



Compensation Benefit Package

Terms herein are subject to the full terms of the Gestational Carrier Agreement (hereinafter “Agreement”).

Gestational Carrier (and spouse if applicable) understands that the terms herein will be used as an Exhibit (Exhibit A) in the Agreement with the Intended Parent(s) and has accepted all monies stated herein only as reasonable reimbursement and compensation for her pain and suffering and for the risk that she is taking in the surrogacy journey.

Distributions shall be remitted as follows:

<p>(1) <u>Pregnancy Distribution:</u></p> <ul style="list-style-type: none"> • A total aggregate sum of \$40,000.00 shall be distributed to Gestational Carrier in ten (10) monthly installments, with the first payment due upon confirmation of pregnancy by ultrasound fetal heartbeat, and the balance due seven (7) calendar days post-delivery of the child. • The monthly distributions shall be as follows: <table border="0" style="margin-left: 40px;"> <tr> <td>Upon confirmation of fetal heartbeat:</td> <td align="right">\$4,000.00</td> </tr> <tr> <td>Upon the eighth (8) gestational week of pregnancy:</td> <td align="right">\$4,000.00</td> </tr> <tr> <td>Upon the twelfth (12) gestational week of pregnancy:</td> <td align="right">\$4,000.00</td> </tr> <tr> <td>Upon the sixteenth (16) gestational week of pregnancy:</td> <td align="right">\$4,000.00</td> </tr> <tr> <td>Upon the twentieth (20) gestational week of pregnancy:</td> <td align="right">\$4,000.00</td> </tr> <tr> <td>Upon the twenty-fourth (24) gestational week of pregnancy:</td> <td align="right">\$4,000.00</td> </tr> <tr> <td>Upon the twenty-eighth (28) gestational week of pregnancy:</td> <td align="right">\$4,000.00</td> </tr> <tr> <td>Upon the thirty-second (32) gestational week of pregnancy:</td> <td align="right">\$4,000.00</td> </tr> <tr> <td>Upon the thirty-sixth (36) gestational week of pregnancy:</td> <td align="right">\$4,000.00</td> </tr> <tr> <td>Upon seven (7) days post-delivery of child:</td> <td align="right">\$4,000.00</td> </tr> </table> • Conditions: Absent neglect or breach by Gestational Carrier: (a) if Gestational Carrier delivers Child on or after 32 gestational weeks pregnancy, all payments listed above will be payable to Gestational Carrier regardless if Child is stillborn; (b) if Gestational Carrier delivers prematurely, prior to 32 weeks of gestation, then she is only entitled to compensation she has already received, plus a prorated amount, if any, from date of the last payment to the date of delivery. 	Upon confirmation of fetal heartbeat:	\$4,000.00	Upon the eighth (8) gestational week of pregnancy:	\$4,000.00	Upon the twelfth (12) gestational week of pregnancy:	\$4,000.00	Upon the sixteenth (16) gestational week of pregnancy:	\$4,000.00	Upon the twentieth (20) gestational week of pregnancy:	\$4,000.00	Upon the twenty-fourth (24) gestational week of pregnancy:	\$4,000.00	Upon the twenty-eighth (28) gestational week of pregnancy:	\$4,000.00	Upon the thirty-second (32) gestational week of pregnancy:	\$4,000.00	Upon the thirty-sixth (36) gestational week of pregnancy:	\$4,000.00	Upon seven (7) days post-delivery of child:	\$4,000.00	<p>\$40,000.00</p>
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<p>(2) <u>Multiple Fetuses:</u></p> <ul style="list-style-type: none"> If it is determined that the Gestational Carrier is carrying more than one viable fetus, and confirmation is via ultrasound fetal heartbeat, then the Intended Parent(s) shall distribute to the Gestational Carrier, in addition to the Pregnancy Distribution indicated above, a total aggregate sum of \$5,005.00 in seven (7) monthly installments, in the amount of \$715.00 per month, with the first payment due on the sixteenth (16th) gestational week computed from date of the Embryo Transfer, and the balance paid within fourteen (14) calendar days after delivery of the Child/ren. The monthly distributions for Multiple Fetuses shall be as follows: <table data-bbox="300 590 1057 989"> <tr> <td>Upon week sixteen (16) of pregnancy:</td> <td>\$715.00</td> </tr> <tr> <td>Upon the twentieth (20) gestational week of pregnancy:</td> <td>\$715.00</td> </tr> <tr> <td>Upon the twenty-fourth (24) gestational week of pregnancy:</td> <td>\$715.00</td> </tr> <tr> <td>Upon the twenty-eighth (28) gestational week of pregnancy:</td> <td>\$715.00</td> </tr> <tr> <td>Upon the thirty-second (32) gestational week of pregnancy:</td> <td>\$715.00</td> </tr> <tr> <td>Upon the thirty-sixth (36) gestational week of pregnancy:</td> <td>\$715.00</td> </tr> <tr> <td>Upon seven (7) days of delivery of Child/ren:</td> <td>\$715.00</td> </tr> </table> <p>Total: \$5,005.00</p> Conditions: Absent neglect or breach by Gestational Carrier: (a) if Gestational Carrier delivers Child on or after 28 weeks of gestation, all payments listed above will be payable to Gestational Carrier regardless if Child is stillborn; (b) if Gestational Carrier delivers prematurely, prior to 28 weeks of gestation, then she is only entitled to compensation she has already received, plus a prorated amount, if any, from date of the last payment to the date of delivery. 	Upon week sixteen (16) of pregnancy:	\$715.00	Upon the twentieth (20) gestational week of pregnancy:	\$715.00	Upon the twenty-fourth (24) gestational week of pregnancy:	\$715.00	Upon the twenty-eighth (28) gestational week of pregnancy:	\$715.00	Upon the thirty-second (32) gestational week of pregnancy:	\$715.00	Upon the thirty-sixth (36) gestational week of pregnancy:	\$715.00	Upon seven (7) days of delivery of Child/ren:	\$715.00	<p>\$5,005.00</p>
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Upon seven (7) days of delivery of Child/ren:	\$715.00														
<p>(3) <u>Medical & Legal Clearance Bonus:</u></p> <ul style="list-style-type: none"> Bonus paid to surrogate as a one-time payment upon signing of Gestational Carrier Agreement and medical clearance by the Intended Parent(s) fertility clinic. This fee is only paid to surrogate if Agency obtained all surrogate's medical records, as well as all other necessary forms and ob clearances that is needed to successfully match the surrogate, and has done so within 30 days of Agency's interview with surrogate. 	<p>\$1,000.00</p>														
<p>(4) <u>Spa Day Bonus:</u></p> <ul style="list-style-type: none"> Post-delivery of a healthy Child by surrogate, surrogate shall receive a Spa Day bonus. Full eligibility to be determined by the Agency. Payment to be made only after Child has been discharged from delivery hospital. 	<p>\$500.00</p>														

