

Application for Alberta Blue Cross Non-Group Premium Subsidy

Retroactive and Current Years - Based on 2019, 2020, 2021 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 2019, 2020 and 2021 tax information.

Section A - Account Holder's F	Porconal	Infor	mation (Pla	asa nrint	My	/ personal he	alth nur	mber is		
Section A - Account Holder's R	ersonar	IIIIOI		ase pririt,						
My last name is										
My first name is			My	middle name	is					
My current mailing address is										
My current maining address is										
City/Town	Province/Te	erritory		Country				Postal code		
I am applying for subsidy for a previous a	iccount.		Y	es No						
If yes, indicate the account number from	the premiu	m state	ement	<u> </u>		•		·		
Section B - Account Holder's I	ncome li	nform	ation							
			201 subsid Apr 1, 2020 - N	y for lar 31, 2021	Apr 1, 202		2022 <i>A</i>	subsi Apr 1, 2022 -		2023
I filed an income tax return for the	ne year		Yes	∐ No	Ye	es No	٦.	Yes	No	
a. If yes , my taxable income for that your income tax returns	•		\$		\$			\$		Ш
 b. If no, I was claimed as a spouse, p dependant that year 	oartner or		Yes	☐ No	Ye	s No		Yes	No	
Unless you file an income tax retu on your spouse's, partner's or par may not qualify for subsidy.										
Section C - Alberta Health Cer	tification	and	Authorizatio	on						
I have read the information on this form an I authorize Alberta Health to disclose my reapremium subsidy under the <i>Health Insur</i> this information and I am aware of the risk effect for the subsidy periods, also for each to receive a premium subsidy under the <i>Health Insur</i>	egistration i ance Premi s and bene h account d	informa iums R fits of c luring tl	ation to the Can egulations. I ur consenting or re hese periods, a	ada Revenu derstand whefusing to col and for each	e Agency fon y I have be nsent. I also subsequen	or the purpo en asked to understar t subsidy pe	conse d that t eriod fo	ent to the dis this authoriz or which I ma	sclosure ation is ay be eli	of in
Signature of account holder	Date Y Y Y	ΥY	M M D D	My home ph	one number	is I	My work	phone numb	er is	ı
Section D - Canada Revenue	Agency <i>A</i>	Autho	rization							
I authorize the Canada Revenue Agency to about me, whether supplied by me or a thir determining my eligibility for a reduced prer I acknowledge that this authority is in effect receive a premium subsidy under the <i>Healt</i>	d party, to the mium rate u for the taxa	ne Mini: nder thation ye	ster of Health o e <i>Health Insura</i> ear(s) and each	f the Provinc nce Premiun subsequent	e of Alberta ns Regulation	The informons, and for	nation w no oth nich I m	vill be releva ler purpose. nay be eligib	nt to le to	
Signature of account holder				Date Y Y	YYIM	M D D	iviy 500	cial Insurance	i wuinder .	15
- 1					-21					

