Alberta Adult Health Benefit

for Low Income Individuals and Families

The information in this document can be found at the link:

https://www.alberta.ca/alberta-adult-health-benefit

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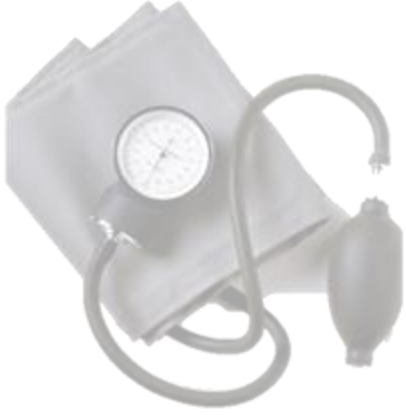
Overview

The Alberta Adult Health Benefit program covers health benefits for Albertans in low-income households who are pregnant or have high ongoing prescription drug needs. This health plan includes children who are 18 or 19 years old if they are living at home and attending high school.

This program provides coverage for:

- dental care
- prescription drugs
- eye exams and glasses
- essential diabetes supplies
- emergency ambulance services
- essential over-the-counter medications



Coverage through other benefits plans

If you or other household members have coverage through another health benefits plan, you must use that plan first. The Alberta Adult Health Benefit plan may cover your remaining costs. Talk to your dental provider, optical provider or pharmacist about how this works.

Eligible Applicants

To be eligible for the Alberta Adult Health Benefit, you and members of your family must:

- live in Alberta
- be Canadian citizens or have permanent resident status in Canada
- not be receiving health benefits from other government programs:
  - Income Support
  - Assured Income for the Severely Handicapped (AISH)
  - Child and Youth Support Program
  - Canadian government programs for First Nations people and Inuit (Health Canada Non-Insured Health Benefits Program - NIHB)
  - sponsored immigrants
  - victims of human trafficking
  - Alberta Seniors Benefit
  - incarcerated individuals

You may be eligible if you:

- are pregnant
- have high ongoing prescription drug needs
- are leaving the Income Support or Assured Income for the Severely Handicapped (AISH) programs due to excess income from employment, self-employment or CPP-D benefits

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How to Calculate your Income

1. Look at Line 23600 on your tax return, and your spouse's if applicable. Add both amounts together.
2. Add the total support payments (Line 12799) received by you and your spouse.
3. Subtract the taxable portion of support payments (Line 12800) received by you and your spouse from the total support payments.
4. Add this result to the total from Line 23600.
5. Subtract your total annual drug costs

This is your calculated income. If it's less than zero, use 0 instead.

Table 1. Maximum income guidelines based on family size

Family	Maximum income
Single adult	$16,580
1 adult + 1 child	$26,023
1 adult + 2 children	$31,010
1 adult + 3 children	$36,325
1 adult + 4 children*	$41,957
Couple, no children	$23,212
Couple + 1 child	$31,237
Couple + 2 children	$36,634
Couple + 3 children	$41,594
Couple + 4 children*	$46,932

*For each additional child, add $4,973

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How to Apply

Follow the steps below to complete and submit an application form. Detailed directions are included in the form.

- Download the Alberta Adult Health Benefit application form AEHB3931.
- Read and complete all sections of the form.
- Sign and date the section marked My Declaration – this means that you understand everything in your application
- Sign and date the section titled Consent for Canada Revenue Agency to Verify Income – this gives the Alberta government permission to confirm your income with the CRA.
- **If applicable, include documentation that demonstrates your high ongoing prescription drug needs, such as a pharmacy dispensing history report.**

Submit your completed application form by email, mail or fax.

Phone: 780-427-6848 **Toll free:** 1-877-469-5437

Email: ahb@gov.ab.ca

Fax: 780-415-8386 (Edmonton area) **Toll free fax:** 1-855-415-8386

Mailing address:
Health Benefits Contact Centre
PO Box 2222 Station Main
Edmonton, Alberta T5J 5H3

This is what the form looks like when you click that link:
https://formsmgmt.gov.ab.ca/Public/AEHB3931.xdp

Alberta Health Benefit Application

Protected B (when completed)

The information you have provided on this application is collected under the authority of the *Income and Employment Supports Act,* and is managed in accordance with the *Protection of Privacy Act*. The information will be used solely for the purpose of determining and verifying eligibility for benefits under the Alberta Child Health Benefit (ACHB) program or Alberta Adult Health Benefit (AAHB) program, and will be matched and shared with any agency, institution, government department (federal or provincial), or other sources for this purpose. If you have questions about the collection of this information, contact the Health Benefits Contact Centre at 1-877-644-9992.
Applications can be faxed toll-free to: 1-855-415-8386.

Select one of the following applications ◯ **Adult Health** ◯ **Child Health**

Alberta Adult Health Benefit Application

Your Application CANNOT be processed without this information.

Please indicate which of the following circumstances applies to you, Refer to page 2 of this application for details.

☐ I am pregnant and my household has low income - my expected due date is (yyyy-mm-dd)

☐ I, or a member of my household, has ongoing prescription drug needs and my household has low income.
(You MUST attach a list of ongoing prescriptions and/or diabetic supplies from your doctor or pharmacist, including the cost.)

