



National Défense  
Defence nationale

**NOTICE TO RESIDENTS OF ALBERTA**

**Employer Contribution of Alberta Health Care Insurance Plan Premiums.**

As employer, the Federal Government continues to **share** the cost (rates are approved by the Treasury Board of Canada Secretariat) of provincial health insurance premiums paid directly by Canadian Forces pensioners to the Alberta Health Care Insurance Plan. All eligible annuitants should complete the attached application and return immediately. Whether paid by you, your spouse, your employer or the Provincial Government on your behalf, applicants must attach proof of premiums paid by providing one of the following:

- a. copies of cancelled cheques together with quarterly or monthly premium statements;
- b. copies of bank or postal money order with quarterly or monthly statements;
- c. quarterly or monthly statements stamped as paid by the bank.

**NOTE:** *The Province of Alberta does not accept payment of Medicare Premiums as deductions from annuities. However, Federal Public Service employees resident in Alberta can have provincial medicare premiums deducted from their salary. This results in the Federal Government paying a portion of the premiums directly to the provincial medicare authorities. If you are being provided Federal Government assistance/cost sharing in this manner, do not complete the attached claim.*

**WHO MAY APPLY**

Persons who are in receipt of an annuity as a result of military service, spouses and orphan children of such persons.

**WHO MAY NOT APPLY**

The following persons are NOT eligible and should not complete the application:

- a. persons, with the exception of orphans, receiving an Extended Annual Allowance for Education i.e., those dependant children of deceased annuitants between the ages of 18 and 25;
- b. persons receiving a diversion of an annuity i.e., receiving part of the ex-serviceman's annuity by Ministerial Direction, as a result of a court order issued by a court in Canada;
- c. persons making a similar claim as a member of the public service of Canada or as an annuitant under the Public Service Superannuation Act or the Royal Canadian Mounted Police Superannuation Act;
- d. Federal Public Service employees resident in Alberta who have medicare premiums deducted from their salary;
- e. Alberta residents who had premiums fully subsidized.

**ALBERTA RESIDENTS APPLICATION FOR  
2005 EMPLOYER CONTRIBUTION OF HEALTH CARE PREMIUMS  
CANADIAN FORCES PENSIONERS**

**PART I - IDENTIFICATION OF APPLICANT - PLEASE PRINT**

|                             |   |   |  |                        |   |   |                         |   |   |
|-----------------------------|---|---|--|------------------------|---|---|-------------------------|---|---|
| CANADIAN FORCES PENSION NO. |   |   |  | DATE PENSION COMMENCED |   |   | DATE OF BIRTH           |   |   |
| 0                           | 0 | 0 |  | D                      | M | Y | D                       | M | Y |
| SURNAME                     |   |   |  | GIVEN NAMES            |   |   | ADDRESS - NUMBER/STREET |   |   |
| CITY/TOWN                   |   |   |  | PROVINCE OR TERRITORY  |   |   | POSTAL CODE             |   |   |

**PART II - PERIOD OF RESIDENCE OF APPLICANT DURING 2005**

Please indicate number of months of residence in Alberta during 2005

|                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       | 11                       | 12                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Complete appropriate space below by 3 and state period you are claiming for 2005 (give date(s))

| SINGLE | FAMILY | SPECIFY PREMIUMS PAID BY:   | FROM |   |    | TO |   |    |
|--------|--------|---|------|---|----|----|---|----|
|        |        |   | D    | M | Y  | D  | M | Y  |
|        |        | <input type="checkbox"/> MYSELF<br><input type="checkbox"/> EMPLOYER<br><input type="checkbox"/> SPOUSE |      |   | 05 |    |   | 05 |
|        |        |   |      |   | 05 |    |   | 05 |

**PART III - CERTIFICATE OF CLAIMANT**

I HEREBY APPLY FOR THE EMPLOYER CONTRIBUTION TO WHICH I AM ENTITLED. I CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS CORRECT AND THAT NEITHER I NOR ANY OF MY DEPENDANTS ARE MAKING A SIMILAR APPLICATION FOR THE SAME PERIOD AS A RESULT OF EMPLOYMENT IN THE PUBLIC SERVICE OF CANADA.

|      |           |                  |
|------|-----------|------------------|
| DATE | SIGNATURE | TELEPHONE NUMBER |
|      |           |                  |

APPLICATIONS MUST BE MAILED BEFORE 30 JUNE 2006 TO:

Public Works and Government Services Canada  
Specialized Services Division  
1451 Coldrey Avenue  
Ottawa, On K1A 0S5

Toll Free 1-800-267-0350  
Local Calls (613) 952-9933

