

## Insurance Plan Coverage Information



### Who should apply?

All **permanent residents** of Alberta must register themselves and their **dependants** with the Alberta Health Care Insurance Plan.



### Who is considered a permanent Alberta resident?

A permanent Alberta resident is a person who has the legal right to remain in Canada, makes Alberta his/her permanent home, and is committed to being physically present in Alberta for at least 183 days in a 12-month period.



### Who is a dependant?

A dependant includes:

- an Alberta resident who is the spouse/partner of the applicant;
- a child who is under 21, single and wholly dependent on the applicant;
- a single child over 21 years old who is wholly dependent because of physical or mental disability; or
- a child who is 21-25, single, and attending school or university full time.



### When does coverage start?

**If you are moving to Alberta from within Canada** you are eligible for coverage on the 1st day of the 3rd month following the date you establish permanent residency here.

**If you are moving from outside Canada** you are eligible for coverage on the date you arrive.



### What if I have changes to my coverage?

Please contact us if you have any of the following changes:

- A name change;
- An address change;
- A person or people who no longer qualify as dependants on your account (e.g.: former spouse through divorce/separation, or dependant(s) who become self-supporting/married); or
- A new dependant(s) (e.g.: birth, adoption, marriage, adult interdependent partnership or reconciliation following separation).

**For more information, please refer to the enclosed brochure, visit our website at [www.health.alberta.ca](http://www.health.alberta.ca) or contact our office (see page 5).**

## Required Documentation

In order to process your application for Alberta Health Care Insurance Plan coverage, you must include **photocopies** (*front and back, if applicable*) of documents proving your **1) Alberta residency, 2) identity, and 3) legal entitlement to be in Canada**. Some examples of acceptable documents are listed below. **If you do not submit the required documents, your application cannot be processed. Please do not send originals as we cannot guarantee their safe return.**

 <b>Alberta residency</b> <b>** Must show name and current Alberta address, which must be the same as on the application.</b>	 <b>Government issued photo identification</b> <b>** Must be government issued ID which shows your photo, name and birthdate.</b>	 <b>Legal entitlement to be in Canada</b> <b>** Must be ID which shows your name and birthdate.</b>
<b>One of the following in either applicant's or spouse/partner's name.</b> <ul style="list-style-type: none"> <li>• Current Alberta driver's licence</li> <li>• Current Alberta registries ID Card</li> <li>• Current utility bills for an Alberta residence</li> </ul>	<ul style="list-style-type: none"> <li>• Canadian/Non-Canadian passport</li> <li>• Canadian citizenship card</li> <li>• Permanent resident card</li> <li>• Federal identification card</li> <li>• Current Alberta/provincial/territorial driver's licence</li> <li>• Nexus card</li> </ul>	<ul style="list-style-type: none"> <li>• Canadian passport</li> <li>• Canadian citizenship card</li> <li>• Canadian birth certificate</li> <li>• Permanent resident card</li> <li>• Canada entry document</li> <li>• Canadian baptismal certificate</li> </ul>

**Section A - Applicant's personal information**

**Important:** Before you continue, please ensure you attach a photocopy (*front and back, if applicable*) of ONE document from EACH of the groups listed below. **Incomplete applications will be returned.**



**Alberta residency**

**Either you or your spouse/partner can provide this document.** Your document **MUST** show your **name and current Alberta address**. The address on your document must be the same as on this application.



**Photo identification**

A piece of government issued identification which shows your **photo, name and birthdate**.



**Legal entitlement to be in Canada**

A piece of identification which shows your **legal entitlement to be or to remain in Canada**.

For Office Use Only

<b>A</b>	<b>I</b>	<b>L</b>	<b>R</b>	
<b>S</b>	<b>I</b>	<b>L</b>	<b>R</b>	
<b>G</b>	<b>I</b>	<b>L</b>	<b>R</b>	

*\*See information page for more details\**

Applicant information	
Title (e.g. Mr, Mrs, Dr)	For Office Use Only
My last name is	
My first name is	
My middle name is	
My birthdate is Y Y Y Y   M M   D D	<input type="checkbox"/> Male <input type="checkbox"/> Female
My marital status is <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
My current mailing address is	
City/Town	
Province/Territory	Postal code
If you have a rural route, site or PO box as your mailing address, please provide your <b>legal land description</b> or <b>location of residence</b> below:	

