



# Application for Alberta Blue Cross Non-Group Coverage Premium Subsidy 2024-2025

Protected B (when completed)

Current Year Only - Based on 2023 Taxation Year


Please read the eligibility and program information in the information brochure before completing this application.

Your application is only required if you have Alberta Blue Cross Non-Group Coverage.

This form can only be used for the period April 1, 2024 to March 31, 2025 and is based on 2023 tax information.

<b>Section A - Account Holder's Personal Information</b> (Please print)				Personal Health Number			
Last Name							
First Name				Middle Name			
Mailing Address							
City/Town		Province/Territory		Country		Postal code	

## Section B - Account Holder's Income Information

I filed an income tax return with the Canada Revenue Agency for the year		<b>2023</b> subsidy for Apr 1, 2024 - Mar 31, 2025 <input type="checkbox"/> Yes <input type="checkbox"/> No \$ <input type="text"/> <input type="checkbox"/> Yes <input type="checkbox"/> No
a. <b>If yes</b> , my taxable income was		
(line 26000 from your income tax return)		
b. <b>If no</b> , I was claimed as a spouse, partner or dependant		
 Unless you file an income tax return or are claimed on your spouse's, partner's or parent's return, you may not qualify for subsidy.		

## Section C - Alberta Health Certification and Authorization

I have read the information on this form and certify that the information given by me is true and correct.

I authorize Alberta Health to disclose my registration information to the Canada Revenue Agency for the purpose of verifying my eligibility for a premium subsidy under the *Health Insurance Premiums Regulations*. I understand why I have been asked to consent to the disclosure of this information and I am aware of the risks and benefits of consenting or refusing to consent. I also understand that this authorization is in effect for the current period, and for each subsequent subsidy period for which I may be eligible to receive a premium subsidy under the *Health Insurance Premiums Regulations*. I may revoke this consent in writing at any time.

Signature of account holder	Date	Phone Number	Alternate Phone Number
	Y Y Y Y   M M   D D		


## Section D - Canada Revenue Agency Authorization

I authorize the Canada Revenue Agency to release information from my income tax return, and, if applicable, other required tax information about me, whether supplied by me or a third party, to the Minister of Health of the Province of Alberta. The information will be relevant to determining my eligibility for a reduced premium rate under the *Health Insurance Premiums Regulations*, and for no other purpose. I acknowledge that this authority is in effect for the 2023 taxation year and each subsequent consecutive year for which I may be eligible to receive a premium subsidy under the *Health Insurance Premiums Regulations*.

Signature of account holder	Date	Social Insurance Number
	Y Y Y Y   M M   D D	

**Unsigned forms (Sections C and D) will be returned.**  
**If you have a spouse or partner, they must complete and sign (Sections G and H) on reverse.**

Section E - Spouse's or Partner's Personal Information (Please print)				Personal Health Number			
Last Name							
First Name				Middle Name			
Mailing Address (if different than account holder's address on page 1)							
City/Town		Province/Territory		Country		Postal code	

Section F - Spouse's or Partner's Income Information	
<p>I filed an income tax return with the Canada Revenue Agency for the year</p> <p>a. <b>If yes</b>, my taxable income was (line 26000 from your income tax return)</p> <p>b. <b>If no</b>, I was claimed as a spouse, partner or dependant</p> <p> Unless you file an income tax return or are claimed on your spouse's, partner's or parent's return, you may not qualify for subsidy.</p>	<p><b>2023</b> subsidy for Apr 1, 2024 - Mar 31, 2025</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>\$ <input type="text"/></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

## Section G - Alberta Health Certification and Authorization

I have read the information on this form and certify that the information given by me is true and correct.

I authorize Alberta Health to disclose my registration information to the Canada Revenue Agency for the purpose of verifying my eligibility for a premium subsidy under the *Health Insurance Premiums Regulations*. I understand why I have been asked to consent to the disclosure of this information and I am aware of the risks and benefits of consenting or refusing to consent. I also understand that this authorization is in effect for the current period, and for each subsequent subsidy period for which I may be eligible to receive a premium subsidy under the *Health Insurance Premiums Regulations*. I may revoke this consent in writing at any time.

Signature of spouse or partner	Date Y Y Y Y   M M   D D	Phone Number	Alternate Phone Number
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## Section H - Canada Revenue Agency Authorization

I authorize the Canada Revenue Agency to release information from my income tax return, and, if applicable, other required tax information about me, whether supplied by me or a third party, to the Minister of Health of the Province of Alberta. The information will be relevant to determining my eligibility for a reduced premium rate under the *Health Insurance Premiums Regulations*, and for no other purpose. I acknowledge that this authority is in effect for the 2023 taxation year and each subsequent consecutive year for which I may be eligible to receive a premium subsidy under the *Health Insurance Premiums Regulations*.

Signature of spouse or partner	Date Y Y Y Y   M M   D D	Social Insurance Number
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### Contact information Mailing Address

Alberta Health  
PO Box 1360 Stn Main  
Edmonton AB T5J 2N3

### In Person

To locate the office nearest you,  
please telephone our office or visit  
our website.

### Contact

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

**Website** alberta.ca/ahcip

The information requested on this application is being collected by Alberta Health pursuant to section 20(a) and (b) of the *Health Information Act* and section 33 of the *Freedom of Information and Protection of Privacy Act* for the sole purpose of determining or verifying your eligibility to receive a premium subsidy under the *Health Insurance Premiums Regulations* and will not be disclosed to any other person or organization without your approval. If you have any questions regarding the collection of this information, please contact an Alberta Health representative at the address or telephone numbers provided above.