



SAMPLE SURROGATE COMPENSATION AND EXPENSES PACKAGE

BASE COMPENSATION

\$varies

- Base compensation is paid in 8 equal monthly installments as follows:
 - If confirmation of pregnancy (fetal heartbeat by ultrasound) occurs on or before the 15th day of the calendar month, the first base compensation installment shall be paid within 10 days
 - If confirmation of pregnancy occurs after the 15th day of the month, the first base compensation installment shall be made on or around the first day of the following calendar month
- Future installments are paid on or around the first day of each calendar month throughout the pregnancy
- Final payment (remainder of base amount as due according to contract provisions) is due within 10 days of delivery
- Full compensation is received if the child is born after 30 weeks of pregnancy/28 weeks past transfer.
- Prior to 30 weeks of pregnancy/28 weeks past transfer, Surrogate keeps the compensation already received plus an additional prorated portion of the monthly payment due for the period from the date of the last payment through the date of the birth of the child or children.

Legal Signing Bonus

\$3000

- Payable within 10 days of confirmation of fully executed surrogacy legal agreement

Monthly Stipend

\$300

- Non-accountable flat fee to be paid monthly on or around the first of the month
- Beginning at contract signing and continues through 2 monthly payments past birth
- Monthly stipend is intended to cover costs for additional foods, vitamins & supplements, travel within 50 miles of home, and other cycling and pregnancy related incidentals
- Should there be a pause in cycling other than at the surrogate's request, the monthly stipend will continue until cycling is resumed in lieu of a hold fee.

Start of Medications Fee

\$500

- Payable within 10 days of starting medications other than birth control pills
- Can not be used in conjunction with Mock Cycle Fee

Embryo Transfer Fee

\$1000

- Payable within 10 days of event
- This is a non-accountable standalone fee-travel, per diem, childcare, lost wages are separate from the transfer fee.

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hearttohandssurrogacy.com



Mock Cycle Fee	\$500
• Payable within 10 days of starting medications other than birth control pills • Can not be used in conjunction with Start of Medications Fee	
Canceled Cycle Fee	\$500
• Payable within 10 days of event	
Maternity Clothes	\$1200 singleton, +\$500 for multiples
• Non-accountable flat fee due with base compensation payment closest to 16 weeks • \$500 additional if carrying multiples due with the base compensation payment closest to 24 weeks	
Housekeeping Allowance	\$100/week
• For required bedrest lasting longer than a week • Automatically for the last trimester, beginning at 28 weeks gestation (no bedrest requirement) • For 4 weeks postpartum (no bedrest requirement) • No receipts necessary but proof must be submitted to agency that a housekeeper has been engaged prior to release of funds	
Invasive Procedure Fee	\$1000
• Payable within 10 days of event • Including but not limited to: biopsy, amniocentesis, cerclage, ectopic pregnancy, D&C/E, CVS and any procedure requiring general anesthesia, spinal block, or epidural not associated with labor and delivery, or described as 'invasive' by Surrogate's healthcare providers • This provision excludes procedures done during the screening process • Anesthesia is not considered a separate invasive procedure • May not be used in conjunction with a Termination or Selective Reduction of a fetus with a heartbeat	
Termination of Pregnancy Fee	\$2000
• Payable within 10 days of event • May not be used in conjunction with the Invasive Procedure Fee	
C-section Fee	\$4000
• Payable within 10 days of event • May not be used in conjunction with the Invasive Procedure Fee	
Multiple Fee	\$7500 (per each additional fetus)
• Payable beginning at the first of the month closest to 16 weeks, and divided into 5 equal installments of \$1,500.00 • Final payment (remainder of multiple fee as due according to contract provisions) is due within 10 days of delivery	



