



Employee Personal Information Change Form

All shaded boxes marked with “*” are mandatory

*Employee Number or SIN#:		Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>
Please Indicate: Change of Address/Phone <input type="checkbox"/> Change of Name* <input type="checkbox"/> Effective Date: _____ <small>*see below for change requirements</small>			
*Full Legal Name:			
Last Name	First Name	Middle Name(s)	
Previous Legal Name:			
Last Name	First Name	Middle Name(s)	
*New Address:			
Apt /Suite #	# and Street	City	Postal Code
New Phone Number(s): Please contact directly your Staffing/Timekeeper/Scheduling office with your change of phone number if the change impacts the phone contact for scheduling purposes.			
Home Phone Number: _____		Email Address:	
Cell Phone Number: _____		_____	
Emergency Contact: (If your emergency contact resides with you, please provide a contact phone other than your residence)			
Name _____		Relationship _____	
Phone Number _____			
*Employee Signature:		Date:	
<small>*electronic signature will only be accepted if form is sent via Island Health email</small>			

<p>*Documentation required for a change of name:</p> <ul style="list-style-type: none"> ➤ Marriage certificate or; ➤ Birth certificate or; ➤ Legal change of name documentation 	<p>*Please also include the following benefit change forms below (only if you have benefits through Island Health), otherwise your name change request is incomplete:</p> <ul style="list-style-type: none"> ➤ MSP Group Change Request ➤ Appointment/Change of Beneficiary for Group Life <p>*These forms are found on the Island Health Intranet</p>
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Mail, scan or fax this form and relevant documentation to the appropriate HR office in your area.

South Island
 Employee Records & Benefits
 Gorge Rd. Hospital, 3rd Floor
 Victoria BC
 V9A 1L2
Fax: (250)519-3604

Central & North Island
 Employee Records & Benefits
 3rd Floor, 6475 Metral Drive
 Nanaimo, BC V9T 2L9
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