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<p>(5) <u>Monthly Allowance:</u></p> <ul style="list-style-type: none">• Non-accountable monthly allowance intended to cover miscellaneous expenses relating to the surrogacy arrangement, including but not limited to local travel expenses, mileage for local trips (under fifty miles); and non-prescription vitamins and supplements.• First payment shall commence at time of execution of Gestational Carrier Agreement. The first monthly allowance payment shall commence at time of execution of this Agreement payable monthly, and said payments shall continue on a monthly basis, until the Pregnancy Distributions under this Agreement cease or until this Agreement is terminated, whichever occurs first. The first monthly allowance payment shall be prorated for that given month if it is not a full month, and the last monthly allowance shall be paid in full, even if it is not a full month.	<p>\$200.00/month</p>
<p>(6) <u>Start Medication for Embryo Transfer:</u></p> <ul style="list-style-type: none">• Gestational Carrier is paid a start medication fee for the embryo transfer. If the embryo transfer is cancelled, by no negligent fault of the Gestational Carrier, then the Gestational Carrier will still be paid this fee, so long as she started medication for the embryo transfer. (Start of birth control does not trigger this fee).	<p>\$500.00</p>
<p>(7) <u>Embryo Transfer:</u></p> <ul style="list-style-type: none">• Distribution paid to Gestational Carrier per each completed embryo transfer, and is due upon completion of said embryo transfer.	<p>\$500.00</p>
<p>(8) <u>Mock Cycle:</u></p> <ul style="list-style-type: none">• If mock cycle is required by Designated Physician, Gestational Carrier is paid a mock cycle fee upon completing the mock cycle.	<p>\$500.00</p>
<p>(9) <u>Maternity Clothing Allowance:</u></p> <ul style="list-style-type: none">• Payment for non-accountable maternity clothing allowance to be paid to Gestational Carrier at the tenth (10th) week of gestational pregnancy, calculated from date of the Embryo Transfer resulting in that pregnancy.	<p>\$750.00</p>
<p>(10) <u>Cesarean Section:</u></p> <ul style="list-style-type: none">• Distribution for Cesarean Section as recommended by Designated Physician, or as requested by Intended Parent(s).	<p>\$2,500.00</p>