Domestic Travel Per Diem	\$100 per day/per person
• Non-accountable flat fee for travel related for Surrogate and Surrogate's Companion • Provided to surrogate prior to necessary travel	
Breastmilk Compensation	\$40/day
• Paid to surrogate through escrow weekly • Is not contingent on amount produced	
Employment-Based Health Insurance Bonus	\$3000
• Paid within 10 days of delivery • Employment-based insurance must have been used for the full pregnancy & delivery • Bonus shall be paid in full if a surrogate delivers after 30 weeks of pregnancy/28 weeks of pregnancy. • Bonus not applicable if IPs pay health insurance premiums for any insurance plan	
Body Care/Doula Reimbursement	Up to \$2000
• Reimbursed by receipt • For approved treatments not covered by insurance, including massage, chiropractic, physical therapy or other medically indicated and recommended body treatment, and/or • For the cost of hiring a doula for labor and delivery support for Surrogate (doctor recommendation not needed for hiring a doula)	
Child Care Reimbursement	\$100/day (\$500/week)
• Provided for any domestic overnight travel, in the event of bedrest ordered by medical care provider, and for up to 4 weeks post-partum • For appointments that are outside of regular childcare hours • Reimbursed by receipt or paid directly to third party through escrow • Childcare provider may be a service, family member outside the home, or friend outside the home, but <i>may not</i> be spouse/significant other	
Travel Expenses Reimbursement	Varies, actual costs
• rental car fee, taxi, rideshare or other ground transportation • mileage over 50 miles at current tax rate if surrogate uses own car • coach airfare at surrogate's convenience arranged by agency • hotel rental • Reimbursed by receipt or paid directly to third party through escrow • Surrogate is strongly encouraged to have spouse/significant other attend in-person screening and transfer	
Counseling Reimbursement	Up to \$2000
• Intended Parents agree to pay uninsured counseling expenses for surrogate up to \$2000 • Surrogate agrees to choose a counselor within network if her insurance covers it and if there is a qualified counselor • Reimbursed by receipt or paid directly to third party through escrow	



Surrogate Wage Reimbursement	Varies, actual costs
• For cycling appointments, surrogacy related doctor's appointment, surrogacy related events; doctor-ordered work leave, doctor-ordered bedrest • For post-delivery recovery time up to the earlier of ◦ when Surrogate is medically cleared to return to work ◦ 6 weeks post-delivery for a vaginal birth or ◦ 8 weeks post-delivery for a cesarean birth. • Surrogate agrees to schedule medical appointments in such a way as to avoid conflicts with her work schedule, as possible. • Surrogate will be compensated lost wages at her actual rate of pay at the time of the event missed • Lost Wages reimbursement will occur at the time of the next regularly scheduled payment • IP may be able to purchase an Income Replacement or Indemnity policy through a Surrogacy Insurance Specialist. ◦ If income replacement amount/benefit is less than surrogate's hourly rate, IPs will be responsible for making up the difference.	
Spouse/Partner Wage Reimbursement	Varies, actual costs
• For required domestic travel, transfer if attending, birth and up to 5 days within a 3 week postpartum period • Surrogate's Spouse/Partner will be compensated lost wages at the actual rate of pay at the time of the event missed • Lost Wages reimbursement will occur at the time of the next regularly scheduled payment	
Breastmilk Supplies & Shipping	Varies, actual costs
• Reimbursed by receipt • IPs to arrange a shipping account if surrogate will be shipping breastmilk regularly • For supplies not covered by insurance and may include breast pump, milk bags, cleaning supplies, bottles, packaging, shipping charges, etc	
Loss of Reproductive Organ/Ability	\$5,000/\$10,000
• \$5000 Loss of uterus, one or both ovaries, one or both fallopian tubes, one or both tubes AND one or both ovaries • \$10,000 Loss of uterus or uterus and cervix, plus fallopian tubes and ovaries • Arranged through Surrogacy Insurance Specialist	
Life/Accidental Death Insurance	Actual cost of policy
• \$750,000 accidental death and/or term life policy • Surrogate is to name beneficiaries of the policy • IPs may add an additional \$50,000 to the policy with themselves as beneficiary • Arranged through Surrogacy Insurance Specialist	



Legal Support Outside of Contracts/Parentage	\$1000
• Provided as a retainer to Surrogate's Attorney • Refundable to IPs	
Legal Support for Unpaid Medical Bills	\$5000, if needed
• Provided as a retainer to hire a professional to assist with removing the surrogate's name as guarantor from medical bills • Refundable to IPs	
Surrogate Health Insurance and Medical Care	Actual Cost/Varies
• If Surrogate does not have health insurance that will cover surrogacy, a policy through the ACA or a private surrogacy specific insurance policy will be purchased for the surrogate • Arranged through Surrogacy Insurance Specialist • Premium will be provided to Surrogate prior to the payment due date each month • Surrogate must provide proof/receipt of monthly premium payment • Policy will remain in place for 3 months post-partum ◦ If a condition arises within 3 months post-partum that can not be remedied before the 3 months, the policy remains in place for an additional 3 months at the IP's expense	

I have had a chance to review this compensation package, and discuss it with Heart to Hands Surrogacy and/or anyone else of my choosing, and this compensation package accurately reflects the compensation I am requesting for my surrogacy.

I understand that this compensation will be presented to Intended Parents as part of my profile and that it is part of the matching criteria.

I understand that compensation is a separate agreement between myself and my IPs. I understand that I have the right to review this package with my attorney and to negotiate changes to the compensation package at any time until the Surrogacy Legal Agreement is signed.

Surrogate Full Name:

Signature:

Date of Signature: