

## Surrogate Benefit Package - Gestational Surrogacy

Surrogate: \_\_\_\_\_

<b>1.</b>	<b>Surrogate Compensation</b>	<u>\$22,000.00</u>
	a. <b>Disbursements.</b> \$1,600 every four weeks, as long as surrogate is pregnant, beginning the first day of the seventh week after the date of the embryo transfer. Balance of compensation due 2 weeks after delivery of a child.	
	b. <b>Conditions.</b> If surrogate delivers child on or after 30 weeks from date of embryo transfer, all payments listed above will be made even if child is stillborn or does not survive prior to hospital discharge. If surrogate delivers prior to 30 weeks from the date of transfer and child does not survive prior to hospital discharge, surrogate is entitled only to compensation received thus far, plus an additional prorated amount.	
<b>2.</b>	<b>Monthly Expense Allowance</b>	<u>\$200.00/monthly</u>
	a. <b>Description.</b> Non-accountable monthly expense allowance to cover expenses such as travel expenses (including meals) and mileage incurred for trips under 200 miles (roundtrip), telephone charges, postage and faxing charges, childcare services, non-prescription vitamins/supplements and other incidental expenses likely to be incurred by Surrogate in connection with her obligations under the Surrogacy Agreement. Allowance shall be retroactive (and pro rated) to the date of the Surrogacy Agreement and shall be due on the first day of each month and ending 6 weeks after Surrogate delivers a Child.	
	b. <b>Other Travel.</b> Intended Parents shall reimburse Surrogate for Travel Expenses only in connection with the following: (i) the screening process (including Husband/Partner); (ii) the matching process (including Husband/Partner); (iii) the embryo transfer procedure; (iv) delivery/birth; (v) legal proceedings Intended Parents have requested Surrogate and Husband to attend; and (vi) trips exceeding 200 miles (roundtrip) required by the IVF Physician or the Obstetrician or requested by Intended Parents.	
<b>3.</b>	<b>Maternity Clothing Allowance</b>	<u>\$500.00</u>
	a. <b>Description.</b> Non-accountable allowance due at the end of the 1st trimester of pregnancy. For multiple pregnancy, allowance increases by \$250.00 to also be paid at end of 1st trimester of pregnancy.	
<b>4.</b>	<b>Housekeeping Allowance</b>	<u>\$900.00</u>
	a. <b>Description.</b> Optional weekly allowance, not to exceed \$50 per week beginning on the 1st day of the 3rd trimester of pregnancy and ending 3 weeks after delivery of a child.	
<b>5.</b>	<b>Transfer Fee (per completed transfer)</b>	<u>\$750.00</u>
<b>6.</b>	<b>Mock Cycle Fee (as applicable)</b>	<u>\$250.00</u>
<b>7.</b>	<b>Dropped Cycle Fee (as applicable)</b>	<u>\$500.00</u>
<b>8.</b>	<b>D&amp;C, Abortion/Termination (as applicable)</b>	<u>\$500.00</u>
<b>9.</b>	<b>Cerclage (as applicable)</b>	<u>\$500.00</u>
<b>10.</b>	<b>Amniocentesis or CVS</b>	<u>\$500.00</u>
	a. <b>Additional Procedures.</b> \$250.00 each if required.	
<b>11.</b>	<b>Fetal Reduction (as applicable)</b>	<u>\$500.00</u>

