

Benefits Waiver for Assigned Personnel

Agreement and Waiver

In consideration of my assignment to CLIENT by DILIGENT HEALTHCARE STAFFING, I agree that I am solely a Assigned Personnel of DILIGENT HEALTHCARE STAFFING for benefits plan purposes and that I am eligible only for such benefits as DILIGENT HEALTHCARE STAFFING may offer to me as its Assigned Personnel. 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 CLIENT, its parents, affiliates, subsidiaries, or successors to any of their direct employees, regardless of the length of my assignment to CLIENT by DILIGENT HEALTHCARE STAFFING and regardless of whether I am held to be a common-law employee of 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.

EMPLOYEE'S Signature

WITNESS'S Signature

Printed Name

Printed Name

Date

Date

Confidentiality Agreement for Assigned Personnel

Assigned Personnel Confidentiality Agreement

As a condition of my assignment by DILIGENT HEALTHCARE STAFFING to CLIENT, I hereby agree as follows:

I will not use, disclose, or in any way reveal or disseminate to unauthorized parties any information I gain through contact with materials or documents that are made available through my assignment at CLIENT or which I learn about during such assignment.

I will not disclose or in any way reveal or disseminate any information pertaining to CLIENT or its operating methods and procedures that come to my attention as a result of this assignment.

Under no circumstances will I remove physical or electronic documents or copies of documents from the premises of CLIENT.

I understand that I will be responsible for any direct or consequential damages resulting from any violation of this Agreement.

The obligations of this Agreement will survive my employment by DILIGENT HEALTHCARE STAFFING.

EMPLOYEE'S Signature

WITNESS'S Signature

Printed Name

Printed Name

Date

Date