

REST EASY PLAN PRE-BIRTH ONLY



POLICY OVERVIEW



**LOW PREMIUM
ONE-TIME PAYMENT**



**FLEXIBLE COVERAGE WITH
SHORT ELIMINATION PERIOD**



**WEEKLY INDEMNITY
AVAILABLE FROM
\$500 TO \$1600**



**MINIMUM COVERAGE STARTS
AT 12 WEEKS AND
CUSTOMIZABLE TO THE
NEEDS OF SURROGATE**

SINGLETON

**PREMIUM = 12.5% OF WEEKLY BENEFIT
MULTIPLIED BY NUMBER OF WEEKS OF COVERAGE**

Policy will only pay 80% of net loss wages, taking into account other disability benefits and/or policies also in place.

Policy will pay Housekeeping expenses per policy provisions.

Policy will pay Childcare expenses per policy provisions.

Weekly Indemnity Range: \$500 - \$1600

Weeks of Coverage: Minimum 12 weeks / Maximum 32 weeks

EXAMPLE SINGLETON CALCULATION FOR PRE-BIRTH ONLY

Eg: Weekly Indemnity Amount is \$1,200

$$\mathbf{\$1200 \times 0.125 = \$150}$$

\$150	x	20	=	\$3,000
<small>12.5% OF WEEKLY INDEMNITY</small>		<small># OF WEEKS OF COVERAGE</small>		<small>TOTAL PREMIUM DUE</small>

EXAMPLE TWIN CALCULATION FOR PRE-BIRTH ONLY

Eg: Weekly Indemnity Amount is \$1,200

$$\mathbf{\$1200 \times 0.25 = \$300}$$

\$300	x	20	=	\$6,000
<small>25% OF WEEKLY INDEMNITY</small>		<small># OF WEEKS OF COVERAGE</small>		<small>TOTAL PREMIUM DUE</small>

*Pricing subject to medical underwriting and plan provisions. Policy available for Surrogates ages 21- 40. Age exceptions permitted, dependent on medical underwriting. Before purchasing this additional coverage, please check that this is not already provided by US State benefits. Prices subject to change. Taxes and fees where applicable. All policies underwritten by certain underwriters at Lloyd's of London. For a complete list of coverage and exclusions, please refer to the policy certificate. Please contact your Insurance Agent for full policy details.

REST EASY PLAN PRE & POST-BIRTH COVERAGE



POLICY OVERVIEW



**LOW PREMIUM
ONE-TIME PAYMENT**



**FLEXIBLE COVERAGE WITH
SHORT ELIMINATION PERIOD**



**WEEKLY INDEMNITY
AVAILABLE FROM
\$500 TO \$1600**



**MINIMUM COVERAGE STARTS
AT 12 WEEKS AND
CUSTOMIZABLE TO THE
NEEDS OF SURROGATE**

SINGLETON

**PREMIUM = 18% OF WEEKLY BENEFIT
MULTIPLIED BY NUMBER OF WEEKS OF COVERAGE**

Policy will only pay 80% of net loss wages, taking into account other disability benefits and/or policies also in place.

Policy will pay Housekeeping expenses per policy provisions.

Policy will pay Childcare expenses per policy provisions.

Weekly Indemnity Range: \$500 - \$1600

Weeks of Coverage: Minimum 12 weeks / Maximum 32 weeks

EXAMPLE SINGLETON CALCULATION FOR PRE & POST-BIRTH COVERAGE

Eg: Weekly Indemnity Amount is \$1,200

$$\mathbf{\$1200 \times 0.18 = \$216}$$

\$216	x	20	=	\$4,320
<small>18% OF WEEKLY INDEMNITY</small>		<small># OF WEEKS OF COVERAGE</small>		<small>TOTAL PREMIUM DUE</small>

EXAMPLE TWIN CALCULATION FOR PRE & POST-BIRTH COVERAGE

Eg: Weekly Indemnity Amount is \$1,200

$$\mathbf{\$1200 \times 0.36 = \$432}$$

\$432	x	20	=	\$8,640
<small>36% OF WEEKLY INDEMNITY</small>		<small># OF WEEKS OF COVERAGE</small>		<small>TOTAL PREMIUM DUE</small>

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REST EASY POLICY HIGHLIGHTS

MAXIMUM PLAN BENEFIT	This is the maximum aggregate amount of money that will be paid under this policy. Net Lost Wages shall be calculated on a per week basis and shall not exceed 80% of Net Lost Wages OR the limits set forth in the Gestational Carrier Agreement between the Intended Parent(s) and the Surrogate. This Policy will be secondary to any other disability benefits and/or policies.
UNDERWRITING FEE	\$250 underwriting fee is due at time of application. If the policy is denied, fee will not be charged. If applying in conjunction with a maternity policy, only (1) \$250 underwriting fee is due to New Life Agency for all policy applications. \$250 underwriting fee is for standard underwriting timelines.
ELIMINATION PERIOD	Policy shall reimburse the Surrogate up to the limits of indemnity on or after the 8th day of physician ordered bed rest.
TERMINATION DATE	For Pre-Birth only, the termination date of the insurance coverage is the date of termination of pregnancy. For Pre and Post birth coverage, the termination date of the insurance coverage is six (6) months after the termination of the pregnancy. Refer to Policy certificate for complete termination date clauses.
CANCELLATION PROVISIONS	In the event of a miscarriage, up to the 24th week of gestation with no covered expenses incurred (subject to this policy), the Underwriters will provide a refund of 80% of the Premium, less a \$75 service fee. This policy is not refundable and will be considered fully earned at the Surrogate's 24th week and 0 days of gestation.
REQUIRED DOCUMENTATION FOR UNDERWRITING	Application and medical records from all prior pregnancies. Policy cannot be purchased after 19 weeks 6 days gestation.
EXCLUSIONS	<ul style="list-style-type: none"> • Usual consequences of pregnancy and routine maternity. • Nervous or mental disorders. • Pre-existing conditions as stated by medical underwriting. • Procedures, testing or medical choices solely for the convenience or at the request of insured or Intended Parent(s). • In utero fetal surgery or treatment of birth defects in fetus(es). • Any claims resulting from the Surrogate's failure to follow a health care professional's direction. • Any claims for spouse/partner's lost wages
REQUIREMENTS FOR PAID BENEFITS	<ul style="list-style-type: none"> • Physician ordered Bed Rest due to a medical complication, not a routine side effect of pregnancy. • Financial obligation will be in accordance to your Gestational Surrogacy Agreement (GSA). • Childcare expenses are only reimbursable when paid to a third party who is not related by blood or marriage to the Surrogate. • In order to process claims, documentation will be required from the Surrogate. • Housekeeping expenses are only reimbursable when paid to a third party who is not related by blood or marriage to the Surrogate. • Documentation will be required upon any claim notification by the parties involved in order to adjudicate claim.

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