<b>12. Ectopic Pregnancy (as applicable)</b>	<u>\$500.00</u>
<b>13. Caesarian Section (as required by OB or requested by Intended Parents)</b>	<u>\$1,000.00</u>
<b>14. Loss of Uterus</b>	<u>\$2,500.00</u>
<p>a. <b>Conditions.</b> Surrogate will be entitled to receive \$2,500 if she must undergo a hysterectomy, resulting in the loss of her uterus, as a result of the delivery of the Child, as long as such procedure(s) are performed within 3 months of the delivery.</p>	
<b>15. Restriction of Activity/Bedrest</b>	<u>\$variable</u>
<p>a. <b>Disbursements</b></p> <p>(i) Housekeeping Expenses if Obstetrician/IVF Physician confirms in writing that Surrogate is unable to perform normal housekeeping chores. Housekeeping Expenses shall not exceed \$10 per hour or \$50 per day. These Housekeeping Expenses shall be paid in lieu of the Housekeeping Allowance referenced above in section 4.</p> <p>(ii) Childcare Expenses if Obstetrician/IVF Physician confirms in writing that Surrogate is unable to care for the daily needs of her child(ren). Childcare Expenses shall not exceed \$10 per hour or \$100 per day.</p> <p>b.</p> <p><b>Conditions.</b> In the event that the Obstetrician (or the IVF Physician if Surrogate is still under the IVF Physician's care) orders in writing the restriction of Surrogate's activities or bed rest during pregnancy or after a miscarriage (including a "D&amp;C"), abortion or delivery of the Child, and the Obstetrician/IVF Physician further confirms in writing that such restriction of activities is the direct result of the pregnancy, miscarriage, abortion or delivery of the Child, Intended Parents shall reimburse Surrogate (if she is not in breach of this Agreement) for the related childcare and housekeeping expenses during the period determined by Obstetrician/IVF Physician.</p>	
<b>16. Multiple Birth (as applicable, per additional child)</b>	<u>\$5,000.00</u>
<p>a. <b>Disbursements.</b> \$825.00 every four weeks, as long as surrogate is pregnant, beginning the first day of the 15th week after the date of the embryo transfer.</p> <p>b.</p> <p><b>Conditions.</b> If surrogate delivers additional child on or after 30 weeks from date of embryo transfer, all payments listed above will be made even if child is stillborn or does not survive prior to hospital discharge. If surrogate delivers prior to 30 weeks from the date of transfer and child does not survive prior to hospital discharge, surrogate is entitled only to compensation received thus far, plus an additional prorated amount.</p>	
<b>17. Health Insurance</b>	
<p>a. <b>Premium</b> Paid by: Intended Parent</p>	<u>\$9,350.00</u>
b. <b>Deductible/Co-pays</b>	<u>\$15,000.00</u>
<p>c.</p> <p><b>Description.</b> Lloyd's of London, Surrogate Special Medical Liability Policy. \$10,000 deductible to be paid prior to 100% coverage by Lloyd's up to \$500,000 lifetime maximum coverage, \$50,000 maximum coverage for in-hospital bedrest. Deductible increases to \$20,000 for multiple pregnancy.</p>	
<b>18. Life Insurance (\$250,000.00 Benefit)</b>	<u>Actual Costs Apply</u>

**19. Companion travel for Invasive Procedures**

Actual Costs Apply

a. If Surrogate must travel as a result of a D&C, Abortion/Termination, Fetal Reduction, Loss of Uterus, or Ectopic Pregnancy, Intended Parents shall pay for the expenses of a companion to accompany the Surrogate for such a procedure. Travel expenses shall be limited to a meal allowance of up to \$75 per day and reasonable economy-based airfare (if applicable). Companion shall share any lodging accommodations with Surrogate

**20. Surrogate Lost Wages**

\$see below

a. **Description.** Intended Parents shall compensate Surrogate for lost wages only for: (i) the screening process (max 2 days); (ii) the matching process (max 2 days); (iii) the embryo transfer; (iv) medical appts as required by the IVF Physician/Obstetrician or requested by Intended Parents; (v) restriction of activities/bed rest in accordance with doctor orders; (vi) maternity leave (up to 6 weeks after birth for vaginal delivery, 8 weeks for c-section delivery); and (vii) court appearance requested by Intended Parents (max 1 day). In any case, lost wage reimbursement to surrogate shall never exceed a cumulative total of \$30,000 over the entire surrogacy process, including pre-pregnancy events and post-delivery maternity leave.

<b>Net Hourly:</b>	\$0.00	<b>Hourly/Salary:</b>	Hourly
<b>W-2 employee:</b>	Yes	<b>Non W-2 employee:</b>	No
<b>Hours per day:</b>	0	<b>Hours per week:</b>	0
<b>Days per week:</b>	0	<b>Paid how often:</b>	Every Two Weeks
<b>Estimated Range of Wages:</b>	\$ -	<b>to</b>	\$ -
<b>Occupation</b>	owing		

Notes: Carmel works 5 days per week, 8 hours per day Monday - Friday. Her maximum net rate of reimbursement shall not exceed:

\$0.00 Hourly	\$0.00 Daily	\$0.00 Weekly
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**21. Spouse Lost Wages**

\$0.00

a. **Description.** Intended Parents shall compensate Surrogate for Husband/Partner's Lost Wages only in for: (i) the screening process (max 2 days); (ii) the matching process (max 2 days); (iii) court appearance requested by Intended Parents (max 1 day); and (iv) delivery/birth (2 days max), based on an 8 hour work day, and not to exceed \$150 per day.

<b>Net Hourly:</b>	\$0.00	<b>Hourly/Salary:</b>	Hourly
<b>W-2 employee:</b>	Yes	<b>Non W-2 employee:</b>	No
<b>Hours per pay period:</b>	0.00	<b>Paid how often:</b>	Every Two Weeks

Notes: Net rate of reimbursement shall not exceed:

\$0.00 Hourly	\$0.00 Daily
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\_\_\_\_\_  
Surrogate

\_\_\_\_\_  
Date