



Welcome to Surrogacy Choices

Surrogacy Choices helps couples and singles who cannot have children find surrogates who want to help them grow their family through gestational surrogacy. The couple is often referred to as the intended parents, and the surrogate is often referred to as the gestational carrier. In this process, the surrogate is not genetically related to the child, and it is usually possible to obtain a court order before birth saying that the couple are the only legal parents of the child. In return for the risk and difficulty associated with being pregnant, the surrogate usually receives compensation during the surrogacy process.

All of the surrogates who work with us are carefully screened and evaluated to ensure that they will respond well to the surrogacy process and to understand their desires for a surrogacy arrangement. Everyone involved in the surrogacy process will have legal advice from an attorney, expert medical care, necessary insurance coverage, and personal support through the surrogacy process.

We look forward to being part of your surrogacy journey, and we welcome any questions you may have at any time. If you have any questions about any information requested in this application, feel free to call us at 800-682-6264 or email us at info@surrogacychoices.com.

Our Surrogate Requirements

Because surrogacy is a serious commitment there are certain guidelines that surrogates must meet before they can start a surrogacy process.

Gestational Carrier criteria:

Personal:

- Be a U.S. citizen or legal permanent resident
- Be between 21 and 39 years old
- In most circumstances, have a Body Mass Index between 18 and 30 • Can pass a background check

Health:

- Are healthy and free of sexually-transmitted diseases
- Cannot have any mental health issues
- Cannot have been on any medication for depression, bi-polar, or other mental health issues
- Not be taking any medication that may harm the pregnancy
- Complete a psychological evaluation

Pregnancy:

- Have had at least one uncomplicated birth, and be parenting at least one child
- Not have had more than five prior births
- Cannot have had postpartum depression after previous pregnancies/child(ren)
- Not have a history of pregnancy complications

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- Provide medical records for previous pregnancies

Lifestyle and Support:

- Not have any new tattoos or piercings
- Be a non-smoker, living in a non-smoking home
- Not take drugs or abuse alcohol
- Have a stable lifestyle and support system
- If married or partnered, the surrogate must have her partner's support

Also, the surrogate must have a stable and responsible lifestyle without requiring any public financial assistance, and she must be willing to follow the medical advice of the doctors.

The Pre-Matching Process for Intended Parents

Application

The surrogacy process begins by submitting an application to be Intended Parents with Surrogacy Choices. This application is our first chance to learn about you, why you are interested in surrogacy, and how we may best meet your needs.

Background Check

To make sure that the surrogacy process goes smoothly for everyone, and to meet our ethical and legal requirements, we complete a background screening on all of our Intended Parents. This process includes investigating your criminal history and child abuse history. If you have a background screening completed within the past year, we will require a copy for our records.

The Agency Agreement

We will sign an agreement with you that describes the surrogacy practice as well as our roles and responsibilities. Prior to executing this agreement, we recommend that you retain your surrogacy attorney to review the agreement with you. If you have not obtained an attorney to assist you with this process, we are happy to recommend a qualified surrogacy lawyer to you.

Medical & Psychological Evaluation

Intended Parents who will be donating genetic material for the surrogacy must go through a medical screening and a psychological evaluation. The screening encompasses a review of detailed medical history, a physical exam, and comprehensive testing and screening handled by an IVF clinic by guidelines of the American Society for Reproductive Medicine. The psychological evaluation generally entails completion of a Minnesota Multiphasic Personality Inventory (MMPI).

Matching with Gestational Surrogate

We will work to connect you with a Surrogate who will be the best fit for your surrogacy plan. All of our Surrogates receive thorough background checks, screenings, and evaluations. We work to foster a positive and

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supportive relationship between the Gestational Surrogate and the Intended Parents to ensure that everyone remains happy and supported during and after the surrogacy process

The Pre-Matching Process for Gestational Surrogates

Application

The Surrogate submits an application packet. Each packet includes information regarding the Surrogate's medical, personal, and family background, as well as photos of the Surrogate and her family. The Surrogate also signs a medical release, which releases all of her prenatal and delivery medical records for prior births.

Screening

The Agency reviews the application to ensure that the Surrogate meets basic screening criteria and a home interview is then scheduled if possible. During the home interview, the Surrogate is further screened and the surrogacy process is reviewed in detail with her. A background check is performed on the Surrogate and her partner/spouse, as well as on any other adults residing in the Surrogate's home. Also, a psychological evaluation is generally completed at or before matching.

