

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 <i>(If applicable. Proof required. See page 3.)</i>			Date of Birth <i>(yyyy-mm-dd)</i>		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Mailing Address	Apt. #	Street <input type="checkbox"/> <i>Check if this is a new address</i>		City/Town	Province	Postal Code
Home Address	Apt. #	Street or legal land description <i>(if different from mailing address)</i>		City/Town	Province	Postal Code

### Adding Coverage for a Spouse/Adult Interdependent Partner

Last Name <i>(Proof of identity required. See page 3.)</i>		Previous Last Name(s) <i>(if applicable)</i>		Personal Health Number <i>(if known)</i>	
First Name		Middle Name		Date of Birth <i>(yyyy-mm-dd)</i>	
				<input type="checkbox"/> Male <input type="checkbox"/> 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)**  Yes  No  
*(Proof of Canadian citizenship or legal entitlement to be in Canada required. See page 3.)*

If No  Permanent Resident    Study Permit    Work Permit    Visitor Record    Other \_\_\_\_\_  
 Date Signed *(yyyy-mm-dd)* \_\_\_\_\_      Expiry Date *(yyyy-mm-dd)* \_\_\_\_\_

**B** **Does your spouse/adult interdependent partner currently have, or have they previously had, AHCIP coverage?**  
 No    Yes → Provide their previous Alberta Personal Health Number \_\_\_\_\_

**C** **Why are you adding your spouse/adult interdependent partner to your account? (Check all that apply)**  
 Marriage or Adult Interdependent Partnership → Date of Event *(yyyy-mm-dd)* \_\_\_\_\_  
 New or Returning to Alberta   Released from:  Military    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 he/she arrive from? *(Country/Province/Territory)* \_\_\_\_\_  
 Date he/she arrived in Canada, if arrived from outside Canada *(yyyy-mm-dd)* \_\_\_\_\_  
 Date he/she arrived in Alberta *(yyyy-mm-dd)* \_\_\_\_\_  
 Date he/she 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?**  
 Yes    No → Please explain why and state how long his/her stay will be \_\_\_\_\_

### Registrant and Spouse/Partner's Declaration

I certify that:

- I, and any dependants listed, are legally entitled to be or remain in Canada, make his/her 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 3.)*
- If there is a change in my name, address, marital status or citizenship 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 3.)**

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

**Dependant Information 1**

Last Name		First Name		Middle Name		Personal Health Number (if known)	
Date of Birth (yyyy-mm-dd)		<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Dependency (yyyy-mm-dd)		Relationship (e.g. son, daughter)	

**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)**  Yes  No  
*(Proof of legal entitlement to be in Canada required. See page 3.)*  
 If No  Permanent Resident  Study Permit  Work Permit  Visitor Record  Other \_\_\_\_\_  
 Date Signed (yyyy-mm-dd) \_\_\_\_\_ Expiry Date (yyyy-mm-dd) \_\_\_\_\_

**B** **Does your dependant currently have, or have they previously had, AHCIP coverage?**  
 No  Yes → Provide your dependant's previous Alberta Personal Health Number \_\_\_\_\_  
 Name your dependant was previously registered under \_\_\_\_\_

**C** **Why are you adding this dependant to your AHCIP coverage? (Check all the apply)**  
 Birth  Adoption/Guardian/Custody (Legal documents required.)  
 New or Returning to Alberta (Complete Section D)  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?**  
 Yes  No → Please explain why and state how long your dependant's stay will be \_\_\_\_\_

Office Use Only	Document type viewed
Card Requested <input type="checkbox"/> Yes <input type="checkbox"/> No	Legal Entitlement

**Dependant Information 2**

Last Name		First Name		Middle Name		Personal Health Number (if known)	
Date of Birth (yyyy-mm-dd)		<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Dependency (yyyy-mm-dd)		Relationship (e.g. son, daughter)	

**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)**  Yes  No  
*(Proof of legal entitlement to be in Canada required. See page 3.)*  
 If No  Permanent Resident  Study Permit  Work Permit  Visitor Record  Other \_\_\_\_\_  
 Date Signed (yyyy-mm-dd) \_\_\_\_\_ Expiry Date (yyyy-mm-dd) \_\_\_\_\_

**B** **Does your dependant currently have, or have they previously had, AHCIP coverage?**  
 No  Yes → Provide your dependant's previous Alberta Personal Health Number \_\_\_\_\_  
 Name your dependant was previously registered under \_\_\_\_\_

**C** **Why are you adding this dependant to your AHCIP coverage? (Check all the apply)**  
 Birth  Adoption/Guardian/Custody (Legal documents required.)  
 New or Returning to Alberta (Complete Section D)  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?**  
 Yes  No → Please explain why and state how long your dependant's stay will be \_\_\_\_\_

Office Use Only	Document type viewed
Card Requested <input type="checkbox"/> Yes <input type="checkbox"/> No	Legal Entitlement

## IMPORTANT INFORMATION

### Marital Status/Dependant

- Spouses must register together, unless separated or spouse does not intend to become an Alberta resident
- Adult interdependent partner (partner) - may register together or separately
- Single children:
  - under 21 and wholly dependent (includes adopted children, foster children and legal wards)
  - over 21 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/Partner	✓	✓
Dependent		✓

### ACCEPTABLE DOCUMENTS:

**Identity** - Government issued document with PHOTO, NAME and BIRTHDATE

- Canadian/Non-Canadian passport
- Canadian citizenship card
- Permanent Resident Card
- Federal identification card
- Current Alberta, provincial or territorial driver's licence
- Alberta identification card

**Legal entitlement to be in Canada** - Must be FEDERALLY ISSUED with NAME and BIRTHDATE

- Canadian passport
- Canadian citizenship card/certificate
- Canadian birth certificate
- Permanent Resident Card
- Canada entry document
- Notice of Decision-Convention Refugee

### Name change

- Birth certificate/adoption order
- Citizenship/Immigration document
- Court order for name change
- Driver's licence
- Alberta identification card
- Final divorce certificate
- Identification cards
  - First Nations/Inuit
  - Department of National Defence
  - Municipal/territorial/provincial police force
- Legal name change certificate
- Marriage certificate
- Passport

### APPLICATION SUBMISSION:

**In person:** Bring completed application form and original documents to an Alberta Health Care Insurance Plan Authorized Registry Agent.

**By mail:** Send completed application 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

**In Person at a Registry Agent Office**  
To locate the office nearest you,  
please telephone our office or  
visit our website.  
**Website**  
[www.health.alberta.ca](http://www.health.alberta.ca)

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