

One completed Health Cost Recovery Report together with a copy of the P&C, page 67.10 or 93.30, is to be received by Tax and Revenue Administration on or before March 15 of the year following the report year end.

Submit the report to: TAX AND REVENUE ADMINISTRATION, 9811 109 ST, EDMONTON AB T5K 2L5. If you require assistance, phone 780-427-3044. If calling long distance within Alberta, call 310-0000 then enter 780-427-3044. Fax 780-427-0348.

<p>1 Full Legal Name and Address of Company</p> <p>■</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;">Prov. Postal Code</p> <p>_____</p> <p>Telephone number: _____</p> <p>Fax Number: _____</p>	<p>4 For Office Use Only 23</p> <p>■</p> <p>5</p> <p>■</p> <p>6 Business Identification Number:</p> <p>■</p> <p>_____</p> <p>8 Insurance Licence Number:</p> <p>_____</p> <p>Reporting Period Y Y Y Y M M D D</p> <p>10 Year Beginning: _____</p> <p>■</p> <p>12 Year Ending: _____</p> <p>■</p> <p>14 Is this an amended report?</p> <p>■</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "Yes", provide a letter of explanation.</p>
<p>2 Operating Name of Business</p> <p>■ (only if different from above)</p>	

Business Identification Number:

Total premiums written in Alberta for third party liability automobile insurance (P&C, page 67.10 or 93.30 as applicable, line 19 column 9)

20	\$		00
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(Enter this amount in "dollars", NOT in "thousands of dollars" as your P&C may indicate)

Direct Billing Cost Payable
Line 20 X (Assessment Factor)
Please use applicable Assessment Factor that corresponds to the reporting period.

22	\$		
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See Special Notice, Assessment Factor - Crown's Right of Recovery Act at link below.
http://www.finance.alberta.ca/publications/tax_rebates/healthcostsrecovery/index.html

Payments made to date for the reporting period

24	\$		
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BALANCE UNPAID/(OVERPAYMENT)
Line 22 minus line 24
(A balance, including interest and penalty charges, of less than \$20.00 will be neither charged nor refunded. See instructions below.)

26	\$		
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Amount Enclosed (if applicable):

28	\$		
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Please include a copy of the P&C, page 67.10 or 93.30 (from the fourth quarter return submitted to the Superintendent of Insurance), with your Health Cost Recovery Report.

Report Prepared By: _____ (please print)	Telephone Number: () _____	Fax Number: () _____
CERTIFICATION		
<i>I am an authorized signing officer of this company. I certify that, to the best of my knowledge and belief, the information contained in this report is true and correct and that all relevant facts have been revealed.</i>		
Name: _____ (please print)	Title: _____	
Signature: _____	Date: _____	

INSTRUCTIONS

- Health Cost Recovery Reports must be submitted by insurers who were licensed to provide automobile insurance for all or any portion of the calendar year, and if third party liability automobile insurance premiums were written during the calendar year. The completed Health Cost Recovery Report must be received by TAX AND REVENUE ADMINISTRATION by March 15 of the year following the report year end. Mail, courier or hand deliver to: TAX AND REVENUE ADMINISTRATION, 9811 109 ST, EDMONTON AB T5K 2L5. If a return is not filed on time, a penalty will be imposed. The penalty is the greater of \$25 per day of default, and the **sum of:** i) 5 percent of the unpaid remittance balance required to be remitted by the automobile insurer for the calendar year, and ii) 1 percent of the unpaid remittance balance for each complete month between March 15th of the year following and the date on which the report was filed. Late remittances and any penalties charged for late-filed reports will be subject to interest.
- Internet forms do not contain a Remittance Advice because of the need for special encoded paper required for processing at financial institutions. When filing using forms printed from the internet, payment options include: pay online using ePay through your financial institution (please contact Tax and Revenue Administration or your bank for further details); payment can be mailed or delivered to Tax and Revenue Administration (TRA) at the address indicated above; and if an original Remittance Advice form (AT9) is obtained from TRA, then the payment may be made at a financial institution. All payments should be in CANADIAN FUNDS and all cheques made PAYABLE TO THE GOVERNMENT OF ALBERTA.
- To reduce processing costs, TRA will normally neither collect nor refund amounts less than \$20.00. Upon specific request, TRA will refund a balance of less than \$20.00. If TRA deems it appropriate, action may be taken to collect amounts under \$20.00.