

General Information

A request for a configuration change to a ONE[®] Network circuit takes ~20 business days for standard changes, non-standard or complex changes may take longer.

NOTE: Complete this form to request the move of an existing ONE[®] Network circuit to a new demarc within the same physical address. To request the move of an existing ONE[®] Network circuit to a **new** physical address, complete the *Move Form*.

1. Complete a separate form for each ONE[®] Network circuit requiring a configuration change.
2. Complete all fields as specified. Fields marked with * are mandatory and required for initial processing.
3. Return the completed form to servicedesk@ehealthontario.on.ca or call 1-866-250-1554 for assistance.
4. Only enter business-related contact information on this form. A statement of confidentiality is included.

Site Information

Organization Name*:	Site Name*:		
Suite # - Street Number & Name*:	City*:	Province: ON	Postal Code*:
eHealth Ontario MSUID:	Current Location of eHealth Ontario Equipment:		
	Floor	Room name/number	Rack number
Preferred day(s) & time(s) for the change:	Regular maintenance window (if applicable):		

Requested Configuration Change(s)

STANDARD CHANGES – *The processing time for a standard change is ~ 20 business days.*

Please check (X) all requested changes for this ONE[®] Network circuit and provide details below.

- Add service port(s)
- Decommission service port(s)
- IP addressing change (*change, additional*)
- Routing change

Details of requested standard change(s) including required delivery date:

NON-STANDARD CHANGES - The processing time for a non-standard change is over 20 business days.

Any change not indicated in the list above is considered to be 'non-standard'. For an internal equipment/demarc move, please include detailed location information below.

Details of requested non-standard change(s) including required delivery date:

Contact Information

Business Contact – Has the authority to make decisions regarding the eHealth Ontario circuit.

Technical Contact – Has technical knowledge of the eHealth Ontario circuit and can provide site access.

Backup Contact – Is able to provide technical support and site access if the technical contact is unavailable.

Business Contact

First Name*:		Last Name*:	
Telephone (include extension)*:	Cell*:	Email*:	
Signature*:		Title*:	Date (DD-MM-YY)*:

Technical Contact

First Name*:		Last Name*:	
Company Name (if applicable):			
Telephone (include extension)*:	Cell*:	Email*:	

Backup Contact

First Name:		Last Name:	
Company Name (if applicable):			
Telephone (include extension):	Cell:	Email:	

Additional Information

Provide business justification or objectives in support of the above requested change(s).

Confidentiality

The information collected on this form will be treated in accordance with the terms and conditions of the eHealth Ontario Services Agreement including Section 8, Confidential Information, Privacy and Personal Information.