Matching

Once these steps are complete, the Surrogate's profile is released to appropriate Intended Parents for consideration. No identifying information, such as the Surrogate's name, address, or contact information will be released to Intended Parents at this time.

Intended Parents will complete a profile about themselves, which will be provided to the Surrogate they are interested in working with. Similar to the Surrogate's profile, the Parents' profile will not contain identifying information, such as their last names, address, or contact information. The purpose of this profile is for the Surrogate to determine if she is interested in meeting the Intended Parents.

If the Surrogate and Intended Parents wish to make a surrogacy plan together, the Agency will arrange for the Intended Parents and Surrogate to have a phone meeting. The Surrogate's partner/spouse is encouraged to participate in this phone meeting.

If both the Surrogate and Intended Parents decide they would like to meet in person after the phone meeting, the Agency will then coordinate the in-person meeting. It is recommended that the Surrogate's partner/spouse participate in this meeting, if possible.



Legal Processes

Gestational Surrogacy Agreement

We want to make sure that all clients are empowered throughout this process, and a big part of that is independent attorney consultation. The independent attorney is not an employee of Surrogacy Choices. The attorney's job is to make sure you understand your options, the surrogacy process, and to see that your desires are addressed during all aspects of the surrogacy relationship. The attorney will assist you in drafting and negotiating the Gestational Surrogacy Agreement. This agreement will cover all aspects of the surrogacy process, including: medical procedures, compensation, communication, etc.

Medical Processes

IVF Clinic Workup and Evaluation (for Egg/Sperm Donation)

A physical examination and medical history will be performed by a clinician. This will include infectious disease testing and evaluation of the genetic material to be used in the surrogacy. You will consult with a clinician and will be explained the risks and side effects of the medications and procedure.

Egg Retrieval

Sperm donation does generally not require significant medical intervention. Egg donation, however, is often more complex. The IVF clinic will prescribe hormones to encourage maturation of the eggs to be used in the surrogacy. When the eggs are mature, but before they are released, the clinic will retrieve the eggs for use in the In Vitro Fertilization.

