



## SURROGACY PARTNERSHIP

Bringing the right people together.

### Surrogacy Benefits Package

Paid as **\$3,000-\$4,500** per month as long as the Surrogate is pregnant, with the first payment due on the 1st day of the month following confirmation of pregnancy by fetal heartbeat and the balance paid within two weeks (14 days) after birth. The range of the fees listed depends on the surrogate's experience. First time surrogates without her own insurance will get \$30,000 and with her own insurance \$35,000.

\$30,000.00-  
\$50,000.00

- In the event the Surrogate has a positive HCG blood test (over 100) but there is no fetal heartbeat detected upon ultrasound, the Surrogate shall be entitled to Five Hundred Dollars (\$500.00).
- In the event the Surrogate has a **positive HCG blood test (over 100)** but there is no fetal heartbeat detected upon ultrasound, the Surrogate shall be entitled to **Five Hundred Dollars** (\$500.00). If Surrogate delivers child full term, (on or after 32 weeks from date of embryo transfer (34 weeks pregnant), all payments listed above will be made even if child is stillborn or does not survive prior to hospital discharge. If Surrogate delivers prematurely (prior to 32 weeks from date of embryo transfer (3/4 weeks pregnant), and the child does not survive to hospital discharge, Surrogate is entitled only to compensation already received as of the date of delivery.

**Multiple Birth (per additional child carried):**

\$5,000.00

Paid as \$1,000 per month as long as the Surrogate is pregnant, with the first payment due on the 1st day of the month following the 16th week after the embryo transfer (= 18 weeks pregnant) and the balance paid within two weeks (14 days) after birth.

If Surrogate delivers additional children on or after 30 weeks from date of embryo transfer, (32 weeks pregnant) all payments listed above will be made even such additional children are stillborn or does not survive prior to hospital discharge. If Surrogate delivers multiples prematurely (prior to 30-weeks from date of embryo transfer (32 weeks pregnant) and the child does not survive to hospital discharge, Surrogate is entitled only to compensation already received as of the date of delivery.

\$200.00

**Monthly Expense Allowance:**

Non-accountable monthly expense allowance is intended to cover miscellaneous expenses relating to the surrogacy arrangement such as local travel, including mileage for trips of 100 miles roundtrip or less, meals, telephone charges, postage, fax charges, notary fees, childcare charges for doctor and lab appointments, non-

prescription vitamin/supplements and over the counter products. This expense allowance will start on the first of the month following the signing of the Gestational Agreement by all Parties and ends one month after birth or when the Agreement is terminated.

<b>Injectable Medication Start Fee (per cycle):</b>	\$500.00
Payable when submitting monthly expense report.	
<b>Dropped or Mock Cycle Fee:</b>	\$500.00
Payable when submitting monthly expense report.	
<b>Invasive Procedure Fee:</b>	\$500-\$1000
(Amino \$500, D&C \$500, Miscarriage \$850, Reduction \$1000, Termination \$1000)	
<b>Loss of an Organ Fee:</b>	\$2,500-\$5,000
(price depends on what organ is lost)	
one ovary loss \$2,500 both losses \$5,000	
<b>C-Section Fee:</b>	\$3,000.00
<b>Maternity Clothes Fee:</b> (payable after the 13 <sup>th</sup> week of pregnancy)	\$1000.00

**Embryo Transfer fee (per completed transfer):** \$1000.00  
 Surrogate will be paid \$1,000.00 as an additional non- accountable expense allowance within  
 7 days after each embryo transfer procedure to reimburse Surrogate for up to 3 days of lost wages (including Husband/Partner lost wages), and miscellaneous expenses, such as childcare and housekeeping while she is restricted to bed rest by the IVF physician as a result of the embryo transfer procedure. If surrogate is restricted to bed rest for longer than 3 days by the IVF Physician, Surrogate shall be entitled to lost wages and childcare for any additional days.  
 Surrogate shall also be entitled to Travel Expenses (with the exception of Lost Wages and Childcare), if applicable.

**Physician Ordered: Bed Rest or Restricted Physical Activity (continued):**

Housekeeping, Childcare, or Other Expenses. In the event that surrogate's treating physician orders, in writing, bed rest or restriction of surrogate's activities, the Intended Parents will reimburse surrogate for her reasonable expenses incurred for activities she cannot perform, such as housekeeping and childcare (which are in addition to any childcare expenses otherwise normally incurred by surrogate) during the period of bed rest or inability to work.

