

A microscopic view of a cell being manipulated with a pipette. The cell is a large, clear sphere containing a smaller, darker sphere with many small, blue, circular structures on its surface. A thin, dark pipette tip is positioned above the cell, with a small amount of liquid being dispensed into it. The background is a soft, blue gradient.

New Life Agency[®] inc.

THE SURROGACY INSURANCE EXPERTS[™]

**IVF CYCLE
COMPLICATION
INSURANCE
COVERAGE[®] PORTFOLIO**

newlifeagency.com

Coverholder at **LLOYD'S**

LIC #OF13013

New Life Agency[®] inc.

THE SURROGACY INSURANCE EXPERTS[™]

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IVF CYCLE COMPLICATION INSURANCE COVERAGE[®] POLICY HIGHLIGHTS

Important information and policy disclaimers that apply to all maternity



IVF CYCLE COMPLICATION INSURANCE COVERAGE[®] - EGG DONOR ONLY

U.S. MEDICAL EXPENSE COVERAGE FOR TREATMENT OF THE OOCYTE DONOR DUE TO MEDICAL COMPLICATIONS RELATED TO THE CYCLE.

IVF CYCLE COMPLICATION - Primary Coverage	PREMIUM	TERM LENGTH (MONTHS)	MAXIMUM BENEFIT AMOUNT	ACCIDENTAL PARALYSIS/ ACCIDENTAL DEATH
\$100K	\$265	4	\$100,000	\$0
BASIC	\$275	4	\$150,000	\$0
BASIC PLUS	\$300	4	\$150,000	\$50K/\$50K
STANDARD	\$325	4	\$250,000	\$100K/\$100K
\$500K	\$550	4	\$500,000	\$100K/\$100K
6 MONTHS TERM				
100K ENHANCED	\$290	6	\$100,000	\$0
BASIC ENHANCED	\$300	6	\$150,000	\$0
BASIC PLUS ENHANCED	\$340	6	\$150,000	\$50K/\$50K
STANDARD ENHANCED	\$375	6	\$250,000	\$100K/\$100K
\$500K ENHANCED	\$650	6	\$500,000	\$100K/\$100K
18 MONTHS TERM				
\$100K	\$700	18	\$100,000	\$0
BASIC	\$725	18	\$150,000	\$0
BASIC PLUS	\$825	18	\$150,000	\$50K/\$50K
STANDARD	\$912.50	18	\$250,000	\$100K/\$100K

Pricing subject to medical underwriting and plan provisions. Prices subject to change. Taxes and fees are charged where applicable. Policy available for Surrogates ages 21-45. All policies underwritten by certain underwriters at Lloyd's of London.

Please see page 8 for the full list of Policy Highlights and the sample policy certificate for complete policy details.

IVF CYCLE COMPLICATIONS INSURANCE COVERAGE® – RECIPIENT ONLY

U.S. MEDICAL EXPENSE COVERAGE FOR TREATMENT OF THE EMBRYO TRANSFER ONLY DUE TO MEDICAL COMPLICATIONS RELATED TO THE CYCLE



IVF CYCLE COMPLICATION - Primary Coverage	PREMIUM	TERM LENGTH (MONTHS)	MAXIMUM BENEFIT AMOUNT	ACCIDENTAL PARALYSIS/ ACCIDENTAL DEATH
\$100K	\$240	4	\$100,000	\$0
BASIC	\$250	4	\$150,000	\$0
BASIC PLUS	\$265	4	\$150,000	\$50K/\$50K
STANDARD	\$300	4	\$250,000	\$100K/\$100K
\$500K	\$500	4	\$500,000	\$100K/\$100K
\$100K ENHANCED	\$270	6	\$100,000	\$0
BASIC ENHANCED	\$280	6	\$150,000	\$0
BASIC PLUS ENHANCED	\$305	6	\$150,000	\$50K/\$50K
STANDARD ENHANCED	\$350	6	\$250,000	\$100K/\$100K
500K ENHANCED	\$600	6	\$500,000	\$100K/\$100K
\$100K	\$370	18	\$100,000	\$0
BASIC	\$390	18	\$150,000	\$0
BASIC PLUS	\$410	18	\$150,000	\$50K/\$50K
STANDARD	\$440	18	\$250,000	\$100K/\$100K

Pricing subject to medical underwriting and plan provisions. Prices subject to change. Taxes and fees are charged where applicable. Policy available for Surrogates ages 21-45. All policies underwritten by certain underwriters at Lloyd's of London.

Please see page 7 for the full list of Policy Highlights and the sample policy certificate for complete policy details.



IVF CYCLE COMPLICATION INSURANCE COVERAGE[®] - EGG DONOR & RECIPIENT

U.S. MEDICAL EXPENSE COVERAGE FOR TREATMENT OF THE OOCYTE DONOR & RECIPIENT DUE TO MEDICAL COMPLICATIONS RELATED TO THE CYCLE.

EGG DONOR & RECIPIENT COVERAGE

IVF CYCLE COMPLICATION - Primary Coverage	PREMIUM	TERM LENGTH (MONTHS)	MAXIMUM BENEFIT AMOUNT	ACCIDENTAL PARALYSIS/ ACCIDENTAL DEATH
STANDARD	\$625	4	\$500,000	\$200K/\$200K
ENHANCED	\$650	6	\$500,000	\$200K/\$200K

LOST WAGES RIDER

COVERAGE THAT HELPS OFFSET LOST WAGES DURING MEDICALLY NECESSARY LEAVE.

LOST WAGES ADDITIONAL RIDER

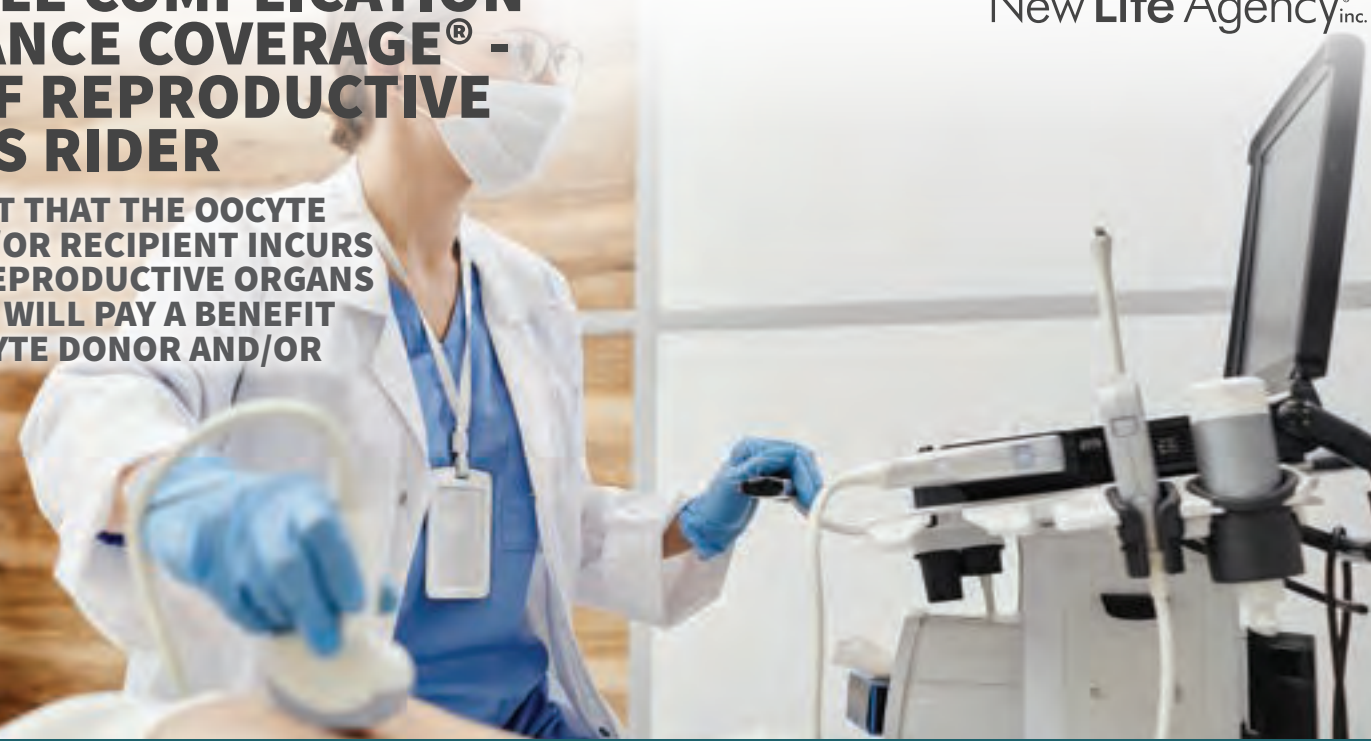
NOT AVAILABLE FOR INTERNATIONAL IVF CYCLE COMPLICATIONS COVERAGE

PREMIUM	TERM LENGTH (MONTHS)	MAXIMUM BENEFIT AMOUNT
\$150	4	\$5,000
\$225	6	\$5,000
\$325	18	\$5,000

Pricing subject to medical underwriting and plan provisions. Prices subject to change. Taxes and fees are charged where applicable. Policy available for Surrogates ages 21-45. All policies underwritten by certain underwriters at Lloyd's of London. Please see page 8 for the full list of Policy Highlights and the sample policy certificate for complete policy details.

IVF CYCLE COMPLICATION INSURANCE COVERAGE® - LOSS OF REPRODUCTIVE ORGANS RIDER

