



# Alberta Health Care Insurance Plan Notice of Change/DELETION

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.

## Personal Information as Currently Shown on Your Alberta Personal Health Card

|                            |        |  |  |   |  |                           |             |
|----------------------------|--------|--|--|---|--|---------------------------|-------------|
| Last Name                  |        | First Name   |  | Middle Name   |  | Personal Health Number    |             |
| Date of Birth (yyyy-mm-dd) |        | New Last Name (If applicable, see page 3.)                     |  | <input type="checkbox"/> Male <input type="checkbox"/> Female |  | Daytime Phone (10 digits) |             |
| Mailing Address            | Apt. # | Street <input type="checkbox"/> Check if this is a new address |  | City/Town   |  | Province                  | Postal Code |
| Home Address               | Apt. # | Street or legal land description (If different from above)     |  | City/Town   |  | Province                  | 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)

|             |                                   |
|-------------|-----------------------------------|
| Name: _____ | Date of Birth (yyyy-mm-dd): _____ |
| Name: _____ | Date of Birth (yyyy-mm-dd): _____ |
| Name: _____ | Date of Birth (yyyy-mm-dd): _____ |
| Name: _____ | Date of Birth (yyyy-mm-dd): _____ |

## Deleting a Spouse/Adult Interdependent Partner

|  |   |   |  |                        |  |                           |
|--|---|---|--|------------------------|--|---------------------------|
| Last Name                              |   | First Name  |  | Middle Name            |  |                           |
| Date of Birth (yyyy-mm-dd)             |   | <input type="checkbox"/> Male <input type="checkbox"/> Female |  | Personal Health Number |  |                           |
| New address for deleted spouse/partner | Apt. #  | Street  |  |                        |  |                           |
| City/Town                              |   | Province  |  | Postal Code            |  | Daytime Phone (10 digits) |
| Date of Event (yyyy-mm-dd)             | Reason<br><input type="checkbox"/> Divorce/Separation <input type="checkbox"/> Left Alberta <input type="checkbox"/> Federal Institution <input type="checkbox"/> Military <input type="checkbox"/> Death |   |  |                        |  |                           |

## Declaration

I certify that:

- 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.**

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

| Delete Dependant 1                |        |   |  |                        |             |                           |
|-----------------------------------|--------|---|--|------------------------|-------------|---------------------------|
| Last Name                         |        | First Name  |  |                        | Middle Name |                           |
| Date of Birth (yyyy-mm-dd)        |        | <input type="checkbox"/> Male <input type="checkbox"/> Female   |  | Personal Health Number |             |                           |
| Date of Event (yyyy-mm-dd)        |        | Reason  |  |                        |             |                           |
|                                   |        | <input type="checkbox"/> Finished School <input type="checkbox"/> Working <input type="checkbox"/> Married <input type="checkbox"/> Left Alberta <input type="checkbox"/> Death |  |                        |             |                           |
| New address for deleted dependant | Apt. # | Street  |  |                        |             |                           |
| City/Town                         |        | Province  |  | Postal Code            |             | Daytime Phone (10 digits) |

| Delete Dependant 2                |        |   |  |                        |             |                           |
|-----------------------------------|--------|---|--|------------------------|-------------|---------------------------|
| Last Name                         |        | First Name  |  |                        | Middle Name |                           |
| Date of Birth (yyyy-mm-dd)        |        | <input type="checkbox"/> Male <input type="checkbox"/> Female   |  | Personal Health Number |             |                           |
| Date of Event (yyyy-mm-dd)        |        | Reason  |  |                        |             |                           |
|                                   |        | <input type="checkbox"/> Finished School <input type="checkbox"/> Working <input type="checkbox"/> Married <input type="checkbox"/> Left Alberta <input type="checkbox"/> Death |  |                        |             |                           |
| New address for deleted dependant | Apt. # | Street  |  |                        |             |                           |
| City/Town                         |        | Province  |  | Postal Code            |             | Daytime Phone (10 digits) |

| Delete Dependant 3                |        |   |  |                        |             |                           |
|-----------------------------------|--------|---|--|------------------------|-------------|---------------------------|
| Last Name                         |        | First Name  |  |                        | Middle Name |                           |
| Date of Birth (yyyy-mm-dd)        |        | <input type="checkbox"/> Male <input type="checkbox"/> Female   |  | Personal Health Number |             |                           |
| Date of Event (yyyy-mm-dd)        |        | Reason  |  |                        |             |                           |
|                                   |        | <input type="checkbox"/> Finished School <input type="checkbox"/> Working <input type="checkbox"/> Married <input type="checkbox"/> Left Alberta <input type="checkbox"/> Death |  |                        |             |                           |
| New address for deleted dependant | Apt. # | Street  |  |                        |             |                           |
| City/Town                         |        | Province  |  | Postal Code            |             | Daytime Phone (10 digits) |

| Delete Dependant 4                |        |   |  |                        |             |                           |
|-----------------------------------|--------|---|--|------------------------|-------------|---------------------------|
| Last Name                         |        | First Name  |  |                        | Middle Name |                           |
| Date of Birth (yyyy-mm-dd)        |        | <input type="checkbox"/> Male <input type="checkbox"/> Female   |  | Personal Health Number |             |                           |
| Date of Event (yyyy-mm-dd)        |        | Reason  |  |                        |             |                           |
|                                   |        | <input type="checkbox"/> Finished School <input type="checkbox"/> Working <input type="checkbox"/> Married <input type="checkbox"/> Left Alberta <input type="checkbox"/> Death |  |                        |             |                           |
| New address for deleted dependant | Apt. # | Street  |  |                        |             |                           |
| City/Town                         |        | Province  |  | Postal Code            |             | Daytime Phone (10 digits) |

## 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

### **Deletion Information**

The deletion date will be the date of event, if Alberta Health receives notification within one month. Otherwise, the deletion date will be the last day of the month in which notification is received. However, if deletion is due to a move out-of-province, the deletion date will be determined based on the date the individual left Alberta. **An individual ceasing to be a dependant but who continues to reside in Alberta should contact Alberta Health to arrange for continuous coverage on a separate account.**

### **Name Change - Documents Required: See Notes.**

- 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

### **NOTE:**

- Individuals who have government-sponsored Alberta Blue Cross please contact Alberta Health.
- If no forwarding address is provided for the deleted individual(s), AHCIP coverage may be cancelled until an address is provided.

Have your account updated in person at a Registry Agent office or by mail. Additional information on the AHCIP 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](http://www.health.alberta.ca)

#### **Telephone**

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