

Mailing Address  
 Alberta Health and Wellness  
 PO Box 1360 Stn Main  
 Edmonton AB T5J 2N3

Fax: 780-415-8808 Edmonton  
 1-888-415-8808 Toll-free

Please complete this form if there are any changes to your personal information. Your updated information is necessary to ensure our records are accurate and complete.

**NOTE: When changing/updating your name, date of birth or gender, please provide documentation to support your request (e.g. driver's licence, marriage certificate).**

<b>Personal Health Number (Mandatory) - The number on my Alberta Personal Health card</b>	
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**Section A - Personal Information (Proof documentation is required to change personal information - please attach)**

Last name		First name		Middle name
Date of birth (yyyy/mm/dd)		Gender (please check one) <input type="checkbox"/> Male <input type="checkbox"/> Female		
Is this information a (please check one): <input type="checkbox"/> Correction <b>OR</b> Change due to: <input type="checkbox"/> Marriage <input type="checkbox"/> Legal name change <input type="checkbox"/> Other _____				

**Section B - Mailing Information**

A new personal health card will be mailed if a name, birthdate or gender update is processed. Please indicate your current mailing address below.

Current mailing address			City/Town
Province	Postal code	Home telephone number	Work telephone number
Is this an address change? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do all family members on the account have the same mailing address indicated above? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Section C - Declaration (Mandatory)**

I declare that all information provided on this form is true and correct, and I authorize the Minister or Health and Wellness to verify this information with immigration authorities, agencies and persons as appropriate.

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**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

The information on this form is being collected and used by Alberta Health and Wellness pursuant to section 20(b) of the *Health Information Act* for the purpose of determining or verifying your eligibility to receive coverage under the Alberta Health Care Insurance Plan and for the purpose of managing the health system. If you have any questions regarding the collection and use of this information, please contact an Alberta Health and Wellness representative at 780-427-1432 in Edmonton or toll-free within Alberta by dialing 310-0000, then 780-427-1432 when prompted.