



Conceptual Options

Surrogate Compensation Package

Please read the benefit package carefully before signing it!! Once matched with Intended Parents, your contract will be drafted by these guidelines. Once this form has been signed, you may **NOT** make any changes. In the event there are extenuating circumstances you are to notify Conceptual Options **PRIOR** to beginning the contracts. **All Fees Listed are Recommendations and are an Industry Standard.** Any requested changes should be **written** in and discussed with Conceptual Options.

Surrogate Name: _____

I. Surrogate Base Compensation: **\$23,000**
Experienced Surrogate Base Fee: **\$**

Paid out monthly, every month as long as surrogate is pregnant with a live fetus, with the first payment due the 1st of the month following confirmation of pregnancy by day 14 blood test with the balance to be paid within two weeks after the birth.

If surrogate delivers child on or after 34 weeks from the date of the 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 34 weeks from the date of the embryo transfer and child does not survive prior to hospital discharge, surrogate is entitled only to compensation received as of the date of delivery.

See Section X Regarding Insurance Bonus of up to \$2000.00!

In Addition To Your Base Compensation, You Can Expect To Receive The following:

II. Monthly Expense Allowance: **\$300.00**

Non-accountable monthly expense allowance is intended to cover all miscellaneous expenses relating to the surrogacy arrangement, except for travel as delineated in your contract, prescriptions and medical co-payments and deductibles.

If surrogate is required to travel an excess of 200 miles round trip from her home, surrogate shall be reimbursed for expenses as delineated in her contract.

This fee shall begin the 1st of the month after the contract has been executed between the surrogate and the intended parents and continue until either termination of the contract by either party or 1 month after delivery.

III. Start of Injectable Medications Compensation: **\$250.00**

IV. Embryo Transfer fee (per completed transfer procedure): **\$750.00**

V. Dropped Cycle fee: **\$250.00**

If cycle is cancelled due to no fault of the surrogate, and she has already begun taking Injectable Medication.

VI. Maternity Clothing Allowance:

\$800.00
(\\$200 more for twins)

This fee will be paid at 14 weeks into the pregnancy or in the event of twins, \$500.00 at 12 weeks and \$500 at 24 weeks.

VII. Invasive Procedure Inconvenience Fee:

\$500.00
(unless otherwise noted)

- a.) **D&C** (except when done as part of any other procedure listed below)
- b.) **Abortion/Termination**
- c.) **Amniocentesis or CVS** (per needle insertion)
- d.) **Fetal Reduction** (per fetal sac)
- e.) **Ectopic Pregnancy**
- f.) **Cerclage**

g.) **Hysterectomy** (partial or full) **\$2,500.00**

Surrogate shall be entitled to receive \$2,500 if she must undergo a hysterectomy resulting in the loss of her uterus, as a result of miscarriage or the delivery of the child/children, as long as such procedure(s) are performed within 2 months

VIII. Physician Recommended Cesarean Section:

\$2,500.00

IX. Multiple Births (per additional child carried):

\$7,000.00

Paid in monthly installments of \$1,000 beginning the 1st of the month following 16 weeks gestation

If surrogate delivers twins on or after 32 weeks from the date of the embryo transfer the full fee listed above will be paid even if such additional children are stillborn or do not survive prior to hospital discharge. If surrogate delivers twins prior to 32 weeks from the date of the embryo transfer and the additional children do not survive prior to hospital discharge, surrogate is entitled only to the compensation received as of the date of delivery.

If surrogate delivers triplets on or after 32 weeks from the date of the embryo transfer the full fee listed above will be paid even if such additional children are stillborn or do not survive prior to hospital discharge. If surrogate delivers triplets prior to 32 weeks from the date of the embryo transfer and the additional children do not survive prior to hospital discharge, surrogate is entitled only to the compensation received as of the date of delivery.

