

## Who should complete this application?

Permanent residents of Alberta are required to complete this application in order to receive Alberta Health Care Insurance Plan (AHCIP) coverage. Please complete page 3 if registering yourself and your spouse/adult interdependent partner (if applicable). If you have dependants, complete page 4 as well. Page 1 and 2 provide information about the AHCIP, and should be read before completing this application.

## Permanent residents

All permanent residents of Alberta must apply for AHCIP coverage for themselves and their dependants. A resident of Alberta is a person who is:

- ❖ legally entitled to be or to remain in Canada and makes his/her permanent home in Alberta;
- ❖ committed to being physically present in Alberta for at least 183 days in a 12 month period;
- ❖ not claiming residency or obtaining benefits under a claim of residency in another province, territory or country; and
- ❖ any other person deemed by the regulations to be a resident.

A tourist, transient or visitor to Alberta is not a resident.

**Residents of Alberta who already have a personal health number and are being added to an active AHCIP account do not need to complete this application.** Instead, complete a Notice of Change (AHC0107) form which can be obtained from your employer, our website, or by contacting us at the addresses or telephone numbers listed on page 3 of this application.

**NOTE: If you are a member of the Canadian Armed Forces, the Royal Canadian Mounted Police or are an inmate of a federal correctional institution, you have health coverage with the federal government.** However, if you have dependants that reside in Alberta, they are required to apply for AHCIP coverage.

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## When does coverage start?

If you **move to Alberta from another Canadian province or territory**, you are eligible for coverage on the first day of the third month following the date you established permanent residency here, provided you apply before the first day of the fourth month after your arrival. Alberta Health and Wellness will determine when coverage begins for individuals who apply late.

If you move ahead of your family, please arrange to continue coverage for yourself and your dependants in the province/territory from which you came. You will be eligible for AHCIP coverage on the first day of the third month following the date your family joins you in Alberta.

If you **move to Alberta from outside Canada** you are eligible for coverage on the date you arrive as long as you apply within three months of arriving in Alberta. Eligibility will be determined based on information on your Canada entry document. If you move here ahead of your family, do not register any of your dependants until they arrive in Alberta.

**NOTE:** Alberta Health and Wellness does not consider the effective dates or termination dates of other provincial/territorial or private health plans when determining your eligibility date for AHCIP coverage.

## Dependants

Eligible dependants are:

- ❖ married spouses (must register together);
- ❖ separated spouses (may register together or separately);
- ❖ adult interdependent partners (may register together or separately);
- ❖ children (includes adopted children, foster children and wards) who are under 21, single and wholly dependent;
- ❖ single children over 21 who are wholly dependent because of physical or mental disabilities; and
- ❖ single children under 25 who are enrolled in three or more courses at an accredited educational institution.

## Adult interdependent partners

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.

An adult interdependent partner will hereafter be referred to as “partner”.

**To receive coverage new and returning Albertans need to provide documentation that proves they are a resident of Alberta and entitled to coverage. For examples of the documents required, refer to page 2.**

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## What about health cards?

Personal health cards for you and your dependants will be mailed to you after your application is processed. If you are new to Alberta from another province/territory and apply for AHCIP coverage upon arrival in Alberta, your cards will be sent to you just before your coverage begins.

## What about premiums?

AHCIP premiums are based on single (one person) or family (two or more persons) coverage. Quarterly premium statements will be mailed to your home address unless your coverage is provided through your employer. Options for paying your premiums are outlined on the premium statement.

Alberta Health and Wellness has two premium assistance programs for eligible low-income Albertans to reduce or eliminate AHCIP premiums. Information and applications for these programs are available on our website or by contacting us.

Residents 65 years of age and over and their eligible dependants are not required to pay AHCIP premiums and also receive premium free Alberta Blue Cross coverage. If you or your spouse/partner are 65 years of age or older, we require proof of your age before we can provide you with these benefits.

# Registration Validation Requirements

New and returning Alberta residents who are applying for coverage under the Alberta Health Care Insurance Plan (AHCIP) must provide documents to prove they are eligible for coverage with their application.

