

Fertility Alternatives, Inc. (F.A., Inc.)

11875 Bridgewood Way

San Diego, CA 92128

858-391-8393

Fertility@san.rr.com

Egg Donor Referral Sheet and Contract

If you are the Referrer, please fill out pages 1-3 and give page 4 to your potential Donor Referral for completion.

You may make copies of page 4 for additional Donor Referrals.

Egg Donor Referrer information

Full Name: _____

Date of birth: _____ SS# _____

Address: _____

Home Phone: _____

Mobile phone: _____

Email address: _____

1. How many cycles have you completed with Fertility Alternatives, Inc.? _____

2. How long have you been listed with Fertility Alternatives, Inc.? _____

3. Are you listed with any other egg donor program, agency or clinic? _____

If yes, with which agencies or clinics? _____

*If you are listed with any other egg donor program, you must rescind your application from all other donor programs to be eligible for incentives.

4. Are you advertising yourself as an egg donor in any publication or website? _____

If yes, where? _____

*If you are advertising yourself as an egg donor independently, you must remove all advertisements or otherwise refer any prospective recipients to Fertility Alternatives, Inc for facilitation to be eligible for incentives.

5. If you have completed one or more cycles with Fertility Alternatives, Inc. (FA, Inc., or the Agency), please explain how you satisfied or dissatisfied you were with the services provided by Fertility Alternatives, Inc. Your honesty is greatly appreciated and important and will not affect your ability to earn incentives from the program. _____

Please list the names, ages, phone numbers, and email addresses of your donor referrals. *They will not be contacted. Your donor referrals will be required to contact the agency for more information and an application. This form simply ties you to your referrals.*

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

I understand that the following rules apply to Fertility Alternatives, Inc. Egg Donor Referral Incentive Program.

- 1. Referrers¹ must be exclusively enrolled with Fertility Alternatives, Inc., Egg Donor Program. Referrers must not be listed with any other agency or clinic program. Referrers may not advertise themselves in any forum with the intent to be an egg donor outside of Fertility Alternatives, Inc. program. Referrers agree to rescind any and all applications or listings with other agencies or donor programs. In addition, all independent advertising of the referrer, in any other forum that does not include Fertility Alternatives, Inc. as its agency of representation.
- 2. All potential Donor Referrals², must contact Fertility Alternatives, Inc. to receive an application. This can be either by phone or from the website. The donor referral must initiate contact with the agency.
- 3. All potential donor referrals, must qualify and be accepted into the program.
- 4. Referrer and the potential Donor Referrals, are required to complete this referral form/contract.
- 5. Financial incentives will only be given after the Donor Referral has been matched, has completed the full egg donor cycle with Fertility Alternatives, Inc, and the Donor Referrer has not been found listed with any other egg donor program or by any advertisement for independent matches .

¹ Referrer is defined as the egg donor that has referred another potential egg donor to the agency.

² Donor Referrals are defined as potential egg donors that have been referred to the agency by the “Referrer”.

6. Former egg donors of Fertility Alternatives, Inc. who have been matched through the program are also qualified for the incentive program, provided all other rules are followed and the donor is no longer available as for any future egg donor matches.

7. Incentives are paid for every cycle the referred donor completes. The donor referral will still receive her full compensation listed with the agency.

The amount received by the Referrer is \$300 per cycle completed by the Referred donor.

I understand that if at any time, I breach the terms of this agreement, that FA, Inc., reserves the right to removed me from the Referral Incentive Program. As a result, I will no longer be entitled to incentives earned by my referrals. This does not however, affect my status as an Egg Donor with F.A., Inc.'s, Egg Donor program.

I understand, that the terms and rules of the Referral Incentive Program is subject to change at anytime, to include the possibility of termination of the program.

I understand that I must keep my contact information current, so that may receive my earned incentive payments. I understand that any incentive payments earned by me will be forfeited back to the agency if, after Six (6) months of reasonable attempts to contact me, have failed.

I understand that financial incentives will not be paid to me, if Donor Referral breaches her Egg Donor Contract between herself and her Recipients, which cannot be remedied in a reasonable amount of time. In addition, I understand that my Donor Referral must complete the medical processes in its entirety, to earn the financial incentives.

I understand that I may withdraw from the Referral Incentive Program and Egg Donor Program at any time provided that decision to withdraw from either, does not breach any other Contract already in effect.

I understand that if I am found to be listed with any other Egg Donor program or to be listed independently, that I will be considered withdrawn from the Incentive Program, until all applications and advertisements elsewhere are rescinded.

As the Referrer, I have read and understand all of the requirements of Fertility Alternatives, Inc.'s Referral Incentive Program. I agree to all the terms and conditions set forth in this referral sheet/contract. I understand that a copy of this sheet/contract will be provided upon my written request.

Egg Donor Referrer's Signature

Date

Full Name Printed

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Please have your Donor Referral complete this form and send with her Egg Donor Application.

Full Name: _____

Date of birth: _____ SS# _____

Who referred you to Fertility Alternatives, Inc. Egg Donor Program?

Name: _____

Home Phone: _____

Mobile phone: _____

Email address: _____

By completing and signing this Referral Sheet, I agree and understand that:

1. I will be required to initiate contact with Fertility Alternatives, Inc. Egg Donor program, in order to start the application process. I will not be contacted by the agency until after I have initiated contact.
2. I must qualify for the Egg Donor Program based on specific criteria discussed in the agency documentation and on the website.
3. I understand that as an Egg Donor accepted into the program, I can qualify for FA, Inc.'s Egg Donor Referral Incentive Program, which provide financial incentives for donors in the program, who choose to work with FA, Inc. exclusively.
4. I understand that full information about the program and the processes of egg donation can be found at www.fertilityalternatives.com/eggdonors or discussed directly with an agent of Fertility Alternatives, Inc. I agree to gather information about the process prior to applying with the program.

Egg Donor Referral Signature

DATE