

## Application for Alberta Health Care **Insurance Plan Coverage**

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			tity required. See page 2	?.) First Nam	ne		Middle Name		PHN (Offi	ice Use Only)
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or	nplete	all Section	ns							
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2) Citizenship/Legal entitlement to be or remain in Canada - ONE (1) document from BOTH the registrant and spouse/ partner to support your Canadian citizenship or legal entitlement to be or remain in Canada. Document must be ID which shows name and birthdate. Note: Non-Canadian dependents (if applicable) must also provide a document. Examples include:

Registrant Spouse/Partner Dependants (if applicable) and

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

3) Alberta residency - ONE (1) document from EITHER the registrant or spouse/partner to support your Alberta residency. Document must show name and current Alberta address (same as provided on the application). Examples include: • Current Alberta driver's licence

Registrant Spouse/Partner

Current Alberta photo ID card

Current utility bill for an Alberta residence

• Mortgage or rent/lease agreement

Original documents are required when applying in person. Photocopies of documents are only acceptable if not applying in person. 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. Apply for coverage in person at a Registry Agent office or by mail. 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

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

Telephone