



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>Surrogacy 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 data-bbox="300 997 1068 1528"> <tr> <td>Upon confirmation of fetal heartbeat:</td> <td>\$4,000.00</td> </tr> <tr> <td>Upon the eighth (8) gestational week of pregnancy:</td> <td>\$4,000.00</td> </tr> <tr> <td>Upon the twelfth (12) gestational week of pregnancy:</td> <td>\$4,000.00</td> </tr> <tr> <td>Upon the sixteenth (16) gestational week of pregnancy:</td> <td>\$4,000.00</td> </tr> <tr> <td>Upon the twentieth (20) gestational week of pregnancy:</td> <td>\$4,000.00</td> </tr> <tr> <td>Upon the twenty-fourth (24) gestational week of pregnancy:</td> <td>\$4,000.00</td> </tr> <tr> <td>Upon the twenty-eighth (28) gestational week of pregnancy:</td> <td>\$4,000.00</td> </tr> <tr> <td>Upon the thirty-second (32) gestational week of pregnancy:</td> <td>\$4,000.00</td> </tr> <tr> <td>Upon the thirty-sixth (36) gestational week of pregnancy:</td> <td>\$4,000.00</td> </tr> <tr> <td>Upon seven (7) days post-delivery of child:</td> <td>\$4,000.00</td> </tr> </table> <u>Conditions:</u> 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 she is released from hospital post-delivery due to said 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 Surrogacy Distribution indicated above, a total aggregate sum of \$7,500.00 in six (6) monthly installments, in the amount of \$1,250.00 per month, with the first payment due on the twentieth (20th) gestational week, and the balance paid within seven (7) calendar days after delivery of the additional Child/ren.The monthly distributions for Multiple Fetuses shall be as follows:<ul style="list-style-type: none">Upon the twentieth (20) gestational week of pregnancy: \$1,250.00Upon the twenty-fourth (24) gestational week of pregnancy: \$1,250.00Upon the twenty-eighth (28) gestational week of pregnancy: \$1,250.00Upon the thirty-second (32) gestational week of pregnancy: \$1,250.00Upon the thirty-sixth (36) gestational week of pregnancy: \$1,250.00Upon seven (7) days of delivery of additional Child/ren: \$1,250.00 <p>Total: \$7,500.00</p> <ul style="list-style-type: none">Conditions: Absent neglect or breach by Gestational Carrier: (a) if Gestational Carrier delivers additional Child/ren 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 additional Child/ren 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 she is released from hospital post-delivery due to said delivery.	\$7,500.00
<p>(3) <u>Surrogate 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/gyn clearances that is needed to successfully match the surrogate, and has done so within 30 days of Agency's interview with surrogate.	\$1,000
<p>(4) <u>Surrogate Spa Day Gift:</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.	\$300.00

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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 (50) miles roundtrip, notary charges, and non-prescription or over the counter vitamins, medication and/or 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. Monthly allowance shall pause if a delay occurs due to the Gestational Carrier's failure to act in accordance with the Agreement, including without limitation of Gestational Carrier's failure to perform her duties with keeping appointments made with Agency affiliates such as attorneys, clinics, doctors, and/or psychologists. Agency shall determine if and the length of time that the monthly allowance shall pause.	\$250.00/month
<p>(6) <u>Cycle Start Medication Fee:</u></p> <ul style="list-style-type: none">• Gestational Carrier is paid a start medication fee for the embryo transfer or a mock cycle. 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. Agency shall determine if the medication fee has been triggered. Medication fee is triggered by start of injectable/cycling medication, excluding birth control. This fee is paid per cycle.	\$300.00
<p>(7) <u>Embryo Transfer Fee:</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.	\$1,000.00
<p>(8) <u>Dropped Cycle and/or Mock Cycle Fee:</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.• If the Gestational Carrier commenced any form of injectable/cycling medication, excluding birth control, in preparation for an Embryo Transfer, and the cycle is cancelled due to no fault of the Gestational Carrier, absent breach by the Gestational Carrier, then the Gestational Carrier shall be paid a dropped cycle fee. The Agency shall make the determination if Gestational Carrier qualifies to be paid the dropped cycle fee.• Dropped and mock cycle fees are paid per cycle.	\$500.00
<p>(9) <u>Maternity Clothing Allowance:</u></p>	\$750.00

