# Application for Alberta Blue Cross Non-Group Coverage Premium Subsidy 2026-2027

Protected C (when completed)

**Current Year Only - Based on 2025 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, 2026 to March 31, 2027 and is based on 2025 tax information.**

## Section A - Account Holder's Personal Information *(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

| | 2025 subsidy for Apr 1, 2026 - Mar 31, 2027 |
|---|---|
| I filed an income tax return with the Canada Revenue Agency for the year ▶ | ☐ Yes ☐ No |
| a. ***If yes***, my taxable income was *(line 26000 from your income tax return)* ▶ | $ |
| b. ***If no***, I was claimed as a spouse, partner or dependant ▶ | ☐ Yes ☐ No |

⚠ 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 - Primary and Preventative Health Services 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 Primary and Preventative Health Services 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 Primary and Preventative Health Services 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 2025 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

| | **2025** subsidy for Apr 1, 2026 - Mar 31, 2027 |
|---|---|
| I filed an income tax return with the Canada Revenue Agency for the year ▶ | ☐ Yes ☐ No |
| a. ***If yes***, my taxable income was *(line 26000 from your income tax return)* ▶ | $ |
| b. ***If no***, I was claimed as a spouse, partner or dependant ▶ | ☐ Yes ☐ No |

⚠ 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 G - Primary and Preventative Health Services 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 Primary and Preventative Health Services 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 | Phone Number | Alternate Phone Number |
|---|---|---|---|
| | Y Y Y Y M M D D | | |

## 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 Primary and Preventative Health Services 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 2025 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 | Social Insurance Number |
|---|---|---|
| | Y Y Y Y M M D D | |

## Contact information

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

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

**Website** alberta.ca/ahcip

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(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.