Applicant's citizenship
I am a: <input type="checkbox"/> Canadian citizen <input type="checkbox"/> Permanent resident <input type="checkbox"/> Other ( <i>specify status</i> ) _____ _____

Why are you applying?
<b>Please answer A OR B</b>
<b>A - I am applying because...</b>
I am: <input type="checkbox"/> a new Alberta resident <input type="checkbox"/> a returning Alberta resident
• I established permanent residence in Alberta on: Y Y Y Y   M M   D D
• I arrived in Canada on: (if applicable) Y Y Y Y   M M   D D
• My last place of residence was: _____
• My previous province/territory medical plan number was: _____
• I am committed to being physically present in Alberta for at least 183 days in a 12-month period. <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered NO, explain and state how long you intend to stay in Alberta. _____
<b>B - I am applying because...</b>
I am: <input type="checkbox"/> No longer a dependant on my parent's account <input type="checkbox"/> Married, separated or divorced and already covered <input type="checkbox"/> Released from the RCMP, Canadian Forces or federal institute Where were you released? _____ province/country
<input type="checkbox"/> Other, specify: _____
• Date of event: Y Y Y Y   M M   D D
• Personal health number (if known) _____
• I am committed to being physically present in Alberta for at least 183 days in a 12-month period. <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered NO, explain and state how long you intend to stay in Alberta. _____

**If you have a spouse/partner, please proceed to page 2 and complete Section B.  
If you have other dependants, please proceed to page 3 and complete Section C.  
If you do not have dependants, please proceed to page 5 and complete Section D.**

## Section B - Spouse's/Partner's personal information

**Important:** If you have a spouse or partner, please ensure you attach a **photocopy (front and back, if applicable)** of ONE document from EACH of the groups listed on page 1.

Incomplete applications will be returned.

Spouse/Partner information	
Title (e.g. Mr, Mrs, Dr)	For Office Use Only
My last name is	
My first name is	
My middle name is	
My birthdate is Y Y Y Y   M M   D D	<input type="checkbox"/> Male <input type="checkbox"/> Female
My marital status is <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
My current mailing address is different from the applicant. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, my address is	
City/Town	
Province/Territory	Postal code
Reason for <b>different</b> address from applicant	
_____	
_____	
_____	
_____	

Spouse's/Partner's citizenship
I am a: <input type="checkbox"/> Canadian citizen <input type="checkbox"/> Permanent resident <input type="checkbox"/> Other ( <i>specify status</i> ) _____ _____

Why are you applying?
<b>Please answer A OR B</b>
<b>A - I am applying because...</b>
I am: <input type="checkbox"/> a new Alberta resident <input type="checkbox"/> a returning Alberta resident
• I established permanent residence in Alberta on: Y Y Y Y   M M   D D
• I arrived in Canada on: (if applicable) Y Y Y Y   M M   D D
• My last place of residence was: _____
• My previous province/territory medical plan number was: _____
• I am committed to being physically present in Alberta for at least 183 days in a 12-month period. <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered NO, explain and state how long you intend to stay in Alberta. _____
<b>B - I am applying because...</b>
I am: <input type="checkbox"/> No longer a dependant on my parent's account <input type="checkbox"/> Married, separated or divorced and already covered <input type="checkbox"/> Released from the RCMP, Canadian Forces or federal institute Where were you released? _____ province/country
<input type="checkbox"/> Other, specify: _____
• Date of event: Y Y Y Y   M M   D D
• Personal health number (if known) _____
• I am committed to being physically present in Alberta for at least 183 days in a 12-month period. <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered NO, explain and state how long you intend to stay in Alberta. _____ _____



If you have other dependants, please proceed to page 3 and complete Section C.





If you do not have dependants, please proceed to page 5 and complete Section D.


