

Protected C (when completed)

The information on this form is being collected and used by Primary and Preventative Health Services pursuant to sections 20(a), 20(b), 21(1)(a), and 27(1)(2) of the *Health Information Act* and section 4(c) of the *Protection of Privacy Act* (POPA) for the purpose of determining and verifying 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 a Primary and Preventative Health Services representative toll-free within Alberta at 310-0000 then 780-427-1432.

Use this form to order a replacement card, change your personal demographics or provide an update to your immigration status. Do not use this form to change who should be on your AHCIP account. Please refer to the important information page.

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				<input type="radio"/> Male <input type="radio"/> Female		Home/Mobile 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 list your spouse/partner and/or dependants who should be registered on your AHCIP account and attach a separate page if there is not enough room. If you are updating your address, everyone on your account will be updated too.

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

Please indicate what you need Changed/Updated (check all that apply)
(Refer to page 2 for correct form for name changes due to marriage)

Reason: _____

Name Date of Birth Gender Immigration Status
 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 Primary and Preventative Health Services 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/immigration status, I will notify a Primary and Preventative Health Services representative within 30 days. A Primary and Preventative Health Services representative may be an AHCIP participating registry agent, contact centre or registration staff in the ministry.

_____ Email (we will use only if we have a question regarding request) _____ 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	Date received in office	

IMPORTANT INFORMATION

A change or correction to an individual's name, date of birth and/or gender requires government-issued supporting documentation. If you are changing your name due to marriage, married couples are required to be registered together. If you are not registered on the same AHCIP account, please complete a Notice of Change/Addition form (AHC2212) or provide a copy of your marriage certificate.

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
- Certificate of Indian Status issued by the Federal Government
- Legal name change certificate
- Marriage certificate
- Passport

To change your Gender:

- A letter from the attending physician stating a new health card is required as part of the therapeutic protocol; or
- A driver's licence or birth certificate with change of gender
- Due to system limitations, only M and F are available for gender. If your documentation has a gender of X, please choose the gender you most identify with.

Note: The name, date of birth and/or gender on the supporting documentation must match the requested changes (with the exception of gender X)

Choose which form to use 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 (if changing name due to marriage, fill out form AHC2212 below. If due to divorce, fill out AHC2213 below)
 - date of birth
 - gender
 - address and/or phone number
 - ordering replacement Alberta Personal Health Card(s)
 - immigration document renewal or status change

Notice of Change/Addition form (AHC2212)

- To be used when:
 - adding dependant(s)
 - adding a spouse/partner

Notice of Change/Deletion form (AHC2213)

- To be used when:
 - deleting dependant(s)
 - deleting a spouse/partner (e.g. divorce)

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

If you are not sure which form to use, please visit a participating registry office or call the AHCIP contact centre.

APPLICATION SUBMISSION:

Take the completed application form and originals of your documents to an AHCIP participating registry office.

Participating Registry Agents
<https://www.alberta.ca/ahcip-registry-locations>

Website
<https://www.alberta.ca/ahcip>

Contact
AHCIP Contact Centre
780-427-1432 in Edmonton
Toll-free within Alberta at
310-0000 then 780-427-1432