- Surrogate must provide receipts to Agency be eligible for reimbursement.
- The maximum time these benefits will extend is 4 weeks after a vaginal delivery, miscarriage, or abortion, or 6 weeks after a C-Section birth.
- Surrogate is not eligible for childcare expense reimbursement for hours her child(ren) would normally be in school/daycare/ etc.
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**Partner Lost Wages: Partner's lost wages are non-accountable** (no proof of amount of lost wages shall be required; However, the Partner must prove he/she did incur lost wages): \$120.00 per day (if applicable)

- i) Court appearance (max 1 day)

- ii) Invasive procedures or emergency related to the pregnancy and requiring hospitalization (max 2 days per occurrence)
- iii) Birth (max 2 days)
- iv) If a partner is required by the IVF clinic to travel for screening (max days as determined by IVF clinic)
- iv) If partner is required by the IVF clinic to travel for screening (max days as determined by IVF clinic) Actual Cost

**Mileage:** If the Surrogate travels more than 100 miles roundtrip from her home or place of employment for required activities, in addition to her monthly expense allowance she will be reimbursed for her mileage at \$.54 per mile (starting with the 101<sup>st</sup> mile traveled).

**Travel Expenses:** If surrogate is required to stay overnight (as pre-approved by Agency) and/or travel long distance (as determined by Agency), she will be reimbursed for Lost Wages, hotel, coach airfare, ground transportation, childcare (maximum of \$100.00 per day), mileage, meals (per diem rate of \$50.00 per day, per person), parking, toll fees, etc.

- Surrogate must provide receipts to the Agency as applicable to be eligible for reimbursement.
- Travel Expenses will be paid for all screening trips required by the IVF Physician.

**Housekeeping:** \$200.00 per month  
 Monthly allowance of \$200.00 starting at the beginning of the 14th week of pregnancy and ending one month after birth.

- Allowance will not apply if restriction of activity/bed rest is required
- Receipts shall be required for reimbursement.

**Breast Milk:** Surrogate shall receive \$250.00 per week for each week that Surrogate pumps and ships colostrum/breast milk to Intended Parents at Intended Parents' request. Intended Parents shall also pay all costs associated with pumping and shipping, including but not limited to, the rental of a double-breasted pump of hospital grade quality, and any storage and/or shipping costs. Check applicable box:  Willing to pump, if requested; or  Not willing to pump Actual Cost (if applicable)

**One Year Term Life Insurance (\$250,000.00 Benefit)** \$500.00 (paid by IP's)

- Commencing within 30 days of confirmation of pregnancy by fetal heartbeat

**Group Surrogate Support Group: (call in or in person)** \$30/\$100 per month

- During the term of the Agreement and up to 3 months after birth or termination of the pregnancy (max 12 sessions total)

**Organic /Special Diet requested by IP's:** \$500 (per month)

Please initial paragraph only one paragraph below (whichever is applicable at the time of signing this agreement):

- a. I hereby represent that at the time I submitted this SBP to Surrogacy Partnership, I **was NOT EMPLOYED** and am therefore not entitled to recover lost wages for physician ordered bed rest during the pregnancy or after birth. If I should become employed after I have submitted this SBP understand that I will not be entitled to reimbursement for lost wages for the surrogacy and I agree not to request reimbursement for lost wages during or after the surrogate pregnant.

\_\_\_\_\_  
Initials

- b. I hereby represent that at the time I submitted this signed SBP to Surrogacy Partnership, I **WAS AND CONTINUE TO BE EMPLOYED** and I am therefore entitled to lost wage reimbursement pursuant to the terms in this SBP. I understand that I am required to submit a claim for State Disability/Employee Benefit Insurance when applicable and that my Intended Parents shall only be responsible for the amount not covered by such insurance and that I will be required to submit at least 3 current paystubs at the time of request. *Please enclose your 3 most recent paycheck stubs when submitting this signed SBP.* -

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Initials

**Reimbursement/Payment Requests:**

Gestational Carrier's receipts and monthly expense report (one expense report per month) must be received by the 15<sup>th</sup> of every month in order for Gestational Carrier to be paid for those expenses. Failure by Gestational Carrier to submit her monthly expense report to Agency by the 15th of every month will cause her monthly check to be delayed by one additional month. Reimbursement/Payment request must be submitted on the form provided by Agency and must be scanned and emailed, or faxed with supporting documentation (picture files will not be accepted). Insurance statements (not cancelled checks or bank statements) must be submitted for reimbursement purposes.

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Initials

**\*\*Note:** If a payment under this SBP falls on a weekend or holiday, the payment shall be due on the first business day following the holiday or weekend. Further, all payments due on the first of the month under this Agreement shall be paid within ten (10) business days.

**I understand agree to the terms outlined within this Surrogate Benefit Package ("SBP") and acknowledge that they are in accordance with the standards set by Surrogacy Partnership. I understand that this document will be used to draft the legal contract between myself and the Intended Parent(s) that I agree to match with. I further acknowledge, and agree that the amounts stated in the SBP are not subject to change once I have signed this SBP and that I will not request additional money during the legal contract negotiations or after the legal contract has been signed.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date