

Protected B (when completed)

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. 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					
Last Name (Proof of identity required. See page .)		First Name		Middle Name	PHN (Office Use Only)
Date of Birth yyyy-mm-dd		<input type="radio"/> Male <input type="radio"/> Female	Marital Status (For additional info, see page .)	<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Adult Interdependent Partner <input type="radio"/> Other	Home Phone
Mailing Address	Apt./Unit #	Street (Proof of residency required. See page .)		City/Town	Province Postal Code
Home Address	Apt./Unit #	Street or legal land description (If different from mailing address.)		City/Town	Province Postal Code

Complete all Sections

A Are you a Canadian citizen? (Select one) Yes No
 (Proof of Canadian citizenship or legal entitlement to be in Canada required. See page .)

If No Permanent Resident Study Permit Work Permit Visitor Record Other _____
 Date permit/record signed yyyy-mm-dd _____ Permit/record expiry date yyyy-mm-dd _____

B Have you previously had Alberta Health Care Insurance Plan coverage?
 No Yes Provide your previous Alberta Personal Health Number (If known.) _____
 Name you were previously registered under (If different from above.) _____

C Why are you applying for Alberta Health Care Insurance Plan coverage? (Check all that apply.)

New resident of Alberta Full-time student from another province/territory (See page .)
 Returning Alberta resident Temporary/contract worker from another province/territory (See page .)
 No longer on spouse's or parent's Alberta Health Care Insurance Plan coverage (Go to E.) Released from coverage with a Canadian Federal Health Plan
 Date of release yyyy-mm-dd _____
 Other _____

D From where, and when, did you arrive in Alberta?
 Where did you arrive from? (Country/Province/Territory) _____
 Date you arrived in Canada, if arrived from outside Canada yyyy-mm-dd _____
 Date you arrived in Alberta yyyy-mm-dd _____
 Date you decided to live in Alberta permanently, if different than date of arrival yyyy-mm-dd _____
 Previous Canadian provincial/territorial health number/medical plan number _____

E Do you intend to stay in Alberta for 12 months or longer?
 Yes No Please explain why and state how long your stay will be _____

Registrant Declaration

I certify that:

- I, and any dependants listed, are legally entitled to be or remain in Canada, make their home in Alberta, and are physically present in Alberta for at least 183 days in any 12-month period. (See page .)
- 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.
- My application cannot be processed until I have attached the required documents. (See page .)
- If there is a change in my name, address, marital status or citizenship status, I will notify Alberta Health within 30 days.

Daytime Phone _____

Date yyyy-mm-dd _____

Registrant Signature _____

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

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

Spouse/Adult Interdependent Partner Information

Last Name (Proof of identity required. See page .)		First Name	Middle Name	PHN (Office Use Only)	
Date of Birth yyyy-mm-dd		<input type="radio"/> Male <input type="radio"/> Female	If spouse/partner not applying, provide reason.		
Mailing Address	Apt./Unit #	Street (Proof of residency required. See page .)		City/Town	Province Postal Code
Home Address	Apt./Unit #	Street or legal land description (If different from mailing address.)		City/Town	Province Postal Code

Complete all Sections

A Are you a Canadian citizen? (Select one) Yes No
 (Proof of Canadian citizenship or legal entitlement to be in Canada required. See page .)

If No Permanent Resident Study Permit Work Permit Visitor Record Other _____
 Date permit/record signed yyyy-mm-dd _____ Permit/record expiry date yyyy-mm-dd _____

B Have you previously had Alberta Health Care Insurance Plan coverage?
 No Yes Provide your previous Alberta Personal Health Number (If known.) _____
 Name you were previously registered under (If different from above.) _____

C Why are you applying for Alberta Health Care Insurance Plan coverage? (Check all that apply.)

New resident of Alberta Full-time student from another province/territory (See page .)
 Returning Alberta resident Temporary/contract worker from another province/territory (See page .)
 No longer on spouse's or parent's Alberta Health Care Insurance Plan coverage (Go to E.) Released from coverage with a Canadian Federal Health Plan
 Date of release yyyy-mm-dd _____
 Other _____

D From where, and when, did you arrive in Alberta?
 Where did you arrive from? (Country/Province/Territory) _____
 Date you arrived in Canada, if arrived from outside Canada yyyy-mm-dd _____
 Date you arrived in Alberta yyyy-mm-dd _____
 If date of arrival different from spouse/partner, provide reason _____
 Date you decided to live in Alberta permanently, if different than date of arrival yyyy-mm-dd _____
 Previous Canadian provincial/territorial health number/medical plan number _____

E Do you intend to stay in Alberta for 12 months or longer?
 Yes No Please explain why and state how long your stay will be

Spouse/Adult Interdependent Partner Declaration

- I certify that:
- I, and any dependants listed, are legally entitled to be or remain in Canada, make their home in Alberta, and are physically present in Alberta for at least 183 days in any 12-month period. (See page .)
 - 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.
 - My application cannot be processed until I have attached the required documents. (See page .)
 - If there is a change in my name, address, marital status or citizenship status, I will notify Alberta Health within 30 days.

