



Johns Hopkins Health System Gestational Surrogacy Program

The Johns Hopkins Health System Corporation (JHHSC) Gestational Surrogacy Program, open to benefits eligible employees, reimburses gestational surrogacy parents up to \$15,000 for eligible expenses associated with the gestational surrogacy.

Gestational surrogacy is an **arrangement in which a person carries and delivers a baby for another person or couple**. The person who carries the baby is the gestational surrogate, or gestational carrier. This benefit is designed to provide expense reimbursement for a JHHS employee who is using the services of a gestational surrogate rather than for those acting as a gestational surrogate for another individual or couple.

Eligibility

To participate in our Gestational Surrogacy Program, you must be a benefits eligible employee (Full-time, Part-time or Limited Part-time) with at least one year of service immediately prior to the initiation of the surrogacy process and remain employed through the birth date of the child.

Plan Details

- Single gestational surrogacy up to a maximum of \$15,000 per family;
- Simultaneous gestational surrogacy of two children up to a maximum of \$30,000 per family;
- Limited to \$15,000 for one gestational surrogacy birth or \$30,000 for simultaneous surrogacy births during any two years;
- You cannot receive reimbursement through the adoption assistance program and the gestational surrogacy program for the same child;
- Requests must be received within 90 days of the birth of the child;
- Reimbursements are paid through payroll.

In accordance with IRS requirements, gestational surrogacy expenses reimbursed by Johns Hopkins Health System Corporation are fully taxable and applicable taxes will be withheld from the reimbursement. The reimbursement will be reflected on your W-2 as ordinary income.

Reimbursable Expenses

The following expenses are reimbursable under JHHSC's Gestational Surrogacy Program:

- Reasonable and customary public and private agency fees permitted or required under the law of the state having jurisdiction over the gestational surrogacy
- Reasonable and customary legal and court fees

Documentation of expenses includes invoices and paid receipts or bank statements of payment made in full.

The following expenses, however, will **not** be eligible for reimbursement under the Plan:

- Medical expenses for the child, natural mother or parents
- Donations
- Costs associated with legal guardianship

JHHSC reserves the right to amend or terminate the gestational surrogacy benefit at any time and for any reason.



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Gestational Surrogacy Program

Expense Reimbursement Request Form

First Name: Click or tap here to enter text.

Last Name: Click or tap here to enter text.

Personnel Number (PERNR): Click or tap here to enter text.

Child's Name: Click or tap here to enter text.

Child Date of Birth: Click or tap to enter a date.

Please provide the reimbursement request details below:

Date	Amount	Detailed Explanation
Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.

Acceptable documentation of the listed expenses must be attached to this form. All approved expenses reimbursed under the Gestational Surrogacy Program are subject to tax withholding.

Employee Signature: _____ Date: Click or tap to enter a date.

For Internal HR Department Use Only

Amount approved: Click or tap here to enter text.

Authorized Signature: _____ Date: Click or tap to enter a date.

Approved amounts should be charged to Wage Type 3150



Gestational Surrogacy Program

Affidavit

I am requesting for certain expenses under the Johns Hopkins Health System Gestational Surrogacy Program in connection with a gestational surrogacy. I understand that the Johns Hopkins Health System has the right to request sufficient written documentation to establish surrogacy. Accordingly, I hereby certify and affirm the accuracy and completeness of the following facts:

1. I entered into a gestational surrogacy contract in accordance with all applicable law governing said contract;
2. I understand that the Johns Hopkins Health System reserves the right to request that I complete additional documents or provide additional substantiation to prove my eligibility for reimbursement of qualifying expenses in connection with a gestational surrogacy and I am willing to provide sufficient written documentation to establish the surrogacy upon reasonable request by the Plan Administrator;
3. I understand that any benefits paid under the Gestational Surrogacy Program are subject to tax withholding;
4. I understand that this information will be held confidential but is subject to disclosure for administrative purposes, as required by law or upon my express written authorization;
5. I understand that any person's eligibility of benefits is subject to auditing by the Johns Hopkins Health System Corporation and its agents for verification purposes; and
6. I understand that if I make a false statement or misrepresentation on this Gestational Surrogacy Program Affidavit, JHHSC reserves the right to take any and all actions necessary to deny benefits or to recover amounts paid for benefits to which a person was not entitled, as well as any expenses or attorney fees incurred by JHHSC in an attempt to recover such amounts and that any false statement on this Affidavit may lead to other disciplinary action, up to and including termination of employment.

Employee Signature: _____ Date: Click or tap to enter a date.

Complete and submit this form to the Human Resources Solution Center at hrsc@jhmi.edu