Embryo Transfer

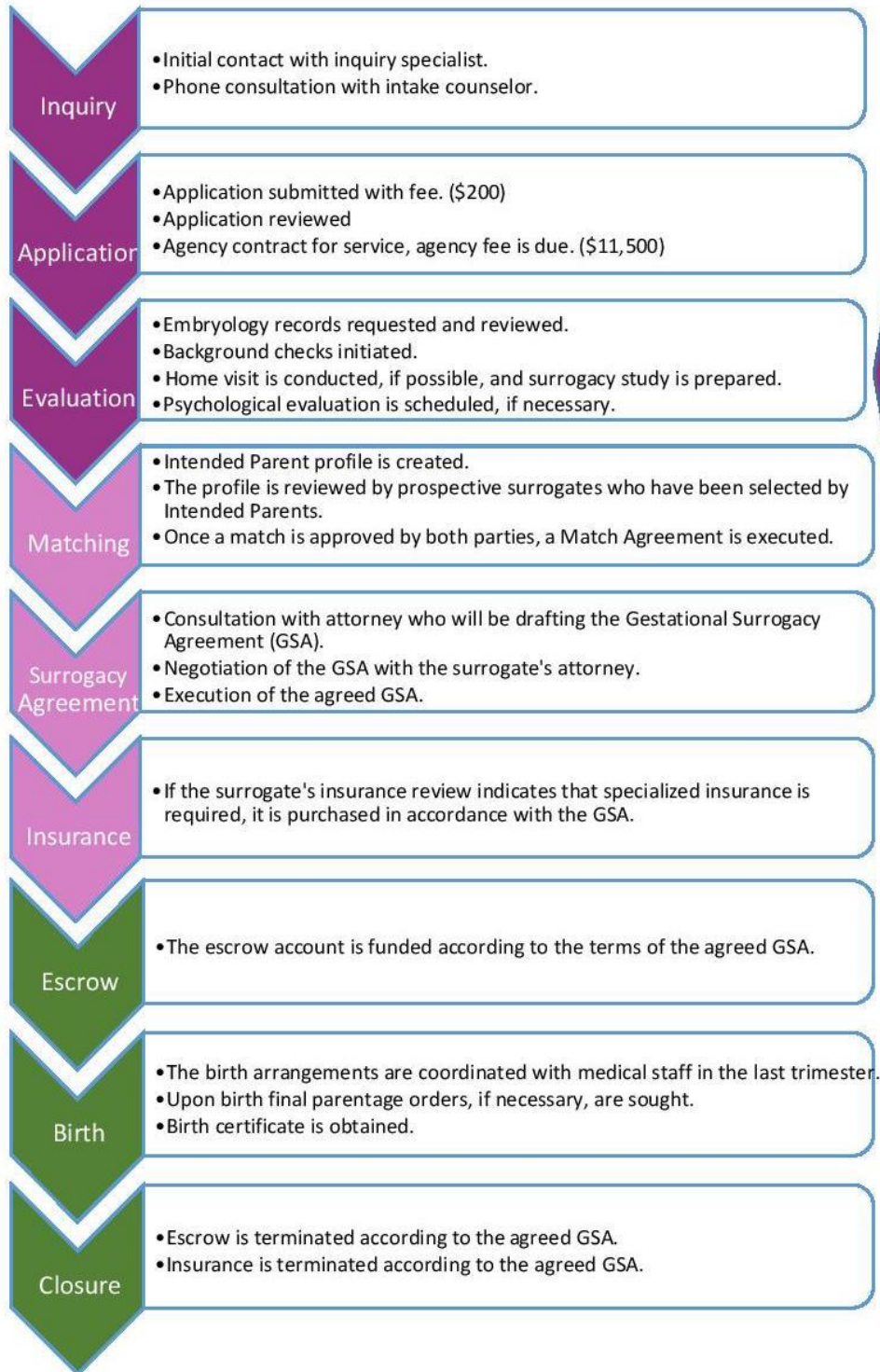
Three to five days following egg retrieval, all or some of the embryos that have normally developed may be frozen or transferred to the surrogate. The transfer procedure involves a very thin catheter, which contains the embryos, being inserted in the vagina and passed through the cervix into the Surrogate's uterus. The embryos are pushed through the catheter and transferred to the uterine lining for implantation. A blood test is usually performed approximately 14 days after egg retrieval and fertilization (9 to 11 days after embryo transfer) to determine if the Surrogate is pregnant.

Pregnancy, Labor & Delivery

When a pregnancy occurs we will refer the Surrogate back to the Obstetrician/Gynecologist for prenatal care and the remainder of the pregnancy progresses as any other pregnancy would. Labor and delivery are exactly the same as any other birth, and we will work with the hospital beforehand to ensure a smooth and positive experience.



Intended Parent Process Flowchart



Surrogacy Study

This report describes the background and evaluation information concerning the Intended Parents' readiness to begin the surrogacy process. It includes:

- In-home contact with the family, if possible.
- Exploration of motivation, health, home environment, financial stability, other household members, support systems and lifestyle.
- Criminal and child abuse history checks.
- Letters of reference from a few friends or family.
- Surrogacy process goals and preferences.



Potential Gestational Surrogacy Expenses & Costs

The following is a general break down of the potential expenses/costs that you may incur in the gestational surrogacy process. The numbers provided below are only an estimate. They may not include all expenses/costs that can occur. This is meant to give you a general idea so that you may decide if this process is right for you.

SURROGATE SCREENING FEES	PSYCHOLOGICAL SCREENING	\$500 - \$1000
	BACKGROUND CHECK FOR CHILD ABUSE AND NATIONAL CRIMINAL HISTORY	\$40 - \$60, but may vary by service provider
	MEDICAL PRE-SCREENING OF SURROGATE	Varies by IVF clinic
	INSURANCE REVIEW	\$130
	HOME SOCIAL EVALUATION*	Up to \$750

In addition, keep in mind that the costs will vary dramatically as surrogate compensation and reimbursement is negotiable and will be set by your Gestational Surrogacy Agreement. ALSO - YOU MUST TAKE INTO CONSIDERATION WHAT STATE THE SURROGATE LIVES IN AND IN WHAT STATE THE BABY WILL BE BORN. Some states do not allow compensation of surrogates.

