SAULT AREA HOSPITAL
HÔPITAL DE Sault-Sainte-Marie

Sault Area Hospital

EMPLOYEE CHANGE OF INFORMATION FORM

CURRENT NAME: _____

NAME CHANGE

Name Change:_____

☐ Proof of name change attached (Driver's license, marriage certificate, etc.)

ADDRESS/TELEPHONE CHANGE

If you are enrolled in HOOPP (Healthcare of Ontario Pension Plan), you must contact HOOPP directly to have your address updated. Please log-in or register with HOOPP Connect or call toll-free at 1-877-43HOOPP (46677)

Street number:_____ **City:**_____

Province:_____ **Postal Code:**_____

Phone number change:_____

SIGNATURES

Employee Signature:_____

Date:_____

OFFICE USE ONLY

☐ **HOOPP (Name change only)** _____   ☐ **Sun Life**

☐ **S Drive Employee file (Name Change)**   ☐ **Meditech**

☐ **Employee Change form Notice (email group)**   ☐ **ID badge (name change only)**

Name Change instructions:
- MEDITECH - Enter former last name in and CAPS on the ALIAS line & add new last name in CAPS one the "Last name" line in the Demo screen
- EMPLOYEE FILE-Change former last name to (BRACKETS) and add new last name in Caps in front of the brackets
- Change HOOPP and Sun Life if applicable
- Send email notice to the "Employee Change" group so that their email, MT, intranet, etc. can be updated
- Request new ID badge from Ellis Don