IN THE EVENT THAT THE OOCYTE DONOR AND/OR RECIPIENT INCURS A LOSS OF REPRODUCTIVE ORGANS THIS POLICY WILL PAY A BENEFIT TO THE OOCYTE DONOR AND/OR RECIPIENT.



COVERAGE LEVEL	PREMIUM	TERM LENGTH (MONTHS)	MAXIMUM BENEFIT AMOUNT	
			PARTIAL HYSTERECTOMY OR ONE OVARY OR ONE FALLOPIAN TUBE BENEFIT AMOUNT	TOTAL HYSTERECTOMY OR BOTH OVARY OR BOTH FALLOPIAN TUBE BENEFIT AMOUNT
LEVEL 1	\$150	4	\$3,000	\$6,000
LEVEL 1	\$225	6	\$3,000	\$6,000
LEVEL 1	\$325	18	\$3,000	\$6,000
LEVEL 2	\$200	4	\$5,000	\$10,000
LEVEL 2	\$300	6	\$5,000	\$10,000
LEVEL 2	\$400	18	\$5,000	\$10,000
LEVEL 3	\$250	4	\$7,500	\$15,000
LEVEL 3	\$375	6	\$7,500	\$15,000
LEVEL 3	\$475	18	\$7,500	\$15,000

Pricing subject to medical underwriting and plan provisions. Prices subject to change. Taxes and fees are charged where applicable. Policy available for Surrogates ages 21-45. All policies underwritten by certain underwriters at Lloyd's of London.

Please see page 8 for the full list of Policy Highlights and the sample policy certificate for complete policy details.

IVF CYCLE COMPLICATION INSURANCE COVERAGE[®] - INTERNATIONAL

MEDICAL EXPENSES COVERAGE FOR TREATMENT OF THE OOCYTE DONOR AND/OR RECIPIENT DUE TO MEDICAL COMPLICATIONS RELATED TO THE CYCLE THAT TAKES PLACE OUTSIDE OF THE U.S.

