



Alberta Health Care Insurance Plan Notice of Change/UPDATE

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 update or change your address, name, gender, date of birth, or order a replacement card.
Please see page 2 for required documents or if you are changing family status.**

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		<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 indicate all individuals who should be covered on your account.

(If you have more dependants, please attach a separate page)

Replacement Card Required

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

Information to be Changed/Updated (check all that apply)

Reason: _____ Name Date of Birth Gender 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 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. Please see below for a list of acceptable supporting documents.

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
- Final divorce certificate
- Identification cards
 - First Nations/Inuit
 - Department of National Defence
 - Municipal/territorial/provincial police force
- 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 license or birth certificate with change of gender

Which form 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
 - date of birth
 - gender
 - address and/or phone number
 - ordering replacement Alberta Personal Health Card(s)

Notice of Change/Addition form (AHC2212)

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

Notice of Change/Deletion form (AHC2213)

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

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

Have your account updated in person at an Alberta Health Care Insurance Plan authorized Registry Agent office or by mail. **Original documents are required when applying in person.** Photocopies of documents are only acceptable if submitting by mail. Photocopies must be clear, legible, and 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

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 at
310-0000 then 780-427-1432