## Section C - Dependant personal information


**Important:** If your dependant is not a Canadian citizen, please provide a **copy of their Canada entry document**.

*\*See information page for more details\**


 <b>First dependant's information</b>	
Title (e.g. Mr, Miss, Ms)	For Office Use Only
My dependant's last name is	
My dependant's first name is	
My dependant's middle name is	
My dependant's birthdate is Y Y Y Y   M M   D D	<input type="checkbox"/> Male <input type="checkbox"/> Female
Please provide the Personal Health Number of your dependant (if previously registered in Alberta)	
<div style="border-bottom: 1px solid black; width: 100%; height: 20px;"></div>	

 <b>Second dependant's information</b>	
Title (e.g. Mr, Miss, Ms)	For Office Use Only
My dependant's last name is	
My dependant's first name is	
My dependant's middle name is	
My dependant's birthdate is Y Y Y Y   M M   D D	<input type="checkbox"/> Male <input type="checkbox"/> Female
Please provide the Personal Health Number of your dependant (if previously registered in Alberta)	
<div style="border-bottom: 1px solid black; width: 100%; height: 20px;"></div>	

 <b>First dependant's citizenship</b>
<b>My dependant is a:</b> <input type="checkbox"/> Canadian citizen <input type="checkbox"/> Permanent resident <input type="checkbox"/> Other ( <i>specify status</i> ) <div style="border-bottom: 1px solid black; width: 100%; height: 20px;"></div> <div style="border-bottom: 1px solid black; width: 100%; height: 20px;"></div>

 <b>Second dependant's citizenship</b>
<b>My dependant is a:</b> <input type="checkbox"/> Canadian citizen <input type="checkbox"/> Permanent resident <input type="checkbox"/> Other ( <i>specify status</i> ) <div style="border-bottom: 1px solid black; width: 100%; height: 20px;"></div> <div style="border-bottom: 1px solid black; width: 100%; height: 20px;"></div>

 <b>My first dependant</b>
<b>Is a:</b> <input type="checkbox"/> new Alberta resident <input type="checkbox"/> returning Alberta resident
<ul style="list-style-type: none"> <li>who established permanent residence in Alberta on: <span style="border: 1px solid black; padding: 2px;">Y Y Y Y   M M   D D</span></li> <li>who arrived in Canada on: <i>(if applicable)</i> <span style="border: 1px solid black; padding: 2px;">Y Y Y Y   M M   D D</span></li> <li>who is committed to being physically present in Alberta for at least 183 days in a 12-month period.   <input type="checkbox"/> Yes   <input type="checkbox"/> No</li> </ul> <p>If you answered NO, explain and state how long he/she intends to stay in Alberta.</p> <div style="border-bottom: 1px solid black; width: 100%; height: 20px;"></div>
<b>My dependant's</b>
<ul style="list-style-type: none"> <li>Last place of residence was:  <div style="border-bottom: 1px solid black; width: 100%; height: 20px;"></div> </li> <li>Previous province/territory medical plan number was:  <div style="border-bottom: 1px solid black; width: 100%; height: 20px;"></div> </li> </ul>


 <b>My second dependant</b>
<b>Is a:</b> <input type="checkbox"/> new Alberta resident <input type="checkbox"/> returning Alberta resident
<ul style="list-style-type: none"> <li>who established permanent residence in Alberta on: <span style="border: 1px solid black; padding: 2px;">Y Y Y Y   M M   D D</span></li> <li>who arrived in Canada on: <i>(if applicable)</i> <span style="border: 1px solid black; padding: 2px;">Y Y Y Y   M M   D D</span></li> <li>who is committed to being physically present in Alberta for at least 183 days in a 12-month period.   <input type="checkbox"/> Yes   <input type="checkbox"/> No</li> </ul> <p>If you answered NO, explain and state how long he/she intends to stay in Alberta.</p> <div style="border-bottom: 1px solid black; width: 100%; height: 20px;"></div>
<b>My dependant's</b>
<ul style="list-style-type: none"> <li>Last place of residence was:  <div style="border-bottom: 1px solid black; width: 100%; height: 20px;"></div> </li> <li>Previous province/territory medical plan number was:  <div style="border-bottom: 1px solid black; width: 100%; height: 20px;"></div> </li> </ul>