My Personal Information

Last Name | First Name | Middle Initial | Gender | Social Insurance Number (SIN)

Mailing Address | City or Town | Province | Postal Code

Primary Phone Number | Secondary Phone Number | Date of Birth: Year Month Day | Alberta Personal Health Number

Do you have health coverage other than standard Alberta Health Care Insurance? ◯ Yes ◯ No

Do you have Indian or Inuit status? ◯ Yes ◯ No

Were you born in Canada?* See below ◯ Yes ◯ No

***if no, please submit a copy of your Citizenship and Immigration Canada documents to show your status in Canada.**

My Spouse/Partner's Information **(if you are divorced or separated from your spouse/partner, do not complete this section.)**

Last Name | First Name | Middle Initial | Gender | Social Insurance Number (SIN)

Date of Birth: Year Month Day | Alberta Personal Health Number

Do you have health coverage other than standard Alberta Health Care Insurance? ◯ Yes ◯ No

Do you have Indian or Inuit status? ◯ Yes ◯ No

Were you born in Canada?* See below ◯ Yes ◯ No

***if no, please submit a copy of your Citizenship and Immigration Canada documents to show your status in Canada.**

My Child(ren)

(list all children under 18 years of age and 19 year olds attending high school. Please complete the Declaration of 18 and 19 Year old Dependent form)

Complete all sections for each child. Please note that all children MUST have ALBERTA Personal Health Numbers before they can be enrolled in this program.

1 Child's Last Name | Child's First Name | Gender

Date of Birth: Year Month Day | Alberta Personal Health Number | Does this child have health coverage other than standard Alberta Health Care Insurance? ◯ Yes ◯ No | Does this child have Indian or Inuit status? ◯ Yes ◯ No

2 Child's Last Name | Child's First Name | Gender

Date of Birth: Year Month Day | Alberta Personal Health Number | Does this child have health coverage other than standard Alberta Health Care Insurance? ◯ Yes ◯ No | Does this child have Indian or Inuit status? ◯ Yes ◯ No

Last Name | Social Insurance Number (SIN)

Add Child | Remove Child

You are eligible to apply for Alberta Health Benefit (AAHB) Program in the following circumstances:

A. I am pregnant and my household has low income - You are eligible for the AAHB program until the end of the month (following) your expected delivery date, if your combined household income is equal to or less than the AAHB qualifying income level for your family type (refer to the brochure detailing income levels). Your children will also be included under the AAHB program. Following the birth of your child, all of your children will automatically be eligible for enrollment in the Alberta Child Health Benefit Program (ACHB). Each year our department will automatically assess continued eligibility for the AAHB program. Also, if you or a member of your household has an ongoing need for prescription drugs or diabetic supplies, the circumstances in "B" below may apply to you.

B. I, or a member of my household, has ongoing prescription drug needs and my household has low income - You and your family are eligible for the AAHB program if your combined household income less the cost of prescription drugs and diabetic supplies is equal to or less than the AAHB qualifying income level for your family type (refer to the brochure detailing income levels). Each year our department will automatically assess your continued eligibility for the AAHB program.

If you or your children have any other health coverage (other than standard Alberta Health Care Insurance) please provide:

1 ☐ Dental ☐ Prescription Drugs ☐ Optical ☐ Ambulance

Name of Insurer (i.e. Clarica, Alberta Blue Cross

Name of Policy Holder (if different from you)

Policy Number / Identification Number

If you or your children have any other health coverage (other than standard Alberta Health Care Insurance) please provide:

2 ☐ Dental ☐ Prescription Drugs ☐ Optical ☐ Ambulance

Name of Insurer (i.e. Clarica, Alberta Blue Cross

Name of Policy Holder (if different from you)

Policy Number / Identification Number

Add Insurer | Remove Insurer

My Declaration

1. I declare that I am a resident of Alberta and that the information on this application is true and complete to the best of my knowledge.
2. I will report any changes in this information to the Health Benefits Contact Centre.
3. I understand that giving false or incomplete information, or not advising of changes in my situation may result in termination or suspension of benefits, criminal charges and repayment of benefits I have received.
4. I understand that to be eligible for this program I must consent to Canada Revenue Agency providing tax information for the head of household and spouse/partner (if applicable).
5. I understand my eligibility for the Alberta Health Benefit program will be assessed automatically each year, unless I inform the Health Benefits Contact Centre that I no longer wish to receive this benefit.

Date yyyy-mm-dd | My Signature | Date yyyy-mm-dd | Spouse/Partner's Signature (if applicable)

Consent for Canada Revenue Agency to Verify Income

I consent to Canada Revenue Agency giving the Government of Alberta information from my income tax return(s) and other taxpayer information about me, whether supplied by me or a third party. The information will be relevant to, and will be used solely for the purpose of determining, verifying and/or auditing my/our eligibility, and for the general administration and enforcement of the Alberta Health Benefit under the *Income and Employment Supports Act*. This consent is valid for the taxation year in which I sign this consent, the previous tax year, and for each taxation year that I receive this benefit.

Date yyyy-mm-dd | My Signature | Date yyyy-mm-dd | Spouse/Partner's Signature (if applicable)

Last Name	Social Insurance Number (SIN)

NOTE:

If you have a Notice of Assessment from Canada Revenue Agency for the most recent tax year, please include a copy with this application as this will reduce the processing time. However, your continued eligibility in future years will be based on tax information from Canada Revenue Agency, and does require that you sign the above consent.

The Adult Health Benefit program provides for:

- Prescription Drugs and some Over-the-Counter Products
- Dental/Denturist Services
- Optical Services
- Emergency Ambulance Services
- Diabetes Supplies

For Office Use Only
Date application received

Just fill out this application form and mail or fax your completed application to:

Assisted Living and Social Services
Health Benefits Contact Centre
P.O. Box 2222 Station Main
Edmonton, AB T5J 5H3
Fax: 780-415-8386 in Edmonton
or 1-855-415-8386 toll-free outside Edmonton

Call if you have questions: 1-877-644-9992 toll-free.

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