



Capital Health

Personal Data Change Form

Save to your desktop, complete, print, sign and fax or mail to People Services. See contact information below.

You may also need to complete other forms related to benefit coverage, depending on the type of personal information change.

| | | |
|---|-----------------------------|--|
| *Employee Name (last name, first name & initial) | | |
| *Employee ID# (e.g. 00012345) | *Date of Birth (YYYY-MM-DD) | *Effective Date of Change (YYYY-MM-DD) |
| Type of change: Marital Status <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Phone Number <input type="checkbox"/> Email <input type="checkbox"/> Emergency Contact <input type="checkbox"/> | | |
| If legal name (except when due to a new Marital Status) or sex change, include proof, e.g. copy of new driver's licence or other government-issued ID. | | |

*Required

| | | | | |
|--|--|------------------------------------|----------------------------|---------------------------------------|
| New Marital Status (please indicate (YYYY-MM-DD)) | | | | |
| Marriage - date of marriage | Common-law spouse - date of cohabitation | Widow(er) - date of spouse's death | Divorced - Date of divorce | Legal Separation - date of separation |

| | |
|---|---------------------------------|
| New Name | |
| From: | To: |
| New Gender Male <input type="checkbox"/> | Female <input type="checkbox"/> |

| | | | |
|--------------------|-----------|----------|-------------|
| New Address | | | |
| Street & No. | City/Town | Province | Postal Code |

| | |
|--|---------------------|
| New Telephone Number (indicate type, e.g. home, cell, etc.) | |
| Type: | Area code & number: |
| Type: | Area code & number: |

| |
|---------------------------------|
| Email Address (Optional) |
| Home Email Address |

| |
|--------------------------------------|
| Emergency Contact Information |
| Name |
| Relationship |
| Home Phone |
| Work Phone |

Declaration and Authorization

I have verified the information on this form and declare that it is accurate and complete.

Signature of Employee

Date

Information Management Analyst

Date

Please fax completed form to (902) 473-8499 Attn: Information Management, or email a signed scanned copy to PeopleSoftHelp@cdha.nshealth.ca