_____ Daytime Phone _____ Date yyyy-mm-dd _____ Spouse/Adult Interdependent Partner Signature

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

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

Dependant Information			
Last Name	First Name	Middle Name	PHN (Office Use Only)
Date of Birth yyyy-mm-dd	<input type="radio"/> Male <input type="radio"/> Female	Relationship (e.g. parent, grandparent or guardian.) (See page .)	
Complete all Sections			
A	Is your dependant a Canadian citizen? (Select one) <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of Canadian citizenship or legal entitlement to be in Canada required. (See page .)) If No <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Study Permit <input type="checkbox"/> Work Permit <input type="checkbox"/> Visitor Record <input type="checkbox"/> Other _____ Date permit/record signed yyyy-mm-dd _____ Permit/record expiry date yyyy-mm-dd _____		
B	Has your dependant previously had Alberta Health Care Insurance Plan coverage? <input type="checkbox"/> No <input type="checkbox"/> Yes Provide your dependant's previous Alberta Personal Health Number (if known.) _____ Name your dependant was previously registered under (if different from above.) _____		
C	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 stay in Alberta permanently, if different than date of arrival yyyy-mm-dd _____ Previous Canadian provincial/territorial health number/medical plan number _____		
D	Does your dependant intend to stay in Alberta for 12 months or longer? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain why and state how long your dependant's stay will be _____		
Office Use Only	Document type viewed		
Card Requested <input type="radio"/> Yes <input type="radio"/> No	Legal Entitlement		

[Add](#) [Delete](#)

Dependant Information			
Last Name	First Name	Middle Name	PHN (Office Use Only)
Date of Birth yyyy-mm-dd	<input type="radio"/> Male <input type="radio"/> Female	Relationship (e.g. parent, grandparent or guardian.) (See page .)	
Complete all Sections			
A	Is your dependant a Canadian citizen? (Select one) <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of Canadian citizenship or legal entitlement to be in Canada required. (See page .)) If No <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Study Permit <input type="checkbox"/> Work Permit <input type="checkbox"/> Visitor Record <input type="checkbox"/> Other _____ Date permit/record signed yyyy-mm-dd _____ Permit/record expiry date yyyy-mm-dd _____		
B	Has your dependant previously had Alberta Health Care Insurance Plan coverage? <input type="checkbox"/> No <input type="checkbox"/> Yes Provide your dependant's previous Alberta Personal Health Number (if known.) _____ Name your dependant was previously registered under (if different from above.) _____		
C	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 stay in Alberta permanently, if different than date of arrival yyyy-mm-dd _____ Previous Canadian provincial/territorial health number/medical plan number _____		
D	Does your dependant intend to stay in Alberta for 12 months or longer? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain why and state how long your dependant's stay will be _____		
Office Use Only	Document type viewed		
Card Requested <input type="radio"/> Yes <input type="radio"/> No	Legal Entitlement		

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IMPORTANT INFORMATION

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

Alberta Resident

A person lawfully entitled to be or to remain in Canada, who makes Alberta their home and is physically present in Alberta for at least 183 days in any 12-month period, but does not include a tourist, transient or visitor.

Note: Out-of-province students or temporary/contract workers are not considered residents of Alberta and should maintain their coverage in their home province unless moving to Alberta permanently.

Marital Status/Dependant

- Spouses must register together, unless separated or spouse does not intend to become an Alberta resident (as defined above).
- Adult interdependent partner (partner) - may register together or separately.
- Single children:
 - o under 21 and wholly dependent (legal documents required for proof of guardianship);
 - o 21 and over and wholly dependent because of physical or mental disabilities (a letter from their physician is required); and
 - o under 25 and enrolled in full-time studies at an accredited educational institution (a letter from Registrar's office is required).

Effective Dates

- If the application is received within 3 months from when you became a resident of Alberta:
 - o from within Canada, the effective date of coverage is first day of the 3rd month (*example: became a resident January 10 - effective April 1*); and
 - o from out-of-country, the effective date of coverage is either the date you became a resident of Alberta or the date on the Canada entry document, whichever is later, 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.

ACCEPTABLE DOCUMENTS:

Alberta residency - Document must show FULL NAME and CURRENT MAILING ADDRESS
(MUST MATCH ADDRESS ON THE APPLICATION)

- 1 Current Alberta driver's licence
- 1 Current Alberta identification card
- 1 Current utility bills for an Alberta residence

Identity - Government issued document with PHOTO, NAME and BIRTHDATE

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

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

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

Required Documentation	Residency*	Identity	Legal Entitlement/Citizenship
Registrant	✓	✓	✓
Spouse/Partner	✓	✓	✓
Dependant			✓

* ONE Proof of Alberta Residency can be provided by REGISTRANT or SPOUSE/PARTNER

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 form 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

To Locate a Registry Agent Office

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

Website
www.alberta.ca/health.aspx

Contact

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

