



### 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)
<b>Type of change:</b> Marital Status    Name    Address    Phone Number    Email    Emergency Contact		
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

<b>New Marital Status</b> (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

<b>New Name</b>	
From:	To:
<b>New Gender</b>	Male                      Female

<b>New Address</b>			
Street & No.	City/Town	Province	Postal Code

<b>New Telephone Number (indicate type, e.g. home, cell, etc.)</b>	
Type:	Area code & number:
Type:	Area code & number:

<b>Email Address (Optional)</b>
Home Email Address

<b>Emergency Contact Information</b>
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**