CAF SUPPORT FOR FERTILITY AND PREGNANCY

The Cooley's Anemia Foundation (CAF) recognizes that individuals with thalassemia may encounter challenges related to fertility and/or pregnancy, often related to thalassemia or its management or to treatments involving bone marrow/stem cell transplantation or gene therapy. In order to provide assistance to meet these challenges, CAF is offering reimbursement of up to $1,000 for approved expenses related to fertility and pregnancy among U.S. thalassemia patients. At this time, this reimbursement may be provided twice during a patient's lifetime for a total of $2,000. An application for reimbursement may be submitted only once per year between July 1 and June 30.

What expenses are covered

CAF will provide up to $1,000 in reimbursement for expenses for treatments, devices, activities, and projects which are intended to enable an individual with thalassemia to address fertility and/or pregnancy issues.

Examples of expenses which would be considered for reimbursement (of up to $1,000) include but are not limited to:

- Fertility enhancement processes
- Storage of eggs or sperm
- In vitro fertilization
- Surrogacy-related expenses

Again, these are just some examples to give an idea of the scope of treatments that would be considered.

Applicants must provide proof of expenses paid in order to receive reimbursement. In some instances (such as the use of fertility enhancement processes), CAF may request proof of approval (e.g., letter, prescription, etc.) of treatment, device, activity, etc. by a healthcare provider.

Total expense of treatment, device, activity, etc. may total more than $1,000; however, only a maximum of $1,000 will be reimbursed during any one application period. (For example, receipt may indicate that cost of treatment is $3,000. If approved, CAF will reimburse $1,000 of the $3,000 expense.) The reimbursement will not be applied to treatments, etc. fully covered by insurance. (That is, if insurance covers all of a treatment, etc., CAF cannot reimburse for that expense. However, if insurance leaves a portion uncovered, CAF can reimburse up to $1,000 of the uncovered portion.)

CAF will attempt to fund as many applications as possible. Interested individuals should contact Eileen Scott (escott@thalassemia.org) in advance of submitting an application.

Who is eligible

Any U.S. thalassemia patient who meets all of the following requirements is eligible to apply for support under this program.

- Is registered in CAF's patient database
- Is a resident of the United States and has been a resident for a minimum of 2 years
- Has not already received $1,000 in reimbursement under this program for expenses incurred during the one-year period between July 1 and June 30

How to apply

Applicants should first contact CAF Patient Services Manager Eileen Scott (escott@thalassemia.org) to let her know they intend to submit an application. Their email should indicate the amount (estimated if not already expended) to be reimbursed and approximately when they expect to submit their application for reimbursement.

After receiving a response from the Patient Services Manager, individuals should fill out and submit the required application, including any necessary attachments. Attachments include receipts/proof of expenditure; CAF may in some cases request verification that the treatment, device, activity, etc. for which reimbursement is being sought has been approved by an appropriate healthcare provider. Applications may be submitted between July 1 and June 30.

It is CAF's intention to fund all approved requests from eligible patients and will make every effort to do so; however, in the event that requests exceed available funding, CAF reserves the right to regretfully reduce the amount of funds reimbursed to individuals or to deny requests for reimbursement.

Cooley's Anemia Foundation Fertility & Pregnancy Award Application

APPLICATION CHECKLIST

Your application must contain each of the following in order to be considered:

- Completed application form
- Copy of receipt for cost of approval/treatment for which reimbursement is sought

Please note that the date of program/treatment for which reimbursement is sought must fall between July 1, 2026 and June 30, 2027 for reimbursement during this application period.

Return to escott@thalassemia.org or fax to (212) 279-5999 or mail to Cooley's Anemia Foundation, Fertility & Pregnancy Awards, 330 Seventh Ave #200, New York, NY 10001.

COOLEY'S ANEMIA FOUNDATION

2026-2027 FERTILITY & PREGNANCY AWARD APPLICATION

Please print or type the information. Return to escott@thalassemia.org or fax to (212) 279-5999 or mail to Cooley's Anemia Foundation, 50+ Awards, 330 Seventh Ave #200, New York, NY 10001.

Name of Applicant: _____

Address: _____

City: _____ State:_____ Zip code:_____

Telephone number: _____

Email: _____

Please indicate thalassemia diagnosis: _____

Are you a resident of the United States? _____ Yes ____ No

What is your age? _____

Please tell us below about the program/treatment for which you are seeking reimbursement.

What is the cost of the program/treatment for which you are seeking reimbursement (please note that CAF can only reimburse up to $1,000) _____

(Please be sure to include copy of receipt with application)

Applicant's Signature: _____

Date: _____