X. Insurance Company: _____ **\$.00/monthly**

Premiums to be paid by: Intended Parent(s) Surrogate

Please submit a copy of your policy for a review of coverage and benefits

XI. One Year Term Life Insurance (\$250,000.00 Benefit):

XII. Surrogate Lost Wages:

Intended Parents shall compensate Surrogate for net lost earnings after all deductions, and only the amount not paid by State Disability Insurance, if eligible. Surrogate must submit a disability claim for lost earnings in excess of 7 consecutive days in order to receive any reimbursement for lost wages. Proper documentation of lost earnings, in the form of pay stubs or bank records, from the prior 8 weeks of employment are to be submitted along with any request. **If ineligible for State Disability Insurance, maximum reimbursed wages will be \$250 per week.** Eligible lost earnings are as follows:

- a) Up to 5 days for IVF doctor visits prior to the confirmation of pregnancy if she is working full time during normal business hours;
- b) Restriction from work/bed rest as ordered by treating physician after a pregnancy is achieved;
- c) Maternity leave up to 6 weeks after vaginal delivery or 8 weeks after c-section delivery.

Note: Any updates or changes to employment must be provided immediately for verification or approval. Please note that employment status is a major factor in selection for many Intended Parents and a change in employment status may affect any potential or pending match.

Note: Surrogate’s embryo transfer fee is intended to reimburse her for any lost wages, and miscellaneous expenses such as childcare or housekeeping as a result of bed rest due to the embryo transfer.

Surrogate Currently Employed? YES NO Eligible for Disability Benefits? YES NO

Net Hourly/Salary: \$ _____
 Hours per pay period: _____

XIII. Spouse Lost Wages:

Intended Parents shall compensate Surrogate for her husband’s net lost earnings after all deductions. Proper documentation of lost earnings, in the form of pay stubs or bank records, from the prior 8 weeks of employment are to be submitted along with any request. Eligible lost earnings are based on an 8 hour work day and not to exceed \$150 per day. Please note that for military service members, an LES must confirm days or time off. Allowable incidences for payment of lost earnings are as follows:

- a) Embryo transfer (2 days max.);
- b) Delivery/birth (2 days max.)

Spouse Currently Employed? YES NO
 Net Hourly/Salary: \$ _____
 Hours per pay period: _____
 Notes: _____

XIV. Physician Ordered: Bed Rest or Restricted Physical Activity:

Housekeeping Expenses if OB/IVF physician confirms in writing that Surrogate is unable to perform normal housekeeping chores during the pregnancy. Actual Housekeeping Expenses shall be reimbursed to Surrogate and shall not exceed \$50 per week. This Housekeeping Expense shall be paid in lieu of the Housekeeping Allowance referenced below in section XV.

Childcare Expenses if OB/IVF physician confirms in writing that Surrogate is unable to care for the daily needs of her child(ren) during the pregnancy. Actual childcare expenses shall be reimbursed to the Surrogate and shall not exceed \$50 per day up to a maximum of 5 days per week.

The Surrogate must provide receipts to Conceptual Options no later than the 15th of the month to receive reimbursement by the first of the following month. The maximum time this benefit will extend is 6 weeks after a vaginal delivery, miscarriage or abortion, or 8 weeks after a C-Section birth.

Note: Surrogate’s embryo transfer fee is intended to reimburse her for any lost wages, and miscellaneous expenses such as childcare or housekeeping as a result of bed rest due to the embryo transfer.

XV. Housekeeping Allowance:

\$900.00

Optional weekly allowance, not to exceed \$50 per week beginning on the 1st day of the 3rd trimester of pregnancy and ending upon delivery of child.

XVI. Monthly Counseling Compensation (in person attendance with psychologist) \$100.00

XVII. Travel:

Surrogate shall be reimbursed for actual Travel Expenses for all travel in excess of 200 miles roundtrip from her home, to include, childcare, mileage, meals, parking, toll fees, hotel, airfare, etc. Surrogate will be required to provide receipts to Conceptual Options no later than the 15th of the month to receive reimbursement by the first of the following month.

Other: _____

By signing below I understand the terms outlined above in accordance with Conceptual Options' policies. I agree to the amounts listed above and once contracts have begun I agree not to change anything listed here. In the event there are extenuating circumstances I will notify Conceptual Options PRIOR to beginning the contracts with my couple so there is no confusion later on and so that contracts can be executed quickly.

Surrogate's Signature

Date