

Public (when completed)

The information on this form is being collected and used by Alberta Health pursuant to sections 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 dependant's eligibility to receive coverage under the Alberta Health Care Insurance Plan (AHCIP). If you have any questions regarding the collection and usage of this information, please contact an Alberta Health representative toll-free within Alberta at 310-0000 then 780-427-1432.

Registrant Information as currently shown on your Alberta Personal Health Card

| | | | | | | | |
|---|--------------|--|--|---|--|------------------------|-------------|
| Last Name | | First Name | | Middle Name | | Personal Health Number | |
| New Last Name (If applicable. Proof required. See page .) | | Date of Birth (yyyy-mm-dd) | | <input type="radio"/> Male <input type="radio"/> Female | | Phone Number | |
| Mailing Address | Apt./Unit # | Street <input type="checkbox"/> Check if this is a new address | | City/Town | | Province | Postal Code |
| Home Address | Apt. /Unit # | Street or legal land description (if different from mailing address) | | City/Town | | Province | Postal Code |

Adding Coverage for a Spouse/Adult Interdependent Partner

| | | | | | |
|--|--|---------------------------------------|--|---|--|
| Last Name (Proof of identity required. See page .) | | Previous Last Name(s) (if applicable) | | Personal Health Number (if known) | |
| First Name | | Middle Name | | Date of Birth (yyyy-mm-dd) | |
| | | | | <input type="radio"/> Male <input type="radio"/> Female | |

Complete all Sections (Exception: If individual has current coverage in Alberta, complete Section A, B & C ONLY)

| | | |
|---|---|--|
| A | Is your spouse/adult interdependent partner a Canadian citizen? (Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of Canadian citizenship or legal entitlement to be in Canada required. See page .) | |
| | If No <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Study Permit <input type="checkbox"/> Work Permit <input type="checkbox"/> Visitor Record <input type="checkbox"/> Other _____ Issue Date (yyyy-mm-dd) _____ Expiry Date (yyyy-mm-dd) _____ | |
| B | Does your spouse/adult interdependent partner currently have, or have they previously had, AHCIP coverage? <input type="checkbox"/> No <input type="checkbox"/> Yes Provide their previous Alberta Personal Health Number (if known) _____ Name they were previously registered under (if known) _____ | |
| C | Why are you adding your spouse/adult interdependent partner to your account? (Check <u>all</u> that apply) <input type="checkbox"/> Marriage or Adult Interdependent Partnership → Date of Event (yyyy-mm-dd) _____ <input type="checkbox"/> New or Returning to Alberta Released from: <input type="checkbox"/> Military <input type="checkbox"/> Federal Institution Date Released (yyyy-mm-dd) _____ (Complete Section D) | |
| D | From where, and when, did your spouse/adult interdependent partner arrive in Alberta? Where did they arrive from? (Country/Province/Territory) _____ Date they arrived in Canada, if arrived from outside Canada (yyyy-mm-dd) _____ Date they arrived in Alberta (yyyy-mm-dd) _____ Date they decided to live in Alberta permanently, if different from date of arrival (yyyy-mm-dd) _____ Previous Canadian provincial/territorial health number/medical plan number _____ | |
| E | Does your spouse/adult interdependent partner intend to stay in Alberta for 12 months or longer? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain why and state how long they stay will be _____ | |

Registrant and Adult/Spouse Interdependent Partner Declaration

I certify that:

- I, and any dependants listed, are legally entitled to be or remain in Canada, make their home in Alberta, and are physically present in Alberta for at least 183 days in any 12-month period.
- All the information on this application is true and correct, and I authorize the Minister of Health to verify this information with immigration authorities, agencies and other persons as appropriate.

I acknowledge that:

- It is an offence to knowingly provide false information in relation to this application.
- If applicable, this application cannot be processed unless the required documents proving identity, legal entitlement to be in Canada, and Alberta residency are included. (See page .)
- If there is a change in my name, address, marital status or citizenship or immigration status, I will notify Alberta Health within 30 days.

Date

Registrant Signature

Spouse/Adult Interdependent Partner Signature

Incomplete or unsigned forms will be returned. Forms will not be processed without documentation. (See page .)

