



Mobile Device & Wireless Data Plan Authorization Form

A minimum of 3-5 working days are required to fill hardware order and complete/test account requests.

Call the Service Desk 1-888-316-7446 (local 306-337-0600) or Email: servicedesk@ehealthsask.ca if you are unclear about any fields below.

eHS Service Desk will forward request to The Wireless Age

Text "upgrade" to 43383 for upgrade eligibility

Requesting Manager or Authorized Purchaser:

Name

Signature

Date

Services Required for:

Name: _____

Working Title: _____

Organization: _____

Department: _____

Telephone: _____

Email Address: _____

City/Town: _____

Date Required: _____

All corporately owned mobile devices are governed by the Mobile Device Policy. Please ensure compliance with the applicable mobile device policies specific to your organization.

Mobile Device Services Required:

New Account Activation

Existing Hardware _____

Data Plan / SIM card only

Specify company provided mobile number if applicable

Reason Replacement Needed:

Damaged

Upgrade Eligible

Other/Fee:

For Replacement: Please check eligibility for your upgrade by texting "upgrade" to 43383 and enter the early device upgrade fee.

Phone Number Information:

New Number Required

Use Existing Phone Number (Please Specify number) _____

Data Plan Information:

Mobile Tablet Data Plan - 5 GB (for iPad use only)

Voice and Data

Voice and Text

Data only

Type of Device Requested:

iOS (Apple)

Android (Samsung / Google) _____

SHA: By default, SHA receives either an iPhone 15 or Samsung S25. For any other device requests, please include additional details in the comment section.

Shipping Information:

Attention: _____

Contact Number: _____

Shipping Address: _____

SHA: Ensure that delivery addresses specify a named facility whenever possible.

Other Information:

Account Number: _____

P.O. #: _____

Ticket #: _____

Comments or Special Requests: _____

Cost Centre: _____

Please use the new format when entering an SHA cost centre number (101.xxxx.xxxxxxxxxx)

Damaged Device Quote Price: _____