



- 101 Upland Dr •
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Amanda R.

Gestational Surrogacy Compensation Package Agreement

Standard Compensation - These line items have a set value that will be paid as stated below and due in all matches.

First Time Surrogate's Base Fee	\$50,000
Monthly expense allowance (paid at \$200.00 per month for an average of thirteen (13) months, starts with first month of medications)	\$2,600
ERA/Mock Transfer (fee is per mock cycle)	\$ 300
Start of Medications (due at the start of medications, not including birth control pills)	\$300
Payment for embryo transfer (due at each embryo transfer)	\$ 500
Maternity clothing allowance (if carrying multiples, amount increased by \$250)	\$ 750
Total First Time Surrogate Standard Compensation	\$54,450

Variable Compensation - These line items will vary in terms of amount due based upon how a match progresses. Specific amounts shall be agreed upon between the Surrogate and Intended Parent(s) during the match process and prior to the drafting and negotiation of contract. Prior to the drafting and negotiation of contract, Surrogate and Intended Parent(s) shall acknowledge receipt of an agreement to the compensation package which shall be distributed to counsel for both.

GC: _____

GCS: _____

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IP 1: _____

IP 2: _____



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Travel: To the extent Surrogate is required to travel greater than fifty (50) miles from her home to fulfill her obligations under this Agreement, she will be reimbursed for her actual, reasonable travel expenses as provided below. Surrogate shall be reimbursed for her mileage at the Internal Revenue Service's business rate for the year in which travel is conducted. Should air travel be required, Surrogate shall be reimbursed for actual costs of airline tickets and parking fees for she and a companion. If Surrogate is required to stay overnight away from her home in the performance of her duties under this Agreement, Intended Parent(s) agree to pay for a reasonable, cost efficient hotel, with arrangements to be made by or approved by Intended Parent(s) in advance of her travel. For a required overnight trip away from her home, Surrogate will also receive a non-accountable meal allowance of seventy-five dollars (\$75) per day.

TBD

Surrogate's Lost Wages: Surrogate shall be paid net lost wages for hours missed from work for (i) restriction of activities/bed rest in accordance with doctor orders; (ii) post delivery recovery (up to four (4) weeks after birth for vaginal delivery, six (6) weeks for c-section delivery); (iii) court appearance, (iv) partial or full hysterectomy, (v) attendance at embryo transfer, and (vi) attendance at each doctor appointment. Surrogate is also entitled to receive \$80 per week for housekeeping, and up to \$15 per hour for childcare for up to 20 hours per week. This is for actual housekeeping and childcare utilized in the cases described above (i-vi). Lost wages will be calculated by taking the net wages and dividing by the total number of hours worked in the same period. A recent pay stub for the previous pay period must be provided to Await Surrogacy at time of reimbursement request. The amounts provided are an estimate and may fluctuate according to Surrogate's actual net wages at the time of reimbursement request. Her weekly rate as of _____1/19/2026_____ is ____\$483/wk____.

TBD

Surrogate's Spouse's Lost Wages: Surrogate's spouse shall receive net lost wages in the amount of actual wages lost when Surrogate's spouse attends a qualifying event. The number of days requested for attendance at medical screening or embryo transfer must be approved by Intended Parent(s) prior to the event and will be based on the fertility clinic travel companion requirements, bedrest protocol, and the distance traveled from the Surrogate's home. Qualifying events and the number of days of allowed payment of net lost wages include: medical screening, if required by fertility clinic or if agreed upon during match (up to two (2) days); each embryo transfer, if required by fertility clinic or if agreed upon during matching (up to three (3) days); vaginal birth or miscarriage procedure (up to three (3) days); and/or cesarean section delivery (up to three (3) days). Surrogate's Spouse's lost wages will be calculated by taking the net wages and dividing by the total number of hours worked in the same period. A recent pay stub for the previous pay period must be provided to Await Surrogacy at time of

TBD



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reimbursement request. The amounts provided are an estimate and may fluctuate according to Surrogate's Spouse's actual net wages at the time of reimbursement request. His weekly rate as of 1/19/2026 is \$928/wk.

Match Specific Compensation - These line items have a set value that will be paid as stated below and may or may not be due in a particular match.