AGENCY FEES	TOTAL FEE FOR SURROGACY WITH AGENCY MATCHING	\$11,700
	DUE WITH APPLICATION	(\$200)
	DUE UPON APPROVAL OF APPLICATION	(\$11,500)
	TOTAL FEE FOR SURROGACY WITH IDENTIFIED SURROGATE	\$5,950
	DUE WITH APPLICATION	(\$200)
	DUE UPON APPROVAL OF APPLICATION	(\$5,750)
	EGG DONOR SERVICE FEE, IF NECESSARY	\$850

Surrogate Compensation and Benefits Terms

These items will be negotiated in your Gestational Surrogacy Agreement with the Gestational Carrier. The figures below are an estimate of average compensation amounts only. Actual compensation amounts will be negotiated as part of the Gestational Surrogacy Agreement and may be higher or lower than the amounts listed here.

This is a sample of cost items only. Actual compensation items and expense amounts will be agreed upon when the Gestational Surrogacy Agreement is executed.

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Compensation Worksheet

Category	Amount	Notes
Surrogacy Compensation	\$30,000 - \$35,000 (may increase if surrogate has experience and/or insurance coverage)	Typically paid in 10 installments, after confirmation of heartbeat ultrasound.
Cycling Fees: <ul style="list-style-type: none"> Mock Cycle Injectable Medications Dropped Cycle Embryo Transfer 	\$250.00 \$500.00 \$500.00 \$1,000.00	Paid the month after the event.
Invasive Procedure Fee <ul style="list-style-type: none"> D&C Amniocentesis or CVS Ectopic Pregnancy Cerclage Placement C-Section 	\$500.00 \$500.00 (for each) \$500.00 \$1,000.00 \$1,000.00	Paid the month after the event.
Pregnancy Terminate/Reduce	\$1,000.00	Paid the month after the event.
Hysterectomy/Loss of Organ	Up to \$5,000.00	Paid the month after the event.
General Allowance	Estimated \$3,600 total	Paid in monthly installments - \$300/month for life of surrogacy contract.
Maternity Medical Appointments	\$1,500 - \$3,000 total, estimate based on 30 trips	\$100 for the initial medical screening appointment and each appointment thereafter (\$50 or \$100 per trip based on distance).
Maternity Clothing <ul style="list-style-type: none"> For singleton For multiples 	\$800.00 \$1,000.00	Typically paid at 16 weeks.
Lost Wages	\$___/hour calculated from most recent pay stub	Must produce documentation showing missed time from work and doctor approval. Offset by short term disability benefits, if any.
Post-Birth Recovery	6 weeks maximum for vaginal delivery 8 weeks maximum for C-section delivery	Includes reimbursement for childcare at \$500/month and housekeeping at \$250/month. Lost wages are based on actual wages GSA agreements.
Medical Expenses (IPs pay)	Actual expense of everything not paid by insurance for up to 2 months after end of pregnancy.	Included: <ul style="list-style-type: none"> Doctor, hospital, lab charges Emotional health/counseling Prescription/medication



Compensation Descriptions

Item	Description
Experienced surrogate, or surrogate with insurance	If she has completed a Surrogacy before, or if she has insurance which covers the surrogacy, there may be increased compensation.
Basic Expense Allowance	She will receive monthly funding starting the month she is under the gestational surrogacy contract and typically ending a month or two after birth.
Mock Cycle	A mock cycle is when the surrogate is given medication to prepare her uterine lining for embryo transfer, but an actual transfer does not happen. The mock cycle fee is paid upon completion of the mock cycle.
Injectable Medication	She will receive compensation for starting injectable medications (this includes the Lupron injections) at the start of the IVF Cycle.
Embryo Transfer	She will be compensated for each completed embryo transfer. This fee is to assist in covering any domestic help she will need for childcare, cooking, transportation or any other needs while she is on bed rest following the embryo transfer.
Monthly Expense Allowance	The monthly allowance is paid throughout the term of the Surrogacy Contract. This is paid to cover expenses related to appointments. Examples include: parking fees, toll roads, faxing or printing expenses, over the counter medications, and phone charges related to being a surrogate.
Maternity Clothing	Usually paid at 16 weeks or sooner with multiples.
Child Care	Paid in the event of bed rest prescribed by the doctor.
Housekeeping	Paid in the event of bed rest prescribed by the doctor.
Lost Wages	She may receive reimbursement of actual lost wages incurred as a result of doctor ordered bed rest and time away from work due to medical appointments. If she is ordered to bed rest, then she must apply for disability, if available.
Breast Milk	She may be compensated if she provides breast milk for the child.
	Legal Fees
Surrogate Attorney	Attorney's fees for the surrogate are paid by the intended parents.
	Insurance Costs
Life & Disability Insurance Premiums	If the Intended Parent's obtain a life or disability insurance policy for the surrogate, they will pay the premiums during the surrogacy.
Health Insurance Premiums	The Intended Parent's will pay the insurance premiums and costs during the surrogacy.