| | | | |
|-----------------|----------|--|-------------------|
| Office Use Only | | Document type viewed | |
| P# | Initials | Card Requested <input type="radio"/> Yes <input type="radio"/> No | Legal Entitlement |

| Dependant Information | | | |
|--|--|---|---|
| Last Name | | First Name | Middle Name |
| Date of Birth (yyyy-mm-dd) | | <input type="radio"/> Male <input type="radio"/> Female | Date of Dependency (yyyy-mm-dd) Relationship to dependant (e.g. parent, guardian) |
| Complete all Sections (Exception: If individual has current coverage in Alberta, complete Section A, B and C ONLY). | | | |
| A | Is your dependant a Canadian citizen? (Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of legal entitlement to be in Canada required. See page .) | | |
| | If No <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Study Permit <input type="checkbox"/> Work Permit <input type="checkbox"/> Visitor Record <input type="checkbox"/> Other _____ Issue Date (yyyy-mm-dd) _____ Expiry Date (yyyy-mm-dd) _____ | | |
| B | Does your dependant currently have, or have they previously had, AHCIP coverage? <input type="checkbox"/> No <input type="checkbox"/> Yes Provide your dependant's previous Alberta Personal Health Number (if known) _____ Name your dependant was previously registered under (if known) _____ | | |
| C | Why are you adding this dependant to your AHCIP coverage? (check <u>all</u> that apply) <input type="checkbox"/> Birth <input type="checkbox"/> Birth in Alberta <input type="checkbox"/> Adoption/Guardian/Custody (Legal documents required.) <input type="checkbox"/> New or Returning to Alberta (Complete Section D) <input type="checkbox"/> Other (e.g. student) _____ Date of Event (yyyy-mm-dd) _____ | | |
| D | From where, and when, did your dependant arrive in Alberta? Where did your dependant arrive from? (Country/Province/Territory) _____ Date your dependant arrived in Canada if arrived from outside Canada (yyyy-mm-dd) _____ Date your dependant arrived in Alberta (yyyy-mm-dd) _____ Date your dependant decided to live in Alberta permanently, if different from date of arrival (yyyy-mm-dd) _____ Previous Canadian provincial/territorial health number/medical plan number _____ | | |
| E | Does your dependant intend to stay in Alberta for 12 months or longer? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain why and state how long your dependant's stay will be _____ | | |
| Office Use Only | | Document type viewed | |
| Card Requested | | Legal Entitlement | |
| <input type="radio"/> Yes <input type="radio"/> No | | Add Delete | |

IMPORTANT INFORMATION

Marital Status/Dependant

- Eligible spouses must register together, unless separated or spouse does not intend to become an Alberta resident
- Adult interdependent partner - may register together or separately
- Single children:
 - under 21 and wholly dependent (includes adopted children, foster children and legal wards)
 - 21 and over and wholly dependent because of physical or mental disabilities (a letter from their physician is required)
 - under 25 and enrolled in three or more courses at an accredited educational institution

Effective Dates

The addition date is the date of event (marriage, adult interdependent partnership or other dependency) if notification is received within one month of the date of the event. Otherwise, the addition date will be the first day of the month following Alberta Health receiving notification. However, if the addition is due to a move to Alberta from another province/territory or country, the effective date will be determined by the date of residency.

| Required Documentation | Identity | Legal Entitlement/Citizenship |
|-------------------------------------|--------------------------|-------------------------------|
| Spouse/Adult interdependent Partner | <input type="checkbox"/> | <input type="checkbox"/> |
| Dependent | | <input type="checkbox"/> |

ACCEPTABLE DOCUMENTS:

Identity - Government issued document with PHOTO, FIRST and LAST NAME, GENDER, DATE of BIRTH

- | | |
|--|---|
| 1 Canadian/Non-Canadian passport | 1 Federal identification card |
| 1 Canadian citizenship card | 1 Current provincial or territorial driver's licence |
| 1 Permanent Resident Card (both sides) | 1 Current provincial or territorial identification card |

Legal entitlement to be in Canada - Must be GOVERNMENT ISSUED with FIRST and LAST NAME, COUNTRY of ORIGIN, GENDER and DATE of BIRTH

- | | |
|---|---|
| 1 Canadian passport | 1 Permanent Resident Card/Confirmation of Permanent Resident document (both sides) |
| 1 Canadian citizenship card/certificate | 1 Canada entry document (e.g. work or study permit, visitor record, stamp in passport or travel history report) |
| 1 Canadian birth certificate | 1 Notice of Decision-Convention Refugee |

Name change

- | | |
|---|---------------------------------|
| 1 Birth certificate/adoption order | 1 Federal identification card |
| 1 Citizenship/Immigration document | 1 Legal name change certificate |
| 1 Court order for name change | 1 Marriage certificate |
| 1 Current provincial or territorial driver's licence | 1 Passport |
| 1 Current provincial or territorial identification card | |

APPLICATION SUBMISSION:

Preferred method: Bring completed application form and original or clear, legible photocopies of your documents to an Alberta Health Care Insurance Plan participating registry: www.alberta.ca/ahcip-registry-locations.aspx.

Alternate method: Send completed application form and clear, legible photocopies of your documents (both sides, if applicable) to the mailing address below:

Mailing Address
Alberta Health
PO Box 1360 Stn Main
Edmonton, AB T5J 2N3

Website
www.alberta.ca/health.aspx

Contact
Alberta Health
780-427-1432 Edmonton
Toll-free within Alberta
310-0000 then 780-427-1432