

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 (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.

**Use this form to order a replacement card, change your personal demographics or provide an update to your immigration status. Do not use this form for changes to the persons covered on your account, please refer to the important information on page 2.**

### 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				<input type="radio"/> Male <input type="radio"/> Female		Home Phone	
Mailing Address	Apt./Unit #	Street <input type="checkbox"/> Check if this is a new address		City/Town		Province	Postal Code
Home Address	Apt./Unit #	Street or legal land description (if different from above)		City/Town		Province	Postal Code

To ensure the accuracy of our records, please list your family members below (e.g spouse/partner, dependants). If you need more room, please attach a separate page. (An address change updates all family members currently listed on your account.)

Name: _____	Date of Birth yyyy-mm-dd: _____	<input type="checkbox"/>	<b>Replacement Card Required</b>
Name: _____	Date of Birth yyyy-mm-dd: _____	<input type="checkbox"/>	<b>Replacement Card Required</b>
Name: _____	Date of Birth yyyy-mm-dd: _____	<input type="checkbox"/>	<b>Replacement Card Required</b>
Name: _____	Date of Birth yyyy-mm-dd: _____	<input type="checkbox"/>	<b>Replacement Card Required</b>

### Please indicate what you need Changed/Updated (check all that apply)

(Refer to page 2 for correct form for name changes due to marriage)

Reason: \_\_\_\_\_

Name     Date of Birth     Gender     Immigration Status  
 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.**

Last Name		First Name		Middle Name	
Date of Birth yyyy-mm-dd				<input type="radio"/> Male <input type="radio"/> Female	
Personal Health Number					

### 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.
- 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/immigration 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			Document type viewed
P#	Initials	Card Requested <input type="radio"/> Yes <input type="radio"/> No	

## 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. In Alberta, married couples are required to be registered together. If you are not registered on the same AHCIP account, please complete a Notice of Change/ADDITION form (AHC2212)

### 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
- Certificate of Indian Status issued by the Federal Government
- 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 licence or birth certificate with change of gender
- Due to system limitations, only M and F are available for gender. If your documentation has a gender of X, please choose the gender you most identify with.

Note: The name, date of birth and/or gender on the supporting documentation must match the requested changes (with the exception of gender X)

### Choose which form to use 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 (if changing name due to marriage, fill out form AHC2212 below. If due to divorce, fill out AHC2213 below)
  - date of birth
  - gender
  - address and/or phone number
  - ordering replacement Alberta Personal Health Card(s)
  - immigration document renewal or status change

#### Notice of Change/Addition form (AHC2212)

- To be used when:
  - adding dependant(s)
  - adding a spouse/partner

#### Notice of Change/Deletion form (AHC2213)

- To be used when:
  - deleting dependant(s)
  - deleting a spouse/partner (e.g. divorce)

To locate the above forms on our website, please go to: [www.alberta.ca/ahcip-forms.aspx](http://www.alberta.ca/ahcip-forms.aspx)

If you are not sure which form to use, please visit a participating registry office or call the AHCIP contact centre.

### APPLICATION SUBMISSION:

**Preferred method:** Bring completed application form and original or clear, legible photocopies of your documents to an Alberta Health Care Insurance Plan participating registry agent. [www.alberta.ca/ahcip-registry-locations.aspx](http://www.alberta.ca/ahcip-registry-locations.aspx)

**Alternate method:** 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

#### Website

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

#### Contact

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