



Health Insurance Review Form

Insured's Full Name:

Insured's DOB:

Insured's Full Address:

Insured's Phone Number:

Insured's Last Four of SSN:

Insured's E-mail:

Insurance Carrier Information

Insurance Carrier Name:

Policy or Member Number:

Carrier Customer Service Phone Number (if known):

Please send us the following documents along with this form.

- 1. A copy of the Insured's insurance ID card (Both Sides)
- 2. A copy of the Insured's Driver's License (Front)
- 3. A copy of the Insured's Health Insurance Benefits Booklet

Is this policy obtained through an employer or group plan? Y/N

Employer's Health Insurance Open Enrollment Date (if known):

If policy is obtained through Spouse's or Parent's employer, please provide the following:

Name: DOB:

Last Four of SSN: DO NOT FILL IN HERE – Call us with this information

Contact Phone Number (as on file with employer):

Employer Name:

Is this policy obtained through a work union or the military? Y/N

If yes, please explain:

Does Insured have a username and password set up to log in to their online account with the above-mentioned carrier? YES _____ NO _____ If Yes, please provide the following:

Username: Password:

If No, does Insured authorize ArcLight to create an online account for them? (This is important to obtain the Insured's benefits package; login information will be given to the Insured once the account is created)

YES _____ NO _____

ArcLight Insurance Agency

Lic. # 0129653 Phone: 310-550-6862 Fax:310-550-6863

submissions@arclightinsurance.com www.arclightinsurance.com

2025



Health Insurance Review Services Agreement

Arclight Insurance Services, Inc. ("Arclight") shall provide the health insurance review services to _____ ("Client") beginning _____ (the "Effective Date"), subject to these Terms and Conditions (the "Agreement"):

1. Arclight shall conduct an insurance review of the Insured's health insurance policy on behalf of Client in an effort to determine if the policy is surrogacy-friendly and if Client's obstetrician and delivery hospital are in-network with such policy (the "Services"). Arclight shall not be required to provide any service to the extent the performance of such service becomes impracticable and shall not be held liable for any delays due to a force majeure event or any event outside of Arclight's control.
2. A fee of \$250 shall be due and payable by Client on the Effective Date for the Services of Arclight and is non-refundable in all cases. The fee for this service will increase to **\$350** each year from November 1st through January 31st.
3. Client represents and warrants that all information provided to Arclight is complete and accurate. Client shall provide, and shall cause the Insured to provide, authorization to Arclight as needed for Arclight to effectively provide the Services hereunder, including providing the necessary written or verbal authorizations to allow Arclight to act on behalf of Client and the Insured in connection with the Services. The Insured shall, upon reasonable request, provide further information and be available for phone calls with the insurance carrier.
4. Client understands and acknowledges that the Services do NOT constitute the offering or provision of an insurance policy. Client specifically acknowledges and agrees that Arclight only identifies and collects information related to existing insurance policies of the Insured. Neither Arclight nor any of its affiliates or authorized delegees represent themselves as insurance providers or in any manner interfere with or participate in the insurance company-Client relationship. All insurance, obstetrician and delivery hospital decisions shall be made by Client and the Insured and neither Arclight, nor any of its affiliates or authorized delegees shall be held responsible for any insurance obtained, or the failure or inadequacy of any insurance coverage to be provided to Client. The selection of an insurance policy, obstetrician or delivery hospital is at the Client's sole discretion, and is not based upon the credentialing or any recommendation by Arclight or any of its affiliates or authorized delegees. Arclight is not responsible for limitations on the effectiveness of the Services or their effect, or lack of effect, on the insurance policy or coverage of Client or the Insured.
5. It is the express intention of the parties that Arclight is an independent contractor and not an employee, agent, joint venturer or partner of Client.
6. Client acknowledges and agrees that Arclight may subcontract with other persons or entities, including entities related to Arclight by ownership or control, to perform any part or all of the Services required of Arclight hereunder. Any such subcontracting by Arclight shall not affect the rights and obligations of the parties hereunder.
7. For purposes of this Agreement, "Confidential Information" means any information, software, material, data or business, financial, operational, customer and other information disclosed to one party by the other, in each case solely to the extent such information is not generally known by or disclosed to the public. Confidential Information shall include, without limitation, the terms of this Agreement. The party receiving Confidential Information shall hold such Confidential Information in strict confidence and shall exercise the same degree of care it uses with respect to its own Confidential Information, and in no event less than a reasonable degree of care.

ArcLight Insurance Agency

Lic. # 0129653

Phone: 310-550-6862

Fax:310-550-6863

submissions@arclightinsurance.com

www.arclightinsurance.com

2025



8. This Agreement contains the entire agreement of the parties and there are no other promises or conditions in any other agreement whether oral or written.

Health Insurance Review Services Agreement

- 9. This Agreement shall be governed by and construed in accordance with the laws of the State of California.
- 10. EXCEPT AS EXPRESSLY SET FORTH IN THIS AGREEMENT, CLIENT ACKNOWLEDGES AND AGREES THE SERVICES PROVIDED AND MATERIALS PRODUCED UNDER THE TERMS OF THIS AGREEMENT ARE PROVIDED TO CLIENT "AS IS," THAT IS, WITHOUT WARRANTY OF ANY KIND, EITHER EXPRESS OR IMPLIED, AND IN PARTICULAR, DOES NOT MAKE ANY IMPLIED WARRANTY OF MERCHANTABILITY OF FITNESS OR FOR A PARTICULAR PURPOSE. ArcLight's liability, including, but not limited to, any of Client's claims of contributions and indemnification related to third party claims arising out of the Services rendered by ArcLight, and for any losses, injury, or damages to persons or properties or work performed arising out or in connection with this Agreement and for any other claim, shall be limited to the payments actually received by ArcLight from Client for the Services rendered to Client hereunder.
- 11. To the fullest extent permitted by law, Client shall indemnify ArcLight and each of its members, managers, officers, employees and agents, and hold each of them harmless, from and against any and all claims, demands, liabilities, damages and expenses arising out of or resulting from any intentional act, gross malfeasance or misfeasance, or negligence (either by act or omission) by Client or anyone for whose acts Client may be liable.

Accordingly, Client and ArcLight hereby sign this Agreement to be effective on Effective Date.

"CLIENT"

"ArcLight"

ARCLIGHT INSURANCE SERVICES, INC.,
a California corporation

By: _____

By:  _____

Name: _____

Name: Page Tofighi

Title: _____

Title: CEO

ArcLight Insurance Agency

Lic. # 0129653

Phone: 310-550-6862

Fax: 310-550-6863

submissions@arclightinsurance.com

www.arclightinsurance.com

2025