SUPPLEMENTAL AGREEMENT WITH RESEARCH STAFF FOR USE OF RESTRICTED DATA FROM THE HEALTH AND RETIREMENT STUDY

Please note that you are to submit **one** original, signed copy of this document.

The undersigned Research Staff, in consideration of their use of Restricted Data from the Health and Retirement Study, agree:

- a. That they have read the associated Agreement for Use of Restricted Data from the Health and Retirement Study, the Research Plan and Restricted Data Protection Plan incorporated by reference into it.
- b. That they are "Research Staff" within the meaning of the Agreement.
- c. To comply fully with the terms of that Agreement, including the Restricted Data Protection Plan incorporated by reference into it.

The undersigned Restricted Data Investigator agrees that the persons designated herein are Research Staff within the meaning of the associated Agreement for Use of Restricted Data from the Health and Retirement Study.

RESEARCH STAFF:		RESEARCH STAFF:	
Signature	Date	Signature	Date
Typed name		Typed name	
Job title/formal affiliation research project	with	Job title/formal affili research project	ation with
Address		Address	
City, State, Zip		City, State, Zip	
Email		Email	
Phone		Phone	
RESTRICTED DATA INVESTIGATOR	:		
Signature	Date		
Typed name			
Title			