



# 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<br><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](http://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](http://www.alberta.ca/health.aspx)

#### **Contact**

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