INTERNATIONAL EGG DONOR ONLY - DUAL COVERAGE

COVERAGE LEVEL	PREMIUM	TERM LENGTH (MONTHS)	MAXIMUM BENEFIT AMOUNT	ACCIDENTAL PARALYSIS/ ACCIDENTAL DEATH
\$100K	\$400	4	\$100,000	\$0
BASIC	\$415	4	\$150,000	\$0
BASIC PLUS	\$450	4	\$150,000	\$50K/\$50K
STANDARD	\$490	4	\$250,000	\$100K/\$100K
\$500K	\$825	4	\$500,000	\$100K/\$100K

INTERNATIONAL RECIPIENT ONLY - DUAL COVERAGE

COVERAGE LEVEL	PREMIUM	TERM LENGTH (MONTHS)	MAXIMUM BENEFIT AMOUNT	ACCIDENTAL PARALYSIS/ ACCIDENTAL DEATH
\$100K	\$360	4	\$100,000	\$0
BASIC	\$375	4	\$150,000	\$0
BASIC PLUS	\$400	4	\$150,000	\$50K/\$50K
STANDARD	\$450	4	\$250,000	\$100K/\$100K
\$500K	\$750	4	\$500,000	\$100K/\$100K

Pricing subject to medical underwriting and plan provisions. Prices subject to change. Taxes and fees are charged where applicable. Policy available for Surrogates ages 21-45. All policies underwritten by certain underwriters at Lloyd's of London.

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IVF CYCLE COMPLICATION INSURANCE COVERAGE® POLICY HIGHLIGHTS

New Life Agency^{inc.}

EFFECTIVE DATE	Medication Start Date or Application Date, whichever comes last. Once Injectable medications have started, the Policy is no longer eligible for application.
MAXIMUM LIMITS OF INDEMNITY	This is the maximum aggregate amount of money that will be paid under the policy for Medical Expenses related to complications.
TERMINATION DATE	Please refer to the Policy Certificate for the Policy you are purchasing for full Termination Date clause.
CANCELLATION PROVISIONS	Policy is non-refundable once medications have been taken. A refund will only be given if NEW LIFE AGENCY is notified of the cancellation request: either prior to the reported cycle medication start date, or up to two (2) weeks after the reported cycle medication start date with a signed letter from the treating IVF Clinic confirming no medications were taken.
ADDITIONAL RIDERS	<p>Reproductive Organ Loss rider may be added to:</p> <ul style="list-style-type: none"> • IVF Cycle Complications Contract • IVF Cycle Complications International <p>Lost Wages rider may be added to:</p> <ul style="list-style-type: none"> • IVF Cycle Complications Contract
TRAVEL CONDITION	<p>For IVF CYCLE COMPLICATION INSURANCE COVERAGE*:</p> <ul style="list-style-type: none"> • No air travel within 24 hours of the procedure and no ground transportation travel of over 4 hours within 24 hours of the procedure. <p>For IVF CYCLE COMPLICATION INSURANCE COVERAGE® - INTERNATIONAL:</p> <ul style="list-style-type: none"> • No air travel within 48 hours of the procedure and no ground transportation travel of over 4 hours within 48 hours of the procedure.
EXCLUSIONS	<ul style="list-style-type: none"> • Pre-existing conditions. • Failure to follow a healthcare professionals' direction • Nervous or mental disorders. • Procedures, testing or medical choices solely for the convenience or at the request of the Insured or Oocyte Donor or Recipient or Surrogate. • Any Medical Expenses incurred at Kaiser or Sutter facilities.
APPROVED PROVIDERS	For medical treatment by an Approved Provider, the Policy will pay one hundred percent (100%) of Reasonable and Customary covered Medical Expenses up to the Maximum Limits of Indemnity for covered Medical Expenses.
NON-APPROVED PROVIDERS	For medical treatment by a Non-Approved Provider, the Policy will pay sixty five percent (65%) of covered Medical Expenses or the Reasonable and Customary amount allowed for the services provided, up to the Maximum Limits of Indemnity. The remainder of the Claim will be Co-Insurance.

NEW LIFE AGENCY does not work with or pay claims to Kaiser Permanente Providers and Sutter Providers. If claims are incurred at these facilities, NEW LIFE AGENCY will not be responsible for payment, unless in a Life and Death emergency.