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	Medical Fees
Medical Evaluation	The Intended Parent(s) will pay for medical evaluations by the fertility specialist.
IVF/ET Fee	The Intended Parent(s) will pay for the cost of the In Vitro Fertilization and Embryo Transfer.
Medication Cost	The Intended Parent(s) will pay for the cost of medications related to the Surrogacy if not covered by insurance.
Psychologist Fee	The Intended Parent(s) will pay for the cost of psychological evaluation.
	Occasional Fees
Dropped Cycle	If the IVF cycle is cancelled the surrogate may receive a fee for the cancellation.
C-Section Fee	If a C-Section is required but was not anticipated in the surrogate's compensation, she may receive compensation.
Twins/Multiples	If the Surrogacy leads to multiple babies but was not anticipated in the surrogate's compensation, she may receive additional compensation.
	Extraordinary Fees
Invasive Procedure Fee	If she has an invasive procedure such as amniocentesis, CVS, termination of a pregnancy, correction of an ectopic pregnancy, surgery following miscarriage, caesarian section, or any procedure requiring anesthesia then she may receive additional compensation.
Hysterectomy/Loss of Organ	If she suffers any loss of fertility or organ function due to the Surrogacy, she may receive compensation for this.



Intended Parent Information/Application for Surrogacy Choices, LLC

Application fee to be made out to Surrogacy Choices, LLC and must accompany application.

All information will remain confidential unless your permission is granted, in writing, to release part or parts of it. Please remember that with the internet, your name, address and phone can possibly be located through diligence by a gestational carrier.

☐ Application Fee: \$200.00, Due with Application

Applicant #1's full name: _____

Former name or alias, if any: _____

Applicant #2's full name: _____

Former name or alias, if any: _____

Home address: _____

Home telephone number: (____) _____

Date and place of marriage: _____

Who referred you to us? _____

Are you already working with someone who will be your Surrogate? <input type="checkbox"/> YES <input type="checkbox"/> NO

Are you working with an attorney? ☐ YES ☐ NO

If you have answered yes, please provide the attorney's contact information:

Name: _____

Address: _____

Telephone Number: _____

Email Address: _____

Has your attorney completed any documents for you relating to the assisted reproduction procedures you seek? ☐ YES ☐ NO

If you have answered yes, please provide copies with this application.

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APPLICANT #1 _____

Age and date of birth: _____ Social Security No. _____

Race/Nationality: _____

Weight & Height: _____

Education: _____ Occupation: _____

Employer: _____

How long employed? _____

Mobile number: (_____) _____ Fax number: (_____) _____

E-mail: _____

Annual income: _____

Religious preference: _____

Dates of previous marriages and divorces: _____

Children: (ages and custody status) _____

APPLICANT #2 _____

Age and date of birth: _____ Social Security No. _____

Race/Nationality: _____

Weight & Height: _____

Education: _____ Occupation: _____

Employer: _____

How long employed? _____

Mobile number: (_____) _____ Fax number: (_____) _____

E-mail: _____

Annual income: _____

Religious preference: _____

Dates of previous marriages and divorces: _____

Children: (ages and custody status) _____



Have you had a home study completed? ☐ YES ☐ NO

If you have answered yes, please provide a copy with this application. If you don't have a copy, provide the following information:

Name of Preparer: _____

Date of Home Study: _____

Preparer's Address: _____

Telephone Number of Evaluator: _____ Fax: _____

Medical History

APPLICANT 1: Please list any past or present serious medical conditions, illnesses, or procedures.

Do you have a health condition which impairs your normal daily activity or is likely to significantly reduce your life span or impair your ability to care for a child to adulthood? ☐ YES ☐ NO

Primary Healthcare Provider: _____

Address: _____

Telephone: (_____) _____ Fax number: (_____) _____

APPLICANT 2: Please list any past or present serious medical conditions, illnesses, or procedures.

