

ONE® Network Access (eWAN) or ONE® Network Enterprise (WAN) Remove Form

Use this form to request the removal of an eHealth Ontario ONE Network Access or ONE Network Enterprise circuit.

General Information

To request an *external* move (e.g., new site address) of a ONE Network Access or ONE Network Enterprise circuit please complete the **eHealth Ontario ONE Network Access Move Form**.

The removal of a ONE Network Access circuit takes **5 business days** while the removal of a ONE Network Enterprise circuit takes **30 to 120 business days**.

The first business day begins the day the remove request is placed by eHealth Ontario. eHealth Ontario's Deployment Office will provide you with regular updates during the removal process.

Form Completion Instructions

1. You must complete a separate form for each circuit. The removal of multiple circuits cannot be requested on a single form.
2. You must complete all fields as specified. If your form is incomplete, the form will be returned for your completion. If a field is not applicable to your site, indicate "Not Applicable" or "N/A".
3. Return the completed form(s) by e-mail to (servicedesk@ehealthontario.on.ca) or by secure fax to (416) 586-4397).
4. **Only enter business-related information on this form. A statement of confidentiality is included.**
5. Information on returning ONE Network Access devices and the removal of a ONE Network Enterprise circuit are provided in **Appendix A** and **Appendix B** of this form.

Site Information

Site Name

Address

eHealth Ontario No. or MSUID No. (if known)

Is circuit shared with another client?

Yes No

Current location of the circuit

Floor

Room No. (or description)

Indicate the dates your circuit can be turned off and removed. The vendor hours of operation are Monday to Friday, from 09:00 to 17:00 (excluding statutory holidays).

Earliest Date current circuit can be **turned off** (yyyy-mm-dd)

Latest Date current circuit can be **physically removed** (yyyy-mm-dd)

Site access instructions are forwarded to your vendor. Concisely and accurately indicate whom your vendor should contact to arrange removal. For example: Contact John Smith prior to make security arrangements.

Site Access Instructions

No instructions required

Contact Information

Provide business-related information only.

The **Primary Contact** is the name of the individual with the authority to make decisions regarding the removal. You can delegate the Primary Contact designation to an individual that is either on- or off-site.

Primary Contact

First Name	Last Name	On-site? <input type="checkbox"/> Yes <input type="checkbox"/> No
Business Telephone No. <i>(include extension)</i>	Business Fax No.	
Business Pager/Cell Phone No.	Business e-mail	
Signature	Date	

The **Backup Contact** is the on-site individual responsible for overseeing the removal process on move day, in case the primary contact is unavailable. eHealth Ontario does not require that the Backup Contact have the authority to make decisions concerning the removal.

Backup Contact

First Name	Last Name	On-site? <input type="checkbox"/> Yes <input type="checkbox"/> No
Business Telephone No. <i>(include extension)</i>	Business Fax No.	
Business Pager/Cell Phone No.	Business e-mail	

Comments

Enter any comments/questions/notes in the space below.

Confidentiality

The information collected in this order form is kept strictly confidential once it is received by eHealth Ontario, and is used only for the purposes of provisioning and supporting eHealth Ontario circuits.

eHealth Ontario has taken reasonable safeguards to ensure the security and confidentiality of all information. eHealth Ontario will employ all reasonable steps to protect the confidential information from unauthorized or inadvertent disclosure or use.

All information gathered through this form in performance of the work done as a result of this agreement will be maintained by eHealth Ontario in strict confidence. eHealth Ontario may disclose the confidential information to employees, contractors and vendors who require the confidential information to fulfill a client's request under this agreement.

Appendix A – ONE Network Access Removal and Return Information

Once the removal request is processed, eHealth Ontario's Deployment Office will notify you to return the modem and SOFA. You will be informed of a removal date and cannot return the SOFA device until your vendor removes the cable modem.

To return ONE Network Access devices:

1. Pack the SOFA (firewall) and ADSL modem (if applicable) in a box (original packing preferred). Ensure that you return the following items:

Cable and ADSL Circuit

SOFA



SOFA Power Adapter



ADSL Modem



ADSL Circuit Only

ADSL Modem Power Adapter



Splitter / Filter



RJ-45 Cross-over Ethernet Cable (red)



Console Cable



RJ-45 Straight-through Ethernet Cable (grey)



RJ-11 Phone Cable (typically grey)



RJ-11 Phone Cable (typically black)



Note: A console cable was included in the original SOFA package. This cable was not used in the installation.

2. Call Purolator at 1-888-SHIP-123 (1-888-744-7123) to arrange shipping of the parcel. Inform Purolator of the following:
 - The box is to be sent by ground.
 - A bill of lading is required.

Appendix A cont'd – ONE Network Access Removal and Return Information

3. For pickup, complete the bill of lading as shown in the example below.

Field No.	Section / Field Name	Instruction
1	SENDER ACCOUNT NO.	Leave blank.
2	SENDER (FROM)	Enter the address from which the equipment is being returned from, including the telephone no.
3	DATE	Enter the date on which the equipment is being sent to the vendor.
4	RECEIVER (TO)	Copy the RECEIVER section information as per the sample below.
5	DESCRIPTION	Leave blank.
6	SENDER REFERENCE	Leave blank.
7	SENDER SIGNATURE	Provide your signature.
8	SHIP MODE	Check <input checked="" type="checkbox"/> "GROUND"
9	PKG	Check <input checked="" type="checkbox"/> "OTHER"
10	SERVICE	Leave blank.
11	PAYMENT	Leave blank.
12	SHIPMENT	Indicate the appropriate weight as follows: <ul style="list-style-type: none"> If returning only the SOFA, enter 1 KG; If returning both the ADSL modem and the SOFA, enter 2 KG.
13	DECLARED VALUE	Leave blank.
14	CREDIT CARD	Leave blank.
15	RECEIVER OR THIRD PARTY ACCOUNT NO.	Check <input checked="" type="checkbox"/> "RECEIVER" and enter the following account no.: 2024915

The image shows a Purolator bill of lading form. Key fields filled out include:

- Sender (FROM) and Receiver (TO) addresses.
- Ship Mode: GROUND.
- Package Type: OTHER.
- Receiver Account No.: 2024915.
- Weight: 2 KG.
- Tracking Number: 2198 915 3974.

Appendix B – ONE Network Enterprise Removal

1. Your vendor disables the circuit connection remotely.
2. Your vendor physically removes the devices on the date indicated by you in this form. You should not attempt to remove the circuit yourself.

Important! Do not disconnect the ONE Network Enterprise circuit from the UPS until your vendor has removed all the devices.