Compensation for carrying multiples (amount is per additional fetus)	\$ 10,000
Invasive procedures (amount is per procedure regardless of timing of procedures)	\$ 750
Cesarean section	\$ 5,000
Partial hysterectomy	\$ 5,000
Complete hysterectomy	\$ 10,000
Loss of one (1) ovary and/or one (1) fallopian tube	\$ 1,500
Loss of two (2) ovaries and/or two (2) fallopian tubes	\$ 3,000
Documented vaginal tear of 2nd degree or worse requiring sutures	\$1,000
Counseling (provided to the Surrogate and/or Surrogate's spouse, if needed)	up to \$1,000
Breastmilk, pumping and supplies	\$300 a week

Post Delivery Recovery - This is due in all matches at a rate of \$80 per week for housekeeping, and up to \$15 per hour for childcare for up to 20 hours per week. This is for actual housekeeping and childcare utilized in the case of post delivery recovery. Lost wages will be calculated by taking the net wages and dividing by the total number of hours worked in the same period. A recent pay stub for the previous pay period must be provided to Await Surrogacy at time of reimbursement request. The amounts provided are an estimate and may fluctuate according to Surrogate's actual net wages at the time of reimbursement request. Her weekly rate as of 1/19/2026 is \$483/wk.



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If delivery is vaginal in nature, four (4) weeks of support is due, to include lost wages, childcare, and housekeeping. TBD

If delivery is via cesarean section, six (6) weeks of support is due, to include lost wages, childcare, and housekeeping. TBD

Insurance - If Surrogate does not have health insurance, policies will be provided at expense of the Intended Parent(s). If Surrogate does have existing health insurance, the Intended Parent(s) will be responsible for all copays and deductibles. The Intended Parent(s) will be responsible for purchasing a life insurance policy for the Surrogate with Surrogate's chosen beneficiary named, in the amount of \$500,000 which will go into effect prior to starting medications with coverage continuing until at least 8 weeks postpartum. Intended Parent(s) may also purchase life insurance that names Intended Parent(s) as beneficiar(y/ies) to recoup costs and expenses in the event of Surrogate death.

Health insurance for Surrogate (if Surrogate's policy excludes surrogacy or if Surrogate has no existing policy) \$10,000 - \$30,500

Insurance Search and Policy Placement \$575

Health Insurance Review \$300

Life insurance for Surrogate with Surrogate's chosen beneficiary \$800

Life insurance for Surrogate with Intended Parent(s) as beneficiar(y/ies) \$250

Gestational Surrogacy Screening - Intended parent(s) are responsible for the cost of the background checks on the Surrogate and Surrogate's spouse, Surrogate and Surrogate's spouse's medical screenings, psychological screenings, and Surrogate's medical procedures, including all copays and expenses not covered by insurance. Intended Parent(s) are also responsible for the cost(s) of their psychological screenings.

Pap Smear with Primary OBGYN for Letter of Medical Clearance \$300

Psychological Screening

- Surrogate's Screening with PAI Testing and Report \$500



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- Intended Parent(s) Screening for Gestational Surrogacy \$400
- Group Psychological Consultation and Report \$500

Attorney's Fees - Intended parent(s) are responsible for all attorney's fees incurred by the Surrogate and Surrogate's spouse for review and negotiation of the gestational surrogacy agreement as well as parentage proceedings, to include a pre-birth order and entry of final order of parentage.

****Fees displayed are the current fees for attorneys in SC with whom Await Surrogacy works frequently, fees may vary from state to state and depending on the attorney retained.**

Contract Phase (at time of matching and before the transfer occurs for drafting and negotiation of the gestational surrogacy agreement)

- Intended Parent(s) Representation \$4,000
- Independent Surrogate Representation \$2,000

Parentage Phase (around 14 weeks gestation for drafting and filing documents necessary to the parentage proceedings and representation of the parties in court)

- Intended Parent(s) Representation: \$4,000
- Independent Surrogate Representation: \$2,000
- Other Legal Fees: \$600-\$700

*** (Includes Filing Fee for Legal Action, Filing Fee for Pre-Birth Order, Filing Fee for Final Order of Parentage, Amendment & Copies of Birth Certificate, Approximate Mailing Costs)*

Escrow/Trust Account Management Fees - All payments made to the Surrogate shall be paid to her by SeedTrust Escrow. This escrow account will be funded with \$15,000 within 15 business days of matching and medical records review of Surrogate by the Intended Parent(s)' Fertility Clinic. After the Legal Contract of the Gestational Carrier Agreement is complete, this escrow account must be funded to reach a \$80,000 balance (for a first time Surrogate) or \$90,000 balance (for a repeat Surrogate) within 15 business days. The escrow account should not fall below \$10,000 at any point in the surrogacy journey. If it does, Intended Parent(s) are responsible for depositing an amount specified by Await Surrogacy,



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L.L.C. within 10 business days. This specified amount should be the estimated funds necessary to cover the remaining costs of the surrogacy journey. The account should remain open up until 9 months after delivery.

Trust Account Management Fee \$2,000

Gestational Carrier (GC)

Date

Gestational Carrier Spouse (GCS)

Date

Intended Parent 1 (IP 1)

Date

Intended Parent 2 (IP 2)

Date