



Alberta Health Care Insurance Plan
Notice of Change/UPDATE

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...

Use this form to update or change your address, name, gender, date of birth, or order a replacement card. Please see page 2 for required documents or if you are changing family status.

Personal Information as Currently Shown on Your Alberta Personal Health Card

Form with fields for Last Name, First Name, Middle Name, Personal Health Number, Date of Birth, New Last Name, Gender (Male/Female), Mailing Address, Home Address, Province, and Postal Code.

To ensure the accuracy of our records, please indicate all individuals who should be covered on your account.

(If you have more dependants, please attach a separate page)

Replacement Card Required

Table with 3 columns: Name, Date of Birth (yyyy-mm-dd), and Replacement Card Required checkbox. Includes four rows for additional dependants.

Information to be Changed/Updated (check all that apply)

Reason: _____ Name Date of Birth Gender Address/Phone Number Replacement Card

New Personal Information for Individual Requiring Changes

A change or correction to an individual's name, date of birth, and/or gender requires government-issued supporting documentation, which must match the changes being requested. Please see reverse for a list of acceptable supporting documents.

Form with fields for Last Name, First Name, Middle Name, Date of Birth (yyyy-mm-dd), Gender (Male/Female), and Personal Health Number.

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 there is a change in my name, address, marital status or citizenship status, I will notify Alberta Health within 30 days.

Date (yyyy-mm-dd)

Signature

Incomplete or unsigned forms will be returned. Forms will not be processed without documentation. (See page 2)

Office Use Only section with fields for P#, Initials, Card Requested (Yes/No), and Document type viewed.

IMPORTANT INFORMATION

A change or correction to an individual's name, date of birth and/or gender requires government-issued supporting documentation. The name, date of birth and/or gender on the supporting documentation must match the changes being requested. Please see below for a list of acceptable supporting documents.

Acceptable government issued supporting documentation must be one of the following:

To change your Name or Date of Birth:

- 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

To change your Gender:

- A letter from the attending physician stating a new health care card is required as part of the therapeutic protocol, or
- A driver's license or birth certificate with change of gender

Which form to change/update your Alberta Health Care Insurance Plan Account

Notice of Change/Update form (AHC2211)

- To be used only when updating or changing:
 - name
 - date of birth
 - gender
 - address and/or phone number
 - ordering replacement Alberta Personal Health Card(s)

Notice of Change/Addition form (AHC2212)

- To be used when:
 - adding dependant(s)
 - adding a spouse/partner who is not already on your Alberta Health Care Insurance Plan
 - making name or address changes

Notice of Change/Deletion form (AHC2213)

- To be used when:
 - deleting dependant(s)
 - deleting a spouse/partner from your Alberta Health Care Insurance Plan account
 - making name or address changes

To locate the above forms on our website, please go to: www.health.alberta.ca/AHCIP/Forms.html

Have your account updated in person at an Alberta Health Care Insurance Plan authorized Registry Agent office or by mail. **Original documents are required when applying in person.** Photocopies of documents are only acceptable if submitting by mail. Photocopies must be clear, legible, and include front and back of the document, if applicable. Do not send original documents by mail as we cannot guarantee their safe return. Additional information on the Alberta Health Care Insurance Plan is available on the website.

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

Telephone

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