**If you have more than two dependants, please proceed to page 4.**


**If you do not have any more dependants, please proceed to page 5, Section D.**


## Section C - Dependant personal information (continued)


\*See information page for more details\*


 <b>Third dependant's information</b>	
Title (e.g. Mr, Miss, Ms)	For Office Use Only
My dependant's last name is	
My dependant's first name is	
My dependant's middle name is	
My dependant's birthdate is Y Y Y Y   M M   D D	<input type="checkbox"/> Male <input type="checkbox"/> Female
Please provide the Personal Health Number of your dependant (if previously registered in Alberta)	

 <b>Fourth dependant's information</b>	
Title (e.g. Mr, Miss, Ms)	For Office Use Only
My dependant's last name is	
My dependant's first name is	
My dependant's middle name is	
My dependant's birthdate is Y Y Y Y   M M   D D	<input type="checkbox"/> Male <input type="checkbox"/> Female
Please provide the Personal Health Number of your dependant (if previously registered in Alberta)	

 <b>Third dependant's citizenship</b>
<b>My dependant is a:</b> <input type="checkbox"/> Canadian citizen <input type="checkbox"/> Permanent resident <input type="checkbox"/> Other (specify status) _____ _____

 <b>Fourth dependant's citizenship</b>
<b>My dependant is a:</b> <input type="checkbox"/> Canadian citizen <input type="checkbox"/> Permanent resident <input type="checkbox"/> Other (specify status) _____ _____

 <b>My third dependant</b>
<b>Is a:</b> <input type="checkbox"/> new Alberta resident <input type="checkbox"/> returning Alberta resident
<ul style="list-style-type: none"> <li>who established permanent residence in Alberta on: Y Y Y Y   M M   D D</li> <li>who arrived in Canada on: (if applicable) Y Y Y Y   M M   D D</li> <li>who is committed to being physically present in Alberta for at least 183 days in a 12-month period. <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered NO, explain and state how long he/she intends to stay in Alberta. _____</li> </ul>
<p style="text-align: center;"><b>My dependant's</b></p> <ul style="list-style-type: none"> <li>Last place of residence was: _____ _____</li> <li>Previous province/territory medical plan number was: _____</li> </ul>

 <b>My fourth dependant</b>
<b>Is a:</b> <input type="checkbox"/> new Alberta resident <input type="checkbox"/> returning Alberta resident
<ul style="list-style-type: none"> <li>who established permanent residence in Alberta on: Y Y Y Y   M M   D D</li> <li>who arrived in Canada on: (if applicable) Y Y Y Y   M M   D D</li> <li>who is committed to being physically present in Alberta for at least 183 days in a 12-month period. <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered NO, explain and state how long he/she intends to stay in Alberta. _____</li> </ul>
<p style="text-align: center;"><b>My dependant's</b></p> <ul style="list-style-type: none"> <li>Last place of residence was: _____ _____</li> <li>Previous province/territory medical plan number was: _____</li> </ul>

If you have more than four dependants, please list their information on a separate sheet.  
If you do not have more than four dependants, please proceed to page 5, Section D.

## Section D - Declaration(s)

**Important:** Both the applicant and spouse or partner (if applicable) must sign this declaration in order for the application to be processed.

**Unsigned forms will be returned.**



### Applicant Declaration

- I certify that I am a resident of Alberta and any dependants listed are also residents of Alberta as defined on the information page of this application.
- I declare all the information 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 <b>X</b>		Date Y Y Y Y   M M   D D	
Home phone number		Work phone number Ext.	



### Spouse or Partner Declaration

- I certify that I am a resident of Alberta and any dependants listed are also residents of Alberta as defined on the information page of this application.
- I declare all the information 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 <b>X</b>		Date Y Y Y Y   M M   D D	
Home phone number <i>(if different than applicant)</i>		Work phone number Ext.	



### Did you remember to...

- ✓ Include photocopies (front and back if applicable) of all required documents? (Please do not send originals.)
- ✓ Fill out all applicable information?
- ✓ Did you and your spouse/partner (if applicable) sign the above declaration(s)?

### Contact information

#### Mailing Address

Alberta Health and Wellness  
PO Box 1360 Stn Main  
Edmonton AB T5J 2N3

#### In Person

To locate the office nearest you,  
please telephone our office or  
visit our website.

#### Telephone

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

**Fax** 780-422-0102

#### Website

[www.health.alberta.ca](http://www.health.alberta.ca)

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 an Alberta Health and Wellness representative at the address or telephone numbers above.