Do you have a health condition which impairs your normal daily activity or is likely to significantly reduce your life span or impair your ability to care for a child to adulthood? ☐ YES ☐ NO

Primary Healthcare Provider: _____

Address: _____

Telephone: (_____) _____ Fax number: (_____) _____

How long have you been trying to get pregnant or doing IVF? _____



Have either of you ever had psychiatric problems or problems with alcohol or drug abuse? Please explain. _____

Have you applied for a match with a surrogate elsewhere? If so, when and where? What were the results?

Are you using your own genetic material (i.e.: egg, sperm or embryo)?

☐ **APPLICANT 1** ☐ **APPLICANT 2** ☐ **NEITHER**

If you will be using a genetic donor, is it because of medical necessity? If so, please explain?

Are you using: ☐ Donated Eggs ☐ Donated Sperm ☐ Donated Embryos ☐ None of These

If yes, have you already obtained the donated materials? ☐ **YES** ☐ **NO**

Was the donated material from a Native American Indian? ☐ **YES** ☐ **NO**

If you are using a known sperm donor, or a sperm donation agency please answer the following:

Name: _____ Telephone: (_____) _____

Address: _____

If you are using a known egg donor, or an egg donation agency please answer the following:

Name: _____ Telephone: (_____) _____

Address: _____

Which clinic assisted you in retrieving the genetic material? _____

Address: _____

Telephone: (_____) _____ Fax number: (_____) _____

Which clinic stores the genetic material? _____

Address: _____

Telephone: (_____) _____ Fax number: (_____) _____

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Information Regarding the Surrogate You'd Like to Carry Your Child(ren)

Please complete even if using a surrogate known to you.

Heritage you would accept:

- | | | |
|-------------------------------------------|-----------------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Native American | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Alaskan Indian | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> African American | <input type="checkbox"/> Biracial: (please explain) _____ | |

Other: _____

Please List the characteristics you are seeking in a Surrogate/Gestational Carrier:

Please describe the kind of relationship you hope to establish with the Surrogate/Gestational Carrier (before, during, and after, the surrogacy):

Are either of you enrolled or eligible for enrollment in any Indian Tribe? What Tribe?

General Questions

How much are you planning to spend on the surrogacy process?

Why do you wish to use a third-party surrogate to carry your child?



Have you ever been arrested, or do you have any type of criminal record or child abuse?

If yes, please explain:

Are there any other comments or information you would like to add:

- I/we understand and acknowledge that our application fee is non-refundable, and if approved, our application guarantees our being on Surrogacy Choices waiting couples list for a period of two years once a retainer has been provided as described in the cost estimate attachment.
- I/we further understand that surrogacy costs vary from situation to situation, and that upon our being matched with a surrogate and/or child we will be responsible for paying the full costs of that particular situation.
- I/we understand that those funds will be placed in an escrow account which will have separate costs associated with this service. The costs incurred by the agency on behalf of our surrogate will be paid from that account.
- Further, in completing this application, I/we understand that the Agency is not making a commitment that my/our application will be accepted.
- I/we hereby consent to the Agency providing non-identifying medical and social history information to the surrogate/egg donor prior to any meeting with the surrogate/egg donor.
- I/we understand that identifying information will not be released until I/we give specific authorization for such release.
- I/we agree to conducting or having conducted medical, criminal, and psychological evaluations as needed relating to the assisted reproduction procedures in which I/we seek to engage, with any of my/our medical care providers, and with the clinic.
- I/we understand and agree that the surrogate/egg donor will be provided any adverse information regarding these results. The statements and commitments made in this Application are, to the best of my/our knowledge and belief, correct and complete.
- I/we agree to provide additional information supplementing and updating the above answers, if it comes to my/our attention, subsequent to the submission of this Application.



- I/we understand that if I/we knowing provide false information on this Application, it will be grounds for the Agency to refuse to accept us/me into the program or to refuse to continue to work with me/us.
- I/we also agree that all documents and written materials, including pleadings, briefs, and other documents created by Surrogacy Choices, LLC are property of Surrogacy Choices, LLC and as such are not to be disclosed or distributed.

Any application who knowingly or willfully makes a false statement of any material fact or thing in the application may be liable for criminal or civil charges of fraud.

Applicant 1:

Date

Applicant 2:

Date

Please Enclose a Copy of an Official Form of Identification

You may return your materials electronically to:
adaly@adoptionchoicesoftexas.com

You may return your materials by mail to:
Colorado Office
Attn: Surrogacy Choices
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