

Morgan Stanley

Adoption and Surrogacy Assistance Program

Application for Surrogacy Reimbursement

- Complete this form to be reimbursed by the Morgan Stanley Adoption and Surrogacy Assistance Program, including your signature and signature of physician certifying the qualified expenses.
- Attach proof of the surrogacy arrangement and the birth of the child and documentation substantiating your qualified surrogacy expenses (see below).
- For all qualified expenses claimed, attach receipts showing (a) that each payment was made, and (b) the date each payment was made.
- Mail all materials to: Morgan Stanley Adoption and Surrogacy Assistance Program Administrator, c/o Morgan Stanley HR Services, P.O. Box 64079, The Woodlands, TX 77387-4079.
- Keep a copy for your records.
- Remember to contact HR Services (contact information on next page) to enroll your child under your health and insurance plans within 31 days after the child is born. You may also add your child as a beneficiary (you will need your child's Social Security Number and date of birth). You will need to verify that your child is eligible under the plans by providing documentation to verify his or her status. You will receive additional information about this request from HR Services.

EMPLOYEE INFORMATION

Employee's Name

Social Security Number

Employee ID Number

Child Information

Child's Full Name

Date of Birth

Qualified Surrogacy Expenses

Eligible expenses include and are limited to reasonable and necessary medical and pharmacy expenses for the surrogate directly related to conception of the child.

Pretreatment medical screening	\$
Artificial insemination and related services	\$
In-vitro fertilization and related services	\$
Travel, lodging, meals	\$
Total	\$

Eligible and ineligible expenses are described in the *Morgan Stanley Adoption and Surrogacy Assistance Program Summary Plan Description* available on the Benefit Center website.

Note: If you are reimbursed in excess of the approved amount (the lesser of your actual expenses incurred or \$10,000), you must repay the overpayment. You will be contacted by HR Services with applicable details.

Employee Certification

I certify that the above statements are true and that I have paid the attached bills associated with the legal surrogacy arrangement for the conception and birth of my child. I have not been reimbursed through another source for any of the expenses I am claiming here. If I do receive reimbursement from another source or if I am erroneously reimbursed an amount in excess of that to which I am entitled, I agree to reimburse Morgan Stanley fully for any duplication of payment or excess payment amount made to me. I certify that all such expenses were legally incurred.

Employee's Name

Date

Physician Certification

I certify that the above medical expenses are for qualified surrogacy expenses. I understand that qualified medical expenses include: pretreatment medical screenings, artificial insemination, in-vitro fertilization and related expenses.

Physician's Name

Date

Physician's Signature

Physician's Phone Number

Physician's Address

HR Services

HR SERVICES REPRESENTATIVES:

1-877-MSHR-411 (1-877-674-7411) (toll-free)

+1-718-354-1343 (toll, overseas employees)

9 a.m. to 7 p.m. ET, Monday through Friday, except certain U.S. holidays.

Fax: 1-847-554-1553

www.morganstanley.com/benefits

24 hours a day, seven days a week.

Any inconsistency between this communication and the terms of an official plan document will be governed by the plan document. Morgan Stanley and its benefit plans are not responsible for any data errors or processing delays. The plan administrator may correct any errors at any time. The information contained in this document is general in nature, is not individual tax advice and may not be used to avoid any tax or tax penalty. Tax laws are complex and may change, and their application may vary based on the circumstances. Morgan Stanley and its benefit plans do not provide tax or legal advice. You are responsible for consulting your own advisors. The plan administrator may require you to verify your and your dependents' data. Providing false or misleading information may lead to legal or disciplinary action by Morgan Stanley, including employment termination and cancellation of executive compensation. This statement does not guarantee coverage; plan administrators have ultimate authority for determining eligibility. Check your confirmations and statements to ensure that your elections are correctly reflected. Morgan Stanley's benefit plans may be amended or discontinued at any time, including to curtail benefits for some or all covered individuals.