

SECURITY QUESTIONS FORM

- ► Call the Service Desk 1-888-316-7446 (local 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 please.

Return to: Fax Number: 306-781-8480

	Fmail	l: servicedesk@ehealthsask.ca				
Person providing questions:						
reison providing questions.						
Full Name print	ed:		Work Phone #:			
Working Title:			Email Address:			
Facility Name:			Region/District/E	egion/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 in your own name 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						