**NOTE:** You are not required to provide these documents if you are:

- ❖ moving from one AHCIP account to another, or
- ❖ a dependant child.

You must provide proof of the following to obtain AHCIP coverage:

- ❖ Identity – you are who you claim to be;
- ❖ Legal entitlement to be in Canada – you have the authority set out under Canadian federal law to be in Canada; and
- ❖ Alberta residency – you meet the definition of a resident (see page 1).

To prove eligibility for AHCIP coverage, applicants are required to submit a **clear** photocopy of:

- ❖ a document showing your **identity** - (must be photo identification and is required for **you and your spouse/partner**, if applicable);
- ❖ a document showing **legal entitlement** to be in Canada - (required for **you, your spouse/partner and dependants**, if applicable); and
- ❖ a document showing proof of **residency** in Alberta - (must include name and address and is required for **either you or your spouse/partner**, if applicable);

or a combination of documents that meet all three eligibility requirements.

Please do not send originals as we cannot guarantee their safe return.

**See chart below for examples of acceptable documents.**

Type of Document	Column 1 Can the following be used as proof of identity? (must be photo identification)	Column 2 Can the following be used as proof of legal entitlement to be in Canada?	Column 3 Can the following be used as proof of Alberta residency? (must include name and address)
Canadian immigration document ❖ Canadian passport ❖ Canadian citizenship certificate ❖ Permanent Resident Card	Yes	Yes	No
Federal identification card ❖ Department of National Defence ❖ Royal Canadian Mounted Police ❖ First Nations/Inuit	Yes	Yes	No
Alberta Registries document ❖ Current Alberta driver's licence ❖ Current Alberta registries ID card	Yes	No	Yes
Non-Canadian passport	Yes	No	No
Identification card ❖ Municipal, provincial/territorial or federal government employee card ❖ Student ID card ❖ Driver's licence from another province/territory	Yes	No	No
Canadian birth certificate	No	Yes	No
Canada entry document	No	Yes	No
Provincial assistance program ❖ Current Income Support (social assistance) card ❖ Current AISH card	No	Yes	Yes
Current bills for Alberta residence (within the last 6 months) ❖ Utility ❖ Telephone ❖ Gas ❖ Cable or satellite	No	No	Yes
Current Alberta documents ❖ Residential property tax bill ❖ Residential land title ❖ Residential mortgage ❖ Residential rental agreement ❖ Residential lease agreement ❖ Residential insurance ❖ Tenant insurance ❖ Vehicle registration	No	No	Yes

## For more information or to obtain forms

Visit our website at [www.health.gov.ab.ca](http://www.health.gov.ab.ca) or contact our office between 8:15 a.m. and 4:30 p.m. Monday through Friday at the office addresses or telephone numbers on page 3 of this application.

**All required documents (see page 2) must be submitted for this application to be processed. Please submit your application and required documents to the address indicated above.**

**For Office Use Only**

A	I	L	R	
S	I	L	R	
G	I	L	R	

**Section A1 - Applicant's personal information (Please print)**

Title (e.g. Mr, Mrs, Miss, Ms, Dr, Rev, Sr)		Last name			
First name		Middle name		Office use	
Birthdate Y Y Y Y   M M   D D		Male/Female	Marital status (check one)		Adult interdependent relationship
			<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		<input type="checkbox"/> relationship
Mailing address					
City/Town			Province/Territory		Postal code
Legal land description or physical address (if providing a P.O. Box or rural address)			City/Town		Postal code
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"/> Other, specify status: <input type="checkbox"/> Landed immigrant		
Date permanent residence established in Alberta		Date of arrival in Canada (if applicable)		Arrived in Alberta from (Province/Territory/Country)	
Y   Y   Y   Y   M   M   D   D		Y   Y   Y   Y   M   M   D   D			
Previous province/territory medical plan number					

