



## Benefits Waiver for Assigned Employees

### Agreement and Waiver

In consideration of my assignment with any Ritesource Staffing and its Clients; I agree that I am solely an employee of Ritesource Staffing, Inc. for benefits plan purposes and that I am eligible only for such benefits as Ritesource Staffing, Inc., may offer to me as its employees. I further understand and agree that I am not eligible for or entitled to participate in or make any claim upon any benefit plan, policy, or practice offered by Ritesource Staffing, Inc or its Clients., its parents, affiliates, subsidiaries, or successors to any of their direct employees, regardless of the length of my assignment with any Ritesource Staffing Client by Ritesource Staffing, Inc. and regardless of whether I am held to be a common-law employee of Ritesource Staffing Client for any purpose; and therefore, with full knowledge and understanding, I hereby expressly waive any claim or right that I may have, now or in the future, to such benefits and agree not to make any claim for such benefits.

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EMPLOYEE

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WITNESS

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Signature

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Signature

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Printed Name

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Printed Name

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Date

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Date

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