	14,000	combined taxable income
Spouse/adult interdependent partner's 2005 taxable income	\$ _____	- 12,450	less threshold amount (Column 2 for a single person)
Combined 2005 taxable income	\$ _____	= 1,550	equals income above threshold
		x .15	multiply by the linear rate of subsidy
		= 232.50	annual premium cost
		÷ 12	divide by 12 months
		= 19.38	monthly premium

Current premium rates can be found on our website at www.health.gov.ab.ca. To assist you in determining your subsidized monthly premium rate, a subsidy calculator is available on our website at: www.health.gov.ab.ca/ahcip/faq/subsidies.html.

4. How do I get my income tax information?

The income tax information required to apply can be obtained from line 260 on your 2005 income tax return or your 2005 Notice of Assessment. If you have filed your income tax return and do not have this information, you can contact the Canada Revenue Agency at 1-800-959-8281.

5. What if I did not file an income tax return?

To be eligible for premium subsidy an income tax return must be filed or a valid reason for not filing (e.g. claimed as a spouse, adult interdependent partner or dependant) must be provided with the application.

6. What happens if family members are added to or deleted from my account?

The addition or deletion of family members could change your subsidy eligibility by moving you to a different family category. If this occurs, your subsidy will be adjusted automatically and you do not need to reapply. If you add a spouse/adult interdependent partner we will require that person's income information and signature to determine if you are still eligible for premium subsidy. Subsidized registrants adding a spouse/adult interdependent partner should complete a Supplementary Application for Premium Subsidy (AHC0901G). Contact our office or visit our website at www.health.gov.ab.ca to obtain this application.

7. When do I need to reapply for subsidy for next year?

If you are receiving subsidy for the current year, your eligibility for subsidy will be re-assessed each year in March. You will be notified if your subsidy will be automatically renewed or will be sent an application to reapply.

8. What other premium assistance programs are available?

Retroactive Premium Subsidy

Registrants may apply for retroactive premium subsidy for up to two previous subsidy periods. To apply please complete an Application for Retroactive Premium Subsidy (AHC0391).

Waiver of Premiums Program

This program is for registrants who are unable to pay their AHCIP premiums due to recent financial difficulty. To qualify for waiver of premiums, your average gross monthly income (income before deductions) for the preceding 3 months cannot be more than \$1,020 for single coverage, \$1,860 for families with no children or \$2,260 for families with children. To apply, please complete an Application for Waiver of Premiums (AHC0656). If you are eligible, your current premiums will be waived for a six month period. When the period of waiver ends, a new application can be made, if applicable.

Contact our office or visit our website at www.health.gov.ab.ca to obtain the above applications.

9. What is the registrant?

The person who has accepted primary responsibility for the AHCIP account.

10. What is an adult interdependent partner?

A person is an adult interdependent partner if the person has lived with the other person in a relationship of independence

- 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.

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



AHC0391

Application for Retroactive Premium Subsidy
Based on 2002 and/or 2003 Taxation Years

Mailing Address
Alberta Health and Wellness
PO Box 1360 Stn Main
Edmonton AB T5J 2N3
Office Address
10025 Jasper Ave Edmonton,
or 727 7 Ave SW Calgary

Telephone
(780) 427-1432 Edmonton
Toll-free within Alberta at
310-0000 then (780) 427-1432
Fax (780) 422-0102
Website
www.health.gov.ab.ca

- Please read the eligibility and program information on pages 3 and 4 before completing this application.
- Registrants may apply for retroactive subsidy for up to two previous subsidy periods. Complete this application to apply for subsidy for one or both retroactive periods.
- Please do not alter this form.

Section A - Registrant's personal information (Please print)			Personal health number			
Title (e.g. Mr, Mrs, Miss, Ms, Dr, Rev, Sr)		Last name				
First name			Middle name			
Mailing address						
City		Province/Territory		Country		Postal code
Are you applying for retroactive subsidy for a previous account? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, indicate account number from premium statement						

Section B - Alberta Health and Wellness Certification

- This section must be signed and your Notice(s) of Assessment included or this application will not be processed.
- If you had a spouse/adult interdependent partner on your account during the retroactive period, that person must also sign this section and provide his/her Notice(s) of Assessment (see page 3).

I have read the information on this form and certify that the information given by me is true and correct.