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<p>(11) <u>Loss of Reproductive Capacity:</u></p> <ul style="list-style-type: none"> i. Loss of a Fallopian Tube: \$1,000.00 (per fallopian tube lost) ii. Loss of an Ovary: \$1,000.00 iii. Loss of Uterus: \$5,000.00 <ul style="list-style-type: none"> • If the Gestational Carrier, up to ninety (90) days postpartum, has loss of any organ stated herein, due to delivery or due to any actions that she took in performing her duties under the Gestational Carrier Agreement, and such loss is not due to her own negligence or breach, she shall be compensated the above stated fees. 	<p>Ovary: \$1,000.00</p> <p>Tube: \$1,000.00</p> <p>Uterus: \$5,000.00</p>
<p>(12) <u>Invasive Procedures:</u></p> <ul style="list-style-type: none"> • Including: Dilation and Curettage (D&C) or Dilation and Evacuation (D&E); amniocentesis; Chorionic Villus Sampling (CVS); cerclage; blood transfusion; or any other procedure involving anesthesia that is not listed herein that is required/recommended by the Designated Physician. 	<p>\$500.00 per procedure</p>
<p>(13) <u>Ectopic Pregnancy Surgery:</u></p> <ul style="list-style-type: none"> • Distribution for ectopic pregnancy surgery. (There is no additional invasive procedure fee for an ectopic pregnancy surgery). 	<p>\$1,000.00</p>
<p>(14) <u>Reduction/Abortion:</u></p> <ul style="list-style-type: none"> • Distribution for reduction or abortion of fetus, per terms of Agreement, and distributed per procedure. 	<p>\$1,500.00</p>
<p>(15) <u>Breast Milk:</u></p> <ul style="list-style-type: none"> • Intended Parent(s) shall pay the Gestational the sum of \$250.00 per week for producing breast milk, or a prorated amount for a partial week. In addition, Intended Parent(s) shall also reimburse the Gestational Carrier for all costs associated with storing and shipping of breast milk, as well as purchase or rental of a double-breasted pump. 	<p>\$250.00/week</p>
<p>(16) <u>Legal Fees:</u></p> <ul style="list-style-type: none"> • Intended Parent(s) are responsible to cover all legal fees and costs on behalf of the Gestational Carrier (and Gestational Carrier Spouse/Partner if applicable) for drafting, reviewing or negotiation of the Gestational Carrier Agreement. • Intended Parent(s) are responsible to cover all legal fees and costs related to securing parentage for Intended Parent(s) and birth orders. 	<p>Actual Costs</p>
<p>(17) <u>Legal Fees During Course of Agreement:</u></p> <ul style="list-style-type: none"> • Should the surrogate require any assistance by her legal counsel during the course of the surrogacy arrangement, (also recommended by current ASRM guidelines), an additional amount not to exceed \$650.00 will be paid directly to the attorney of surrogate's choice. 	<p>Actual Costs</p> <p>Cap: \$650.00</p>

