

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

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

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

Fax 780-422-0102
Website
www.health.alberta.ca

Personal health number

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Title (e.g. Mr, Mrs, Dr)	Last name		
First name		Middle name	

Alberta Health and Wellness and Alberta Seniors and Community Supports require proof of your age to determine if you are eligible for premium-free coverage under the Alberta Blue Cross Coverage for Seniors Plan.

To provide proof of your age, please send this letter to Alberta Seniors and Community Supports with a clear photocopy of **one** of the following documents:

- ❖ Birth Certificate
- ❖ Baptismal Certificate
- ❖ Old Age Pension Entitlement Form
- ❖ Naturalization or Citizenship Certificate (front and back)
- ❖ Passport or Immigration Record

Please DO NOT send originals as we cannot guarantee their safe return.

If you are unable to provide a copy of one of these documents, please contact one of our customer service agents at the telephone numbers above.

To obtain an application for the Alberta Seniors Benefit Program, please contact our office at the address or telephone numbers at the top of this form. You may return your proof of age document and completed Alberta Seniors Benefit Program application by mail using the envelope provided. If you do not wish to apply for this program, please mail your proof of age document to: Alberta Seniors Benefit, PO Box 3100 Stn Main, Edmonton AB T5J 4W3.

If you prefer to hand-deliver your documents and require the address of the Seniors Information Office nearest you, please contact Alberta Seniors and Community Supports at 780-427-7876 within the Edmonton area, or toll-free within Alberta at 1-800-642-3853.

Please note that eligibility to receive Alberta Blue Cross Coverage for Seniors can only be provided after we receive proof of your age. If you have a spouse or partner, you should also include their proof of age.

The information on this form is being collected and used by Alberta Health and Wellness and Alberta Seniors and Community Supports pursuant to section 20 of the *Health Information Act* and section 33 of the *Freedom of Information and Protection of Privacy Act* for the purpose of determining or verifying your eligibility to receive Alberta Blue Cross Coverage for Seniors and for the Alberta Seniors Benefit Program. If you have any questions regarding the collection and usage of this information, please contact an Alberta Health and Wellness representative at the address or telephone numbers provided at the top of this form.