Signature of Registrant	Date Year Month Day	Home Phone Number ()	Work Phone Number ()
Signature of spouse or adult interdependent partner	Date Year Month Day	Home Phone Number ()	Work Phone Number ()

The information requested on this application is being collected by Alberta Health and Wellness pursuant to section 20(a) and (b) of the Health Information Act and section 33 of the Freedom of Information and Protection of Privacy Act for the sole purpose of determining or verifying your eligibility to receive a premium subsidy under the Alberta Health Care Insurance Plan, and will not be disclosed to any other person or organization without your approval. If you have any questions regarding the collection of this information, please contact the Client Services Branch at the addresses or telephone numbers provided above.

AHC0391 (2005/03)

Registrant's name	Personal health number
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Use this section to apply for premium subsidy for the period April 1, 2004 to March 31, 2005.
Information from your **2003** Notice of Assessment is required.

2003 Income Information

Registrant's Income Information

line A Taxable Income (line 260 from your **2003** Notice of Assessment) (A) \$ _____
 Did you file a 2003 income tax return? (see page 4) Yes No
 If yes, you must include a copy of your 2003 Notice of Assessment.
 If no, were you claimed as a spouse, partner or dependant in 2003? Yes No

Spouse/Adult Interdependent Partner's Income Information
 (If not applicable, leave this section blank. See page 3 for more information.)

line B Taxable Income (line 260 from your **2003** Notice of Assessment) (B) \$ _____
 Did you file a 2003 income tax return? (see page 4) Yes No
 If yes, you must include a copy of your 2003 Notice of Assessment.
 If no, were you claimed as a spouse, partner or dependant in 2003? Yes No

line C Combined 2003 taxable income (Add A and B) (C) \$ _____

Refer to page 4 to determine your monthly premiums

Use this section to apply for premium subsidy for the period April 1, 2003 to March 31, 2004.
Information from your **2002** Notice of Assessment is required.

2002 Income Information

Registrant's Income Information

line D Taxable Income (line 260 from your **2002** Notice of Assessment) (D) \$ _____
 Did you file a 2002 income tax return? (see page 4) Yes No
 If yes, you must include a copy of your 2002 Notice of Assessment.
 If no, were you claimed as a spouse, partner or dependant in 2002? Yes No

Spouse/Adult Interdependent Partner's Income Information
 (If not applicable, leave this section blank. See page 3 for more information.)

line E Taxable Income (line 260 from your **2002** Notice of Assessment) (E) \$ _____
 Did you file a 2002 income tax return? (see page 4) Yes No
 If yes, you must include a copy of your 2002 Notice of Assessment.
 If no, were you claimed as a spouse, partner or dependant in 2002? Yes No

line F Combined 2002 taxable income (Add D and E) (F) \$ _____

Refer to page 4 to determine your monthly premiums

To apply for subsidy for the periods after March 31, 2005 (based on 2004 tax information), visit our website or contact our office to obtain an Application for Premium Subsidy (AHC0208G).

Application for Retroactive Premium Subsidy Eligibility and Program Information

1. Who is eligible to apply for Retroactive Premium Subsidy?

Lower income Albertans may apply to have their Alberta Health Care Insurance Plan (AHCIP) premiums reduced or waived.

Seniors can apply for premium subsidy for periods prior to their 65th birthday. Effective October 1, 2004, seniors and their dependants do not have to pay AHCIP or Alberta Blue Cross premiums. Prior to October 1, 2004, seniors' eligibility for subsidy is determined through the Alberta Seniors Benefit Program. Please contact Alberta Seniors toll free at 1-800-642-3853 to request an application.

You are not eligible to apply if you are:

- a new or returning resident from outside Canada, who has not yet lived in Alberta for 12 consecutive months, or
- exempt from paying income tax for religious, charitable or communal reasons, or
- a student from outside Canada who is temporarily in Canada.

2. How do I apply?

To apply for retroactive subsidy during the period April 1, 2003 to March 31, 2004 and/or April 1, 2004 to March 31, 2005, you are required to complete this form. You are also required to file your 2002 and/or 2003 income tax returns with the Canada Revenue Agency (CRA).

3. How do I get my income tax information?

Subsidy eligibility is based on income tax information obtained from line 260 on your Notice of Assessment (and your spouse's/adult interdependent partner's Notice of Assessment, if applicable). The CRA sent your Notice of Assessment to you when you filed your income tax returns.

4. What if I did not file an income tax return?

To be eligible for premium subsidy an income tax return must be filed or a valid reason for not filing (e.g. claimed as a spouse, adult interdependent partner or dependant) must be provided with the application.