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 Pa	rtner's Personal Informa	tion <i>(Please print)</i>	y personal health number is
My last name is			
My first name is		My middle name is	
My current mailing address is (if different	than account holder's address on re	everse)	
City/Town	Province/Territory	Country	Postal code
I am applying for subsidy for a previo	ous account.	Yes No	
If yes, indicate the account number f	rom the premium statement		
Section F - Spouse's or Pa	rtner's Income Informati	on	
I filed an income tax return fo	or the year	ubsidy for 20 - Mar 31, 2021 Apr 1, 202 /es \(\sum \) No \(\sum \) Ye	2020 bsidy for subsidy for Apr 1, 2022 - Mar 31, 2023 es No Yes No
 a. If yes, my taxable income for the second from your income tax 	Ψ Ψ	\$	\$
b. <i>If no</i> , I was claimed as a spou dependant that year	se, partner or	∕es	es No Yes No
Unless you file an income tax claimed on your spouse's, pa return, you may not qualify fo	rtner's or parent's		
Section G - Alberta Health	,	zation	
I have read the information on this form I authorize Alberta Health to disclose rapremium subsidy under the <i>Health I</i> this information and I am aware of the	Certification and Authori m and certify that the information my registration information to the nsurance Premiums Regulations risks and benefits of consenting each account during these perio	n given by me is true and core c Canada Revenue Agency f s. I understand why I have be g or refusing to consent. I als ods, and for each subsequer	or the purpose of verifying my eligibility for een asked to consent to the disclosure of o understand that this authorization is in at subsidy period for which I may be eligible
I have read the information on this form I authorize Alberta Health to disclose in a premium subsidy under the <i>Health In</i> this information and I am aware of the effect for the subsidy periods, also for	Certification and Authori m and certify that the information my registration information to the nsurance Premiums Regulations risks and benefits of consenting each account during these perione he Health Insurance Premiums F	n given by me is true and core c Canada Revenue Agency f s. I understand why I have be g or refusing to consent. I als ods, and for each subsequer	or the purpose of verifying my eligibility for een asked to consent to the disclosure of o understand that this authorization is in at subsidy period for which I may be eligible s consent in writing at any time.
I have read the information on this form I authorize Alberta Health to disclose in a premium subsidy under the Health In this information and I am aware of the effect for the subsidy periods, also for to receive a premium subsidy under the	Certification and Authorical mand certify that the information my registration information to the insurance Premiums Regulations in risks and benefits of consenting each account during these perione Health Insurance Premiums For Date	n given by me is true and core Canada Revenue Agency for I understand why I have begon refusing to consent. I also ods, and for each subsequent Regulations. I may revoke thi	or the purpose of verifying my eligibility for een asked to consent to the disclosure of o understand that this authorization is in at subsidy period for which I may be eligible s consent in writing at any time.
I have read the information on this form I authorize Alberta Health to disclose in a premium subsidy under the Health II this information and I am aware of the effect for the subsidy periods, also for to receive a premium subsidy under the Signature of spouse or partner Section H - Canada Reven	Certification and Authorical mand certify that the information my registration information to the insurance Premiums Regulations arisks and benefits of consenting each account during these perione Health Insurance Premiums For Date Date	n given by me is true and core Canada Revenue Agency for I understand why I have begin or refusing to consent. I also ods, and for each subsequent Regulations. I may revoke this My home phone number is a process of the Province of Albertansurance Premiums Regulations.	or the purpose of verifying my eligibility for een asked to consent to the disclosure of o understand that this authorization is in at subsidy period for which I may be eligible is consent in writing at any time. My work phone number is applicable, other required tax information in the information will be relevant to sons, and for no other purpose.
I have read the information on this form I authorize Alberta Health to disclose in a premium subsidy under the Health In this information and I am aware of the effect for the subsidy periods, also for to receive a premium subsidy under the Signature of spouse or partner Signature of spouse or partner Section H - Canada Revenue Agency about me, whether supplied by me or a determining my eligibility for a reduced I acknowledge that this authority is in e	Certification and Authorical mand certify that the information my registration information to the insurance Premiums Regulations arisks and benefits of consenting each account during these perione Health Insurance Premiums For Date Date	n given by me is true and core Canada Revenue Agency for I understand why I have begin or refusing to consent. I also ods, and for each subsequent Regulations. I may revoke this My home phone number is a process of the Province of Albertansurance Premiums Regulations.	or the purpose of verifying my eligibility for een asked to consent to the disclosure of o understand that this authorization is in at subsidy period for which I may be eligible is consent in writing at any time. My work phone number is pplicable, other required tax information in the information will be relevant to sons, and for no other purpose. The eyear for which I may be eligible to My Social Insurance Number is
I have read the information on this form I authorize Alberta Health to disclose in a premium subsidy under the Health In this information and I am aware of the effect for the subsidy periods, also for to receive a premium subsidy under the Signature of spouse or partner Signature of spouse or partner Section H - Canada Revenue Agency about me, whether supplied by me or a determining my eligibility for a reduced I acknowledge that this authority is in ereceive a premium subsidy under the Health In the Indiana.	Certification and Authorical mand certify that the information my registration information to the insurance Premiums Regulations arisks and benefits of consenting each account during these perione Health Insurance Premiums For Date Date	n given by me is true and core Canada Revenue Agency for I understand why I have begin or refusing to consent. I also ods, and for each subsequent Regulations. I may revoke this My home phone number is a income tax return, and, if appailth of the Province of Alberta insurance Premiums Regulations. Date	or the purpose of verifying my eligibility for seen asked to consent to the disclosure of o understand that this authorization is in at subsidy period for which I may be eligible is consent in writing at any time. My work phone number is applicable, other required tax information in the information will be relevant to sons, and for no other purpose. The eyear for which I may be eligible to the My Social Insurance Number is

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.