**Section A2 - Spouse's/Partner's personal information**

Title (e.g. Mr, Mrs, Miss, Ms, Dr, Rev, Sr)		Last name			
First name		Middle name		Office use	
Birthdate Y Y Y Y   M M   D D		Male/Female	Marital status (check one)		Adult interdependent relationship
			<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		<input type="checkbox"/> relationship
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"/> Other, specify status: <input type="checkbox"/> Landed immigrant		
Date permanent residence established in Alberta		Date of arrival in Canada (if applicable)		Arrived in Alberta from (Province/Territory/Country)	
Y   Y   Y   Y   M   M   D   D		Y   Y   Y   Y   M   M   D   D			
Previous province/territory medical plan number					

**Section B - Alberta Residency (Please answer all questions)**

**1. Why are you applying for Alberta Health Care Insurance Plan (AHCIP) coverage? (please X all that apply)**

- A  New resident of Alberta
- B  Returning Alberta resident
- C  No longer a dependant on parent's AHCIP account
- D  Marriage, separation or divorce (currently covered on an AHCIP account)
- E  Released from RCMP, Armed Forces or federal correctional institute
- F  Other, specify: \_\_\_\_\_

If you indicated C, D, E or F in question 1, please provide the following:

- Date of event 

Y	Y	Y	Y	M	M	D	D
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- Alberta Personal Health Number (if known) 

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**2. Do you, your spouse/partner and dependants (if applicable) intend to reside in Alberta permanently?**

If you answered no, please explain and provide length of stay:

- Applicant  Yes  No \_\_\_\_\_
- Spouse/partner  Yes  No \_\_\_\_\_
- Dependants  Yes  No \_\_\_\_\_

If you indicated C or D in question 1 and you are not a new or returning resident you do not have to attach registration validation documents.

**Section C - Declaration**

- I certify that I am a resident of Alberta and any dependants listed are also residents of Alberta as defined on page one of this application.
- I declare that all information provided on this application is true and correct, and I authorize the Minister of Health and Wellness to verify this information with immigration authorities, agencies and other persons as appropriate.

Signature of Applicant <b>X</b>	Date	Home phone number ( )	Work phone number ( )	Ext.
Signature of Spouse/Partner <b>X</b>	Date	Home phone number (if different than applicant) ( )	Work phone number ( )	Ext.

## Section D - Dependant's personal information

- **If you have more than four dependants, please list their information on a separate sheet.**
- **If a dependant's address or phone number is different from yours, please provide his/her full name, address or phone number and reason on a separate page.**

First dependant child				Office use			
Last name		First name		Middle name			
Birthdate Y   Y   Y   Y   M   M   D   D		Male/Female	Please provide personal health number of child if previously registered in Alberta.				
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:				
Date permanent residence established in Alberta		Date of arrival in Canada (if applicable)		Arrived in Alberta from (Province/Territory/Country)		Previous province/territory medical plan number	
Y   Y   Y   Y   M   M   D   D		Y   Y   Y   Y   M   M   D   D					

Second dependant child				Office use			
Last name		First name		Middle name			
Birthdate Y   Y   Y   Y   M   M   D   D		Male/Female	Please provide personal health number of child if previously registered in Alberta.				
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:				
Date permanent residence established in Alberta		Date of arrival in Canada (if applicable)		Arrived in Alberta from (Province/Territory/Country)		Previous province/territory medical plan number	
Y   Y   Y   Y   M   M   D   D		Y   Y   Y   Y   M   M   D   D					

Third dependant child				Office use			
Last name		First name		Middle name			
Birthdate Y   Y   Y   Y   M   M   D   D		Male/Female	Please provide personal health number of child if previously registered in Alberta.				
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:				
Date permanent residence established in Alberta		Date of arrival in Canada (if applicable)		Arrived in Alberta from (Province/Territory/Country)		Previous province/territory medical plan number	
Y   Y   Y   Y   M   M   D   D		Y   Y   Y   Y   M   M   D   D					

Fourth dependant child				Office use			
Last name		First name		Middle name			
Birthdate Y   Y   Y   Y   M   M   D   D		Male/Female	Please provide personal health number of child if previously registered in Alberta.				
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:				
Date permanent residence established in Alberta		Date of arrival in Canada (if applicable)		Arrived in Alberta from (Province/Territory/Country)		Previous province/territory medical plan number	
Y   Y   Y   Y   M   M   D   D		Y   Y   Y   Y   M   M   D   D					

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 page 3.