5. How do I know if my spouse's/adult interdependent partner's income information is required?

Eligibility is based on the account status on a month-to-month basis. Income information is required for you, and any spouse/adult interdependent partner covered on your AHCIP account from April 1, 2003 to March 31, 2004 and/or April 1, 2004 to March 31, 2005. The spouses/adult interdependent partners must also sign Section B of this application and provide their 2002 and/or 2003 Notice of Assessment.

As subsidy eligibility is determined on a month-to-month basis, your premium rate may vary if you added or deleted spouses/adult interdependent partners or dependants from your account during the subsidy period.

6. What if I no longer have a spouse/adult interdependent partner due to divorce, separation or death?

If the spouse/adult interdependent partner was covered on your account as described in question 4 above, that person's Notice of Assessment and signatures are required. If your spouse/adult interdependent partner is deceased, only a copy of his/her Notice of Assessment is required.

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7. How much will my premiums be adjusted?

Your 2002 or 2003 taxable income is used to calculate your retroactive subsidy. To determine your eligibility, find your family category in Column 1 in the chart below. If your combined income is:

- less than the amount in column 2, you qualify for full subsidy.
- more than the amount in column 3, you are not eligible for subsidy.
- between the two amounts, you qualify for partial subsidy.

Note: The term "combined income" indicates income for the registrant plus any spouse/adult interdependent partner covered on the same AHCIP account during the subsidy period. If the account does not have a spouse/adult interdependent partner, the "combined income" will mean only the registrant's income information.

Column 1	Column 2	Column 3
Family Category	Full Subsidy	Full Premiums
Single	less than \$12,450	more than \$15,970
Family – no children	less than \$21,200	more than \$28,240
Family – with children	less than \$27,210	more than \$34,250

Use the formula shown in the example below to determine your monthly premium. The example provided is for a single person with a taxable income of \$14,000.

Example:

$ \begin{array}{r} 14,000 \text{ combined taxable income} \\ - \underline{12,450} \text{ less threshold amount (Column 2 for a single person)} \\ = 1,550 \text{ equals income above threshold} \\ \times \underline{.15} \text{ multiply by the linear rate of subsidy} \\ = 232.50 \text{ annual premium cost} \\ \div \underline{12} \text{ divide by 12 months} \\ = \underline{19.38} \text{ monthly premium} \end{array} $	<table> <tr> <td>Registrant's 2002 taxable income</td> <td>\$ _____</td> </tr> <tr> <td>Spouse/adult interdependent partner's 2002 taxable income</td> <td>\$ _____</td> </tr> <tr> <td>Combined 2002 taxable income</td> <td>\$ _____</td> </tr> </table>	Registrant's 2002 taxable income	\$ _____	Spouse/adult interdependent partner's 2002 taxable income	\$ _____	Combined 2002 taxable income	\$ _____
Registrant's 2002 taxable income	\$ _____						
Spouse/adult interdependent partner's 2002 taxable income	\$ _____						
Combined 2002 taxable income	\$ _____						

The non-subsidized monthly premium rates during these subsidy periods were \$44.00 for a single registrant and \$88.00 for families.

To assist you in determining your subsidized monthly premium rate, a subsidy calculator is available on our website at www.health.gov.ab.ca/ahcip/faq/subsidies.html.

8. What is an adult interdependent partner?

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.



Supplementary Application for Premium Subsidy Based on 2003 or 2004 Taxation Years

AHC0901G

Mailing Address Alberta Health and Wellness PO Box 1360 Stn Main Edmonton AB T5J 2N3 Office Address 10025 Jasper Ave Edmonton, or 727 7 Ave SW Calgary

Telephone (780) 427-1432 Edmonton Toll-free within Alberta at 310-0000 then (780) 427-1432 Fax (780) 422-0102 Website www.health.gov.ab.ca

This form is used when you are enrolled in the Premium Subsidy Program, have added a spouse or adult interdependent partner to your account and wish to continue receiving premium subsidy.