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<p>(18) <u>Individual Psychological Counseling:</u></p> <ul style="list-style-type: none"> Distributed for up to ten (10) counseling sessions by medical professional, or counselor, or coach or therapist, of surrogate's choice, post first Embryo transfer, and during term of Agreement and up to one (3) months after the delivery of the Child or termination of the Agreement, and not to exceed a capped amount of \$1,500.00. 	<p>\$1,500.00</p>
<p>(19) <u>Nutrition &/or Health Fitness Counseling:</u></p> <ul style="list-style-type: none"> To be used for nutrition and health coaching and health club membership. May be used over the course of a 12-month period, commencing from time of medical clearance for embryo transfer and three months post-pregnancy unless otherwise agreed to in Agreement. Must be approved by Agency for reasonableness. Intended Parents may agree to exceed said capped amount of \$1,500. 	<p>\$1,500.00</p>
<p>(20) <u>Housekeeping:</u></p> <ul style="list-style-type: none"> Housekeeping is paid to Gestational Carrier only if Gestational Carrier is confined to bed rest or modified bed rest by the treating physician (written note from Designated Physician confining Gestational Carrier to bed rest or modified bed rest is required). The Intended Parent(s) shall reimburse the Gestational Carrier up to \$50.00 per week, and not to exceed a capped amount of \$600.00. 	<p>\$50.00/week</p> <p>Cap: \$600.00</p>
<p>(21) <u>Long Distance Travel Expenses:</u></p> <ul style="list-style-type: none"> Mileage: Gestational Carrier will be reimbursed if she uses a vehicle that she supplies for mileage (in addition to monthly allowance) where round-trip exceeds 50 miles from the Gestational Carrier's residence, at \$0.60 per mile. Other Travel: Actual costs, as approved by Agency, relating to, but not limited to, train, bus, coach air-fare, rental car, taxi/uber/shuttle services, parking, or tolls will be distributed to Gestational Carrier. Lodging: Actual costs, as approved by Agency, for hotel or other lodging expenses. Per Diem: If overnight lodging is required, or if travel is greater than four (4) hours per day, the Gestational Carrier shall be reimbursed \$75.00 per day per person. Companion: All expense rates herein apply to Gestational Carrier's companion/spouse as well, as approved by Agency, and shall be paid by the Intended Parent(s). Companion may be representative from Agency at Gestational Carrier's request. 	<p>TBD</p> <p>*Per calculation</p>
<p>(22) <u>Childcare:</u></p> <ul style="list-style-type: none"> Services for childcare shall be reimbursed at a maximum cap of \$18.00 per hour, and not to exceed a total maximum cap for childcare of \$200.00 per 24-hour period. Gestational Carrier is compensated for childcare if she requires childcare during long distance travel, if Gestational Carrier is confined to bed rest by the treating physician (written note from Designated Physician confining Gestational Carrier to bed rest is required), or other times if necessary to comply with her obligations under the Agreement. 	<p>\$18.00/hour</p> <p>Cap: \$200.00/day</p>

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<p>(23) <u>Lost Wages for Gestational Carrier:</u></p> <ul style="list-style-type: none">Gestational Carrier shall be reimbursed gross lost wages, where applicable, per Agreement, not to exceed a maximum cap of \$6,000.00 over the period of the Agreement.	<p>TBD/day CAP: \$6,000.00</p>
<p>(24) <u>Lost Wages for Gestational Carrier's Spouse/Companion:</u></p> <ul style="list-style-type: none">Gestational Carrier's spouse or companion shall be reimbursed gross lost wages, where applicable, per Agreement, not to exceed a maximum cap of \$2,000.00 over the period of the Agreement.	<p>TBD/day Cap: \$2,000.00</p>
<p>(25) <u>Escrow Agent & Escrow Account:</u></p> <ul style="list-style-type: none">The Escrow Account must be fully funded and maintained in accordance to the terms of the Agreement. The initial funds placed in the Escrow Account must be the Pregnancy Distribution, listed herein plus an additional \$5,000.00, for estimated expenses. The total sum that must be funded prior to the commencement of medication for the Embryo Transfer, and must be funded in the Escrow Account in the amount of: \$45,000.00.Minimum Balance: Intended Parent(s) must maintain a minimum balance in the Escrow Account of \$5,000.00 if Intended Parent(s) resides in the United States, and \$10,000.00 if Intended Parent resides outside the United States. Balance must be maintained for six (6) months following the birth or termination of pregnancy, or termination of this agreement, or as otherwise determined by Agency.	<p>\$45,000.00</p>
<p>(26) <u>Health Insurance:</u></p> <ul style="list-style-type: none">Intended Parent(s) <u>are/are not responsible</u> for Gestational Carrier's health insurance monthly premium payments.Intended Parent(s) are responsible to cover health insurance costs relating to the surrogacy pregnancy that are not a covered cost by the Gestational Carrier's insurance, including but not limited to co-pays, deductible, prenatal appointments, delivery, prescription, and other healthcare costs not covered by the Gestational Carrier's health insurance provider, subject to the terms of the Agreement.	<p>TBD</p>
<p>(27) <u>Other Medical Costs:</u></p> <ul style="list-style-type: none">Intended Parent(s) are responsible to pay all medical costs relating to fertility treatments, IVF procedures, embryo transfer, and fertility prescriptions which are not covered by the Gestational Carrier's insurance.	<p>TBD</p>
<p>(28) <u>Life Insurance Policy:</u></p> <ul style="list-style-type: none">Intended Parent(s) are responsible to purchase term life insurance for the Gestational Carrier, a minimum benefit of \$250,000.00 for a beneficiary designated by the Gestational Carrier, and an additional \$100,000 for benefit of the Intended Parent(s).	<p>TBD</p>

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Date: _____
Gestational Carrier **Gestational Carrier**
Print Name **Signature**