Alberta

Application for Alberta Blue Cross Non-Group Premium Subsidy

Protected B (when completed)

Retroactive and Current Years - Based on 2021, 2022, 2023 Taxation Year(s)

Please read the eligibility and program information in the information brochure before you complete this application. Your application is only required if you have Alberta Blue Cross Non-Group Coverage. This form can only be used for 2021, 2022 and 2023 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

I am applying for subsidy for a previous account. ☐ Yes ☐ No

If yes, indicate the account number from the premium statement

Section B - Account Holder's Income Information

	2021 subsidy for Apr 1, 2022 - Mar 31, 2023	2022 subsidy for Apr 1, 2023 - Mar 31, 2024	2023 subsidy for Apr 1, 2024 - Mar 31, 2025
I filed an income tax return for the year ▶	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
a. ***If yes***, my taxable income for that year was *(line 26000 from your income tax return)* ▶	$	$	$
b. ***If no***, I was claimed as a spouse, partner or dependant that year ▶	☐ Yes ☐ No	☐ Yes ☐ No	☐ 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 - 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 subsidy periods, also for each account during these periods, 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 Y Y Y Y M M D D | Phone Number | Alternate Phone Number

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 taxation year(s) 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 Y Y Y Y M M D D | Social Insurance Number

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 reverse)

City/Town | Province/Territory | Country | Postal code

I am applying for subsidy for a previous account. ☐ Yes ☐ No

If yes, indicate the account number from the premium statement

Section F - Spouse's or Partner's Income Information

	2021 subsidy for Apr 1, 2022 - Mar 31, 2023	**2022** subsidy for Apr 1, 2023 - Mar 31, 2024	**2023** subsidy for Apr 1, 2024 - Mar 31, 2025
I filed an income tax return for the year	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
a. ***If yes***, my taxable income for that year was *(line 26000 from your income tax return)*	$	$	$
b. ***If no***, I was claimed as a spouse, partner or dependant that year	☐ Yes ☐ No	☐ Yes ☐ No	☐ 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 - 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 subsidy periods, also for each account during these periods, 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

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 taxation year(s) 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

Contact information

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

Participating Registry
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) and 21(1) 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 Alberta Health Care Insurance Plan, the Alberta Blue Cross Non-Group Plan, or both, 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.