- The registrant should complete section A1
The registrant's spouse/adult interdependent partner should complete sections A2, B, and C

Section A1 - Registrant's personal information (Please print)
Personal health number
Title (e.g. Mr, Mrs, Miss, Ms, Dr, Rev, Sr) Last name
First name Middle name
Mailing Address
City Province/Territory Country Postal code

Section A2 - Spouse/Adult Interdependent Partner's personal information
Personal health number
Title (e.g. Mr, Mrs, Miss, Ms, Dr, Rev, Sr) Last name
First name Middle name

If you are providing income information for taxation year 2003 or earlier, you must also include a copy of your Notice of Assessment.
2003 taxable income determines eligibility from April 1, 2004 to March 31, 2005
2004 taxable income determines eligibility from April 1, 2005 to March 31, 2006
Indicate taxation year
Taxable income (line 260 from your Notice of Assessment) \$
Were you claimed as a spouse/adult interdependent partner or dependant for the taxation year indicated above? Yes No

Please refer to reverse side to determine your monthly premiums.

Section B - Alberta Health and Wellness Certification and Authorization

I have read the information on this form and certify that the information given by me is true and correct.
I authorize Alberta Health and Wellness to disclose my registration information to the Canada Revenue Agency for the purpose of verifying my eligibility for a premium subsidy under the Alberta Health Care Insurance Plan.

Signature of Spouse/Adult Interdependent Partner Date Year Month Day Home Phone Number Work Phone Number

Section C - Canada Revenue Agency Authorization

I authorize the Canada Revenue Agency to release information from my income tax returns, and, if applicable, other required tax information about me, whether supplied by me or a third party, to the Minister of Health and Wellness of the Province of Alberta.

Signature of Spouse/Adult Interdependent Partner Date Year Month Day Social Insurance Number

AHC0901G (2005/03)

1. Who is eligible?

Eligibility for Alberta Health Care Insurance Plan (AHCIP) subsidy is based on the combined taxable income of both the registrant and the registrant's spouse or adult interdependent partner (hereafter referred to as partner). If your spouse/partner's income information has not already been provided to Alberta Health and Wellness (verbal notification is not accepted), this form is required to determine your continuing eligibility for subsidy. (If your spouse/partner was enrolled in the Premium Subsidy Program at the time he/she was added to your account, your eligibility for subsidy will be automatically reassessed and this form is not required).

2. How do I get my income tax information?

The income tax information required to apply can be obtained from line 260 on your 2003 and/or 2004 Notice of Assessment.

3. How do I know if I am eligible for subsidy?

Your taxable income is used to calculate your subsidy. To determine your eligibility, find your family category in Column 1 in the chart. If your combined taxable income is:

- less than the amount in column 2, you qualify for full subsidy.
- more than the amount in column 3, you are not eligible for subsidy.
- between the two amounts, you qualify for partial subsidy.

Column 1	Column 2	Column 3
Family Category	Full Subsidy	Full Premiums
Family no children	less than \$21,200	more than \$28,240
Family with children	less than \$27,210	more than \$34,250

Use the formula shown in the example below to determine your monthly premium.

Example:

<p>The example provided is for a family with children with a combined taxable income of \$29,000.</p> <p>29,000 combined taxable income</p> <p>- 27,210 less threshold amount from column 2</p> <p>= 1,790 equals income above threshold</p> <p>x .15 multiply by the linear rate of subsidy</p> <p>= 268.50 annual premium cost</p> <p>+ 12 divide by 12 months</p> <p>= 22.38 total monthly premium</p>	<p>Registrant's 2004 taxable income \$ _____</p> <p>Spouse/adult interdependent partner's 2004 taxable income \$ _____</p> <p>Combined 2004 taxable income \$ _____</p>
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Current premium rates can be found on our website at www.health.gov.ab.ca. To assist you in determining your subsidized monthly premium rate, a subsidy calculator is available on our website at www.health.gov.ab.ca/ahcip/faq/subsidies.html.

4. When do I need to reapply for subsidy for next year?

Your eligibility for subsidy will be assessed each year. If you are receiving subsidy for the current year, your subsidy will be automatically renewed or you will be sent an application to reapply.

5. What is an adult interdependent partner?

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.

The information requested on this application is being collected by Alberta Health and Wellness pursuant to section 20(a) and (b) of the *Health Information Act* and section 33 of the *Freedom of Information and Protection of Privacy Act* for the sole purpose of determining or verifying your eligibility to receive a premium subsidy under the Alberta Health Care Insurance Plan, and will not be disclosed to any other person or organization without your approval. If you have any questions regarding the collection of this information, please contact the Client Services Branch at the addresses or telephone numbers provided on the reverse side.



Application for Waiver of Premiums

AHC0656

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
 Return application by (date)

Please read the information on the back of this form before applying for waiver of premiums.

