



Dependant Information 1				
Last Name		First Name		Middle Name
Date of Birth	Year	Month	Day	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
				Date of Dependency (yyyy/mm/dd)
Complete all Sections				
<b>A</b>	<b>Is your dependant a Canadian Citizen? (Check one)</b>			
	Canadian Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of Canadian citizenship or legal entitlement to be in Canada required. See page 3.)			
<b>B</b>	If No <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Study / Work / Visitor Permit Date Permit Signed (yyyy/mm/dd) _____			
	<input type="checkbox"/> Other _____ Permit Valid Until (yyyy/mm/dd) _____			
<b>C</b>	<b>Does your dependant currently have, or have they previously had, Alberta Health Care Insurance Plan coverage?</b>			
	<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) _____			
<b>D</b>	<b>Why are you adding this dependant to your Alberta Health Care Insurance Plan coverage?</b>			
	<input type="checkbox"/> Birth <input type="checkbox"/> Adoption/Guardian/Custody (Legal documents required.) Effective Date (yyyy/mm/dd) _____			
<b>E</b>	<input type="checkbox"/> New to Alberta (Complete Section D) <input type="checkbox"/> Returning to Alberta (Complete Section D)			
	<input type="checkbox"/> Other (e.g. student) _____ Effective Date (yyyy/mm/dd) _____			
<b>F</b>	<b>From where, and when, did your dependant arrive in Alberta?</b>			
	Where did your dependant arrive from? (Country/Province/Territory) _____			
<b>G</b>	Date your dependant arrived in Canada if arrived from outside Canada (yyyy/mm/dd) _____			
	Date your dependant arrived in Alberta (yyyy/mm/dd) _____			
<b>H</b>	Previous Canadian provincial/territorial health number/medical plan number (if known) _____			
	<b>Does your dependant intend to stay in Alberta for 12 months or longer?</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No → Please explain why and state how long your dependant's stay will be _____				

Dependant Information 2				
Last Name		First Name		Middle Name
Date of Birth	Year	Month	Day	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
				Date of Dependency (yyyy/mm/dd)
Complete all Sections				
<b>A</b>	<b>Is your dependant a Canadian Citizen? (Check one)</b>			
	Canadian Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of Canadian citizenship or legal entitlement to be in Canada required. See page 3.)			
<b>B</b>	If No <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Study / Work / Visitor Permit Date Permit Signed (yyyy/mm/dd) _____			
	<input type="checkbox"/> Other _____ Permit Valid Until (yyyy/mm/dd) _____			
<b>C</b>	<b>Does your dependant currently have, or have they previously had, Alberta Health Care Insurance Plan coverage?</b>			
	<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) _____			
<b>D</b>	<b>Why are you adding this dependant to your Alberta Health Care Insurance Plan coverage?</b>			
	<input type="checkbox"/> Birth <input type="checkbox"/> Adoption/Guardian/Custody (Legal documents required.) Effective Date (yyyy/mm/dd) _____			
<b>E</b>	<input type="checkbox"/> New to Alberta (Complete Section D) <input type="checkbox"/> Returning to Alberta (Complete Section D)			
	<input type="checkbox"/> Other (e.g. student) _____ Effective Date (yyyy/mm/dd) _____			
<b>F</b>	<b>From where, and when, did your dependant arrive in Alberta?</b>			
	Where did your dependant arrive from? (Country/Province/Territory) _____			
<b>G</b>	Date your dependant arrived in Canada if arrived from outside Canada (yyyy/mm/dd) _____			
	Date your dependant arrived in Alberta (yyyy/mm/dd) _____			
<b>H</b>	Previous Canadian provincial/territorial health number/medical plan number (if known) _____			
	<b>Does your dependant intend to stay in Alberta for 12 months or longer?</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No → Please explain why and state how long your dependant's stay will be _____				

**If you have more than two dependants, please provide their information on a separate page.**

## IMPORTANT INFORMATION

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

**Note:** Individuals cannot maintain active health coverage in more than one province/territory. For example, out-of-province students or temporary/contract workers should maintain their coverage in their home province unless moving to Alberta permanently.

### **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.

### **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:
  - under 21 and wholly dependent (includes adopted children, foster children and legal wards)
  - over 21 and wholly dependent because of physical or mental disabilities
  - under 25 and enrolled in three or more courses at an accredited educational institution

### **Effective Dates**

The addition date is the date of event (marriage, adult interdependent partnership or other dependency) if notification is received within one month of the date of the event. Otherwise, the addition date will be the first day of the month following Alberta Health receiving notification.

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### **Required Documentation - for spouse/adult interdependent partner and dependant**

**NOTE:** If you are adding coverage for an individual who is not a Canadian citizen, you must include a copy of their Canada entry documents with your application. Eligibility for coverage will be determined based on the information on the Canada entry documents.

If a document from each category below (one must include a photo) is not submitted, the application will not be processed and will be returned.

**Please note: Individuals with visitor or short term permits or refugee documents may not be eligible for coverage.**

**1) Identity - ONE (1) document from the spouse/partner to support their identity and name. Document must be government issued ID which shows **photo, name and birthdate**. Examples include:**

Spouse/Partner

- Canadian/Non-Canadian passport
- Canadian citizenship card/certificate
- Permanent resident card
- Federal identification card
- Current Alberta/provincial/territorial driver's licence
- Alberta Identification Card

**2) Citizenship/Legal entitlement to be or remain in Canada - ONE (1) document from the spouse/partner to support their Canadian citizenship or legal entitlement to be or remain in Canada. Document must be ID which shows **name and birthdate**. Note: Non-Canadian dependants (if applicable) must also provide a document. Examples include:**

Spouse/Partner    Dependants  
(if applicable)

 and 

- Canadian passport
- Canadian citizenship card/certificate
- Canadian birth certificate
- Permanent resident card
- Canada entry document (work/study/visitor permit)

**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.

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Apply for coverage in person at a Registry Agent office or by mail to Alberta Health. 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](http://www.health.alberta.ca)

#### **Telephone**

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