

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, or date of birth.  
If you are changing family status, please see page 2.**

**Account Holder Information as currently shown on your Alberta Personal Health Card**

Last Name		First Name		Middle Name		Personal Health Number	
Date of Birth	Year	Month	Day	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Daytime Phone Number	
Mailing Address				City/Town		Province	Postal Code
Home Address (or legal land description)							

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)

Name: _____	Date of Birth (yyyy-mm-dd): _____
Name: _____	Date of Birth (yyyy-mm-dd): _____
Name: _____	Date of Birth (yyyy-mm-dd): _____
Name: _____	Date of Birth (yyyy-mm-dd): _____

**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	Year	Month	Day	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Mailing Address (updates all individuals on account)				City/Town	
				Province	Postal Code
Home Address (or legal land description)					

**Declaration**

I certify that:

- I, and any dependants listed, are lawfully entitled to be or to remain in Canada, who makes Alberta his/her home and is physically present in Alberta for at least 183 days in any 12-month period, but does not include a tourist, transient or visitor.
- 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

\_\_\_\_\_  
Phone Number

**Incomplete or unsigned forms will be returned. Forms will not be processed without documentation. (See page 2.)**

**Office Use Only**

P#	Initials	Card Requested <input type="checkbox"/> Yes <input type="checkbox"/> No	Document type viewed
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## 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

#### **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.health.alberta.ca/AHCIP/Forms.html](http://www.health.alberta.ca/AHCIP/Forms.html)

Have your account updated in person at a 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 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

#### **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](http://www.health.alberta.ca)

#### **Telephone**

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