Section A – Personal Information

Personal health number

Title (e.g. Mr, Mrs, Miss, Ms, Dr, Rev, Sr)		Last name	
First name		Middle name	
Mailing address			
City	Province/Territory	Country	Postal code

Do all family members on this account 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.

Section B – Income Information Read the "Eligibility" section on the reverse, to determine if you are eligible to apply.

- Include your gross monthly income information for the three months prior to the month in which you are completing the application. Gross income is your income before deductions. If you have a spouse or adult interdependent partner on your Alberta Health Care Insurance Plan account, his/her gross income information and signature are also required (see reverse for definition of "adult interdependent partner").
- Do not include child tax benefits, student loans or GST credits as gross income.
- **If you are eligible, current premiums are waived for a six month period. When the period of waiver ends, a new application can be made.**

In the first column, indicate the months you are providing gross income for. These months must be the three months prior to the month in which you are completing the application. For example, if you sign the application in July, your gross incomes for April, May and June are required.				Source of income reported
Month	Account Holder's Gross Income \$	Spouse/Partner's Gross Income \$	Combined Family Gross Income \$	If your gross income is zero (0), please explain how you meet your monthly expenses.
				Name of employer (if not employed, state name of last employer)
TOTALS				Date left employment (if applicable) Year Month Day

Please sign Section C, below. If you have a spouse or adult interdependent partner, his/her signature is also required in Section C.

Section C - Alberta Health and Wellness Certification

I have read the information on this form and certify that the information given by me is true and correct.

Signature (account holder)	Date Year Month Day	Home Phone Number	Work Phone Number
Signature (spouse or adult interdependent partner)	Date Year Month Day	Home Phone Number	Work Phone Number

The information requested on this application is being collected by Alberta Health and Wellness pursuant to section 20(a) and (b) of the *Health Information Act* and section 33 of the *Freedom of Information and Protection of Privacy Act* for the sole purpose of determining or verifying your eligibility to receive premium assistance under the Alberta Health Care Insurance Plan, and will not be disclosed to any other person or organization without your approval. If you have any questions regarding the collection of this information, please contact the Client Services Branch at the addresses or telephone numbers provided above.

**This application must be returned to Alberta Health and Wellness within 21 days from the date signed.
 Incomplete or unsigned applications will be returned.**

AHC0656 (2004/04)

Waiver of Premiums Program

This program assists account holders who are unable to pay their Alberta Health Care Insurance Plan (AHCIP) premiums due to recent financial difficulty. If you are eligible, current premiums are waived for a six month period. When the period of waiver ends, a new application can be made.

To apply for waiver of premiums you must provide your gross income (income before deductions) for each of the three months before the date you sign this application. If your AHCIP account includes a spouse or adult interdependent partner, you must also include the gross income for that person.

Premiums for Alberta Blue Cross non-group coverage are not waived or reduced under this program.

Eligibility

You are not eligible to apply for the Waiver of Premiums Program if you are:

- a new or returning resident from outside Canada, who has not yet lived in Alberta for 12 consecutive months, or
- exempt from paying income tax for religious, charitable or communal reasons,
- a student from outside Canada who is temporarily in Canada, or
- a senior.

Seniors' eligibility for premium assistance is determined through the Alberta Seniors Benefit Program. Please contact Alberta Seniors toll free at 1-800-642-3853 to request an application. (Seniors can apply for premium assistance through Alberta Health and Wellness for periods prior to their 65th birthday.)

To qualify for waiver of premiums, your average gross monthly income for the three months prior to the date the application is completed cannot be more than \$1,020 for single coverage, \$1,860 for families with no children or \$2,260 for families with children.

Examples of gross monthly income

Some examples of what to include as gross income are: employment income, employment insurance benefits, Workers' Compensation benefits, Human Resources and Employment benefits, Veteran's benefits, grants, benefits under any policy, insurance or annuity contract, payments from unions during labour disputes, disability benefits, taxable support payments (alimony and maintenance) received, training allowance, pension benefits, RRSP withdrawals, severance payouts, and holiday pay. Income from a business or self-employment, farm income, investment income, commission income, and rental income must also be reported. Expenses incurred earning these types of income may be deducted if details are provided.

Adult Interdependent Partner

An adult interdependent partner is a person who lives together with another 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
- if the partners have entered into an adult interdependent partner agreement, as provided for in the Adult Interdependent Relationships Act.