

## ACKNOWLEDGMENT OF INDEPENDENT CONTRACTOR STATUS

I, \_\_\_\_\_ acknowledge that I am not an employee  
(Printed Name)  
of **Solvere**, its parent or any affiliate (Company); but that I have the following status:

\_\_\_\_\_ **I am a self-employed Independent Contractor**  
(Initials)

As a self-employed independent contractor, I understand that I am in business for myself and obtain compensation from the funds I receive under the contract(s) with my client(s). I understand that I am **not** an employee of the Company and the Company is **not** responsible for paying any compensation, nor is the Company responsible for, including but not limited to, the withholding of any Federal, State, County and/or City taxes or the withholding or payment of Social Security (FICA) taxes, Workers' Compensation Insurance, State Disability Insurance and Unemployment Insurance, or for providing any benefits, on my behalf, for myself or my spouse or dependents, including those that may be legally required. As a self-employed independent contractor, such obligations and responsibilities rest solely with me and are my own.

I also expressly acknowledge and agree that because I am not an employee of the Company, I am not entitled or eligible to participate in any of the Company's employee benefit programs (neither is my spouse nor any dependents). I hereby waive all rights to such benefits, including any right to file a claim for any employee benefits under the Employee Retirement Income Security Act (ERISA), applicable state or local law, or under any Company policy, practice, procedure, or program.

Contractor Name: \_\_\_\_\_

### **Please Read This Acknowledgment Form Carefully Before Signing**

Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Company Representative: \_\_\_\_\_ Date: \_\_\_\_\_