

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.

Before you start, please review the important information on the reverse to determine if you will complete this form, or a different form to request updates.

Personal Information as currently shown on your Alberta Personal Health Card or Account							
Last Name			First Name			Middle Name	
Date of Birth	Year	Month	Day	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Personal Health Number	
Mailing Address				City/Town		Province	Postal Code

Personal Information to be Changed/Updated				
<input type="checkbox"/> Name	<input type="checkbox"/> Date of Birth	<input type="checkbox"/> Gender	<input type="checkbox"/> Address/Phone Number	<input type="checkbox"/> Replacement Card

Reason for Change/Update <i>(see page 2 for more information)</i>	
<input type="checkbox"/> Move	<i>Complete this form</i>
<input type="checkbox"/> Correction	<i>Complete this form</i>
<input type="checkbox"/> Marriage	<i>Complete the Notice of Change/Addition (AHC2212) if you and your spouse/partner are not on the same AHCIP account</i>
<input type="checkbox"/> Separation	<i>Complete the Notice of Change/Deletion (AHC2213) if you and your spouse/partner wish to be on separate AHCIP accounts</i>
<input type="checkbox"/> Divorce	<i>Complete the Notice of Change/Deletion (AHC2213) if you and your ex spouse/partner are on the same AHCIP account</i>
<input type="checkbox"/> Other	_____

New Personal Information							
<i>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.</i>							
Last Name			First Name			Middle Name	
Date of Birth	Year	Month	Day	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Phone	
Mailing Address				City/Town		Province	Postal Code

Declaration	
I certify that:	
<ul style="list-style-type: none"> I, and any dependants listed, are physically present in Alberta for at least 183 days in a 12-month period as defined on the information page of this application. <i>(See page 2.)</i> 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:	
<ul style="list-style-type: none"> 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. 	
_____ Signature	_____ Date (yyyy/mm/dd)

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

Office Use Only					
P#	Initials	Card Requested <input type="checkbox"/> Yes <input type="checkbox"/> No	Name Validated <input type="checkbox"/> Yes <input type="checkbox"/> No	Issue Card <input type="checkbox"/> Yes <input type="checkbox"/> No	Document type viewed

IMPORTANT INFORMATION

All residents of Alberta must register themselves and their dependants with the Alberta Health Care Insurance Plan (AHCIP). Alberta Health must be notified of any changes to an individual's name, address, marital or citizenship status within 30 days.

Alberta Resident

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

Note: A new personal health card will be mailed if a name, date of birth and/or gender change is processed.

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:

- Adoption Order
- Birth Certificate
- Citizenship/Immigration Document
- Court Order for Name Change
- Driver's License
- 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

Reason for Change/Update - Which form to complete

Notice of Change/Addition form (AHC2212)

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

Notice of Change/Deletion form (AHC2213)

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

Notice of Change/Update form (AHC2211)

- To be used when adding:
 - name
 - date of birth
 - gender
 - address and/or phone number

Have your account updated in person at a Registry Agent office or by mail. **Original documents are required when applying in person.** Photocopies of documents are only acceptable if applying by mail. Photocopies must 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

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