SECURITY QUESTIONS FORM

eHealth Saskatchewan

- ➤ Call the Service Desk 1-888-316-7446 (Local 306-337-0600) if you are unclear about any fields below.
- ➤ Please PRINT legibly and ensure that the name is spelled correctly.
- ➤ Only one individual per form as per eHealth Saskatchewan Privacy and Security Policy.
- ➤ Once submitted to eHealth, permanently delete or destroy form and dispose of in a secure manner.
- ➤ Eligible accounts will be registered for Self-Service Password Reset (SSPR) upon calling the Service Desk for the initial password reset.

Return to: Fax Number: 306-781-8480   **Email:** servicedesk@ehealthsask.ca

Person providing questions:

Full Name printed:		Work Phone #:	
Working Title:		Email Address:	
Facility Name:		Region/District/Branch/Unit	

Account Holder Security Questions:

The account holder named above, must be able to supply the answers to three (3) questions to activate a new account or to have a password reset for an existing account.

Please list 3 questions that only you will know the answers to. For example "What is my brother's middle name?

QUESTION	ANSWER
1.	
2.	
3.	

Account Holder Signature

User's Signature:

_____   _____
                                                                                    Date (YY/MM/DD)

Please complete and if you have a regional health email box <u>in your own name</u> email the form to servicedesk@eHealthSask.ca. If you do not have your own email, fax the form to the Service Desk: (306) 781-8480.

Please allow 5 minutes after the fax has been sent before calling the Service Desk at 1-888-316-7446 to confirm receipt of questions and/or activate/reset an account.

The most recent version of this form can be downloaded at: http://www.ehealthsask.ca/forms