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<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. 	
(10) <u>Cesarean Section:</u> <ul style="list-style-type: none"> Distribution for Cesarean Section as recommended by Designated Physician, or as requested by Intended Parent(s). 	\$2,500.00
(11) <u>Loss of Reproductive Capacity:</u> <ul style="list-style-type: none"> <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 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. 	Ovary: \$1,000.00 Tube: \$1,000.00 Uterus: \$5,000.00
(12) <u>Invasive Procedures:</u> <ul style="list-style-type: none"> Paid per procedure, including: Dilation and Curettage (D&C) or Dilation and Evacuation (D&E); amniocentesis (paid per each time the needle is inserted through the abdominal wall into the uterus); 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. 	\$500.00 per procedure
(13) <u>Ectopic Pregnancy Surgery:</u> <ul style="list-style-type: none"> Distribution for ectopic pregnancy surgery. (There is no additional invasive procedure fee for an ectopic pregnancy surgery). 	\$1,000.00
(14) <u>Reduction/Abortion:</u> <ul style="list-style-type: none"> Distribution for reduction or abortion of fetus, per terms of Agreement, and distributed per procedure. 	\$1,500.00
(15) <u>Breast Milk:</u> <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. 	\$250.00/week

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<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>Psychological Counseling:</u></p> <ul style="list-style-type: none"> Distributed for up to ten (12) counseling sessions by medical professional, or counselor, or coach or therapist, of surrogate's choice, post start of medication in preparation for the Embryo Transfer, and during term of Agreement and up to three (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>(18) <u>Housekeeping Assistance:</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. The Gestational Carrier must provide written note from Designated Physician confining Gestational Carrier to bed rest or modified bed rest is required, and note must specify and start and end date, with reason/need for bed rest/restricted activity, in order to be eligible for reimbursement. Intended Parent(s) shall reimburse the Gestational Carrier up to a capped amount of \$100.00 per week. The maximum time this benefit will be extended is up to four (4) weeks after a vaginal delivery, or up to six (6) weeks after a cesarean section delivery. The Gestational Carrier may be required to provide receipts, as determined by the Agency. 	<p>\$100.00/week</p>
<p>(19) <u>Long Distance Travel Expenses:</u></p> <ul style="list-style-type: none"> <u>Mileage:</u> 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 \$0.65 per mile. <u>Other Travel:</u> 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. <u>Lodging:</u> Actual costs, as approved by Agency, for hotel or other lodging expenses. <u>Per Diem:</u> 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. <u>Companion:</u> 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>

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<p>(20) <u>Childcare:</u></p> <ul style="list-style-type: none">Services for childcare shall be reimbursed at a maximum cap of \$200.00 per 24-hour period.Gestational Carrier is compensated for childcare if she requires childcare during long distance travel, or if Gestational Carrier is confined to bed rest by the treating physician. If confined to bedrest, the Gestational Carrier must provide written note from Designated Physician confining Gestational Carrier to bed rest or modified bed rest is required, and note must specify and start and end date, with reason/need for bed rest/restricted activity, in order to be eligible for reimbursement. other times if necessary to comply with her obligations under the Agreement.The Gestational Carrier shall submit receipts for childcare in order to be reimbursed, and reimbursement must be approved by Agency. Childcare is not reimbursed to the Gestational Carrier in cases where the Gestational Carrier would have incurred such childcare costs regardless of her obligations under this Agreement.	\$200.00/day
<p>(21) <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 TBD per day, and not to exceed a maximum cap of \$10,000.00 over the period of the Agreement.	Not to exceed TBD/day CAP: \$10,000.00
<p>(22) <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 TBD per day, and not to exceed a maximum cap of \$3,000.00 over the period of the Agreement.	TBD.00/day Cap: \$3,000.00
<p>(23) <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.	\$45,000.00

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(24) <u>Health Insurance:</u> <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.	TBD
(25) <u>Other Medical Costs:</u> <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.	TBD
(26) <u>Life Insurance Policy:</u> <ul style="list-style-type: none">Intended Parent(s) are responsible to purchase term and/or life insurance for the Gestational Carrier, a minimum benefit of \$750,000.00 for a beneficiary designated by the Gestational Carrier.	TBD

****SIGNATURE FOLLOWS ON NEXT PAGE****

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I agree to work with Surrogate Steps as my surrogacy agency, and accept this as my compensation package:

Date: _____

Gestational Carrier
Print Name

Gestational Carrier
Signature