

## Contact Information Separation Form

**Please send a signed copy of this completed form to your Center's AIARC coordinator by email.**

<b>This form provides information to contact you once you have separated from your Center.</b>	
Participant Name: (Surname, First, Middle)	
Personal Phone:	Personal Email:
Center Name:	AIARC ID#
Separation date from employing Center: (dd/mm/yyyy)	
Title of most recent position held:	
Name of most recent supervisor:	
<b>Permanent Residential Address</b>	
Street Address:	
Town:	Region/State:
ZIP/Postal Code:	Country:
<b>Mailing Address (If different from above permanent residential address)</b>	
Street Address:	
Town:	Region/State:
ZIP/Postal Code:	Country:
<b>Complete this section <u>only</u> if you will be continuing coverage in the IARC medical insurance plan and/or remaining in the retirement plan.</b>	
<b>Please check the following boxes once you have completed the appropriate form.</b>	
<b>IARC Medical Benefit</b>	
<input type="checkbox"/> I have completed the Tax Residency Declaration Form.	
<input type="checkbox"/> I have completed the IARC Insurance Plan Change Form	
<b>Retirement Plan</b>	
<input type="checkbox"/> I have updated my contact details and beneficiary information in the offshore retirement plan at <a href="#">ZIO account</a> <b>or</b> in the U.S. 403(b) retirement plan at <a href="#">vanguard.com</a> .	
<b>Emergency Contact Information</b>	
<input type="checkbox"/> I have updated my emergency contact information below for AIARC's record: (If you want to have more than one emergency contact, please complete a new form for each additional contact.)	
Name: (Surname, First, Middle)	Relationship:
Street Address:	
Town:	Region/State:
ZIP/Postal Code:	Country:
Phone:	Personal Email:

\_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Date (dd/mm/yyyy)**