

LOST WAGE REIMBURSEMENT REQUEST FORM

The Stork Escrow Management Connection, Inc.™
TSEMCI

Ph: 914-358-0029 or Toll Free 888-865-7289

Receipts evidencing expenditures must be submitted with form!

Please fax or email completed form to:

Team@tsemci.com

Fax: 914-885-2948

Name of Agency: _____

Name of Surrogate: _____

Name of Intended Parent(s): _____

Date Reimbursement Requested: _____

Name of Person Submitting Request: _____

<p align="center"><u>Date of Lost Wage(s)</u></p> <p><i>Please list the dates of missed work.</i></p>	<p align="center"><u>Number of Hours or Days of Lost Wages</u></p> <p><i>Please list the number of hours per day for which you seek reimbursement and the total number of days being requested</i></p>	<p align="center"><u>Is this Expense related to Embryo Transfer, Bed Rest or a Doctor's Appointment (or other reason)?</u></p> <p><i>Please specify the reason lost wages were incurred</i></p>	<p align="center"><u>Is this Expense Related to Travel?</u></p> <p><i>If Yes, please list the numbers of days travelled and dates of travel.</i></p>	<p align="center"><u>Documentation Provided</u></p> <p><i>All lost wage requests must be supported by bed rest orders (if applicable), and copies of pay stubs as set forth in your Gestational Surrogacy Agreement), please identify what documents are being submitted with this request.</i></p>	<p align="center"><u>Are these Lost Wages being submitted for a third-party like your spouse?</u></p> <p><i>Yes or No</i></p> <p><i>If Yes, Please Identify the Name of your Spouse as Listed on any Pay Stubs</i></p>

<p><u>Date of Lost Wage(s)</u></p> <p><i>Please list the dates of missed work.</i></p>	<p><u>Number of Hours or Days of Lost Wages</u></p> <p><i>Please list the number of hours per day for which you seek reimbursement and the total number of days being requested</i></p>	<p><u>Is this Expense related to Embryo Transfer, Bed Rest or a Doctor's Appointment (or other reason)?</u></p> <p><i>Please specify the reason lost wages were incurred</i></p>	<p><u>Is this Expense Related to Travel?</u></p> <p><i>If Yes, please list the numbers of days travelled and dates of travel.</i></p>	<p><u>Documentation Provided</u></p> <p><i>All lost wage requests must be supported by bed rest orders (if applicable), and copies of pay stubs as set forth in your Gestational Surrogacy Agreement), please identify what documents are being submitted with this request.</i></p>	<p><u>Are these Lost Wages being submitted for a third-party like your spouse?</u></p> <p><i>Yes or No</i></p> <p><i>If Yes, Please Identify the Name of your Spouse as Listed on any Pay Stubs</i></p>