



**BENEFITS ACKNOWLEDGEMENT FORM**

I understand and agree that I am **not entitled to participate in, nor shall I acquire or accrue any rights or benefits under**, any employee benefit plan, policy, arrangement or agreement (including any savings, retirement, fringe benefit, stock option, bonus, incentive compensation, deferred compensation, excess or supplemental executive compensation, employee stock purchase, supplemental insurance, vacation, health, dental, vision, sickness, disability, severance or separation policy or arrangement, including any “employee benefit plan”, as defined in Section 3(3) of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”)), whether or not subject to ERISA, whether written or oral, sponsored by ADP, LLC (including its subsidiaries and affiliates)(“ADP”) or otherwise offered to employees of ADP.

Signed this \_\_\_ day of \_\_\_\_\_, 20\_\_

By: \_\_\_\_\_

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