

# NORCAL Mutual Insurance Company Community Involvement Fund

*A program which provides NORCAL and its employees  
opportunities to increase  
their investment in the community.*

## Purpose

NORCAL Mutual Insurance Company's Community Involvement Fund (CIF) provides a direct way for the Company and its employees to support those tax-exempt, non-profit organizations that offer assistance to the local community. Through this program, NORCAL hopes to demonstrate a sense of responsible corporate citizenship and encourage its employees to participate in their local community.

Through the Community Involvement Fund, the company and its employees can provide monetary assistance through four separate methods. Funding for the program will consist of \$10 dollars for each NORCAL policyholder.

## Employee Contributions

Eligible employees who volunteer their time at an eligible organization may request a contribution to the organization of \$500 for every fifteen (15) hours volunteered in a calendar year, up to a maximum of \$2,000 per employee, per calendar year.

## Matching Contributions

Eligible employees who make personal, cash contributions to eligible organizations may request NORCAL make dollar-for-dollar matching contributions to the eligible organizations of up to \$3,000 per employee, per calendar year.

## United Way Contributions

NORCAL will make a dollar-for-dollar matching contribution to the annual United Way Campaign for every dollar contributed by employees.

## Corporate-Directed Contributions

NORCAL Mutual Insurance Company will make contributions to organizations associated with health care services and health care education. This fund will be comprised of contributions made at the request and approval of the Executive Management Committee. The NORCAP Council will also participate in determining where funds will be directed under this category of contributions.

## Eligibility

Employees and organizations must meet the following criteria to request or receive contributions under this program:

### Employees

All full-time and part-time employees are eligible to request contributions after completing six (6) months of continuous service.

Employees requesting contributions under the Employee Volunteer Program must demonstrate having actively volunteered a minimum of fifteen (15) hours of their **own** time while employed at NORCAL. Volunteer involvement may include a wide range of activities, such as working directly with an agency's client, providing technical or management assistance, providing "manpower" for special events and fund-raisers, etc. Employees may be involved in one or any combination of activities.

### Organizations

Organizations must provide assistance within the broad classification of social services, including but not limited to, health, education, human resources, environment, and arts and culture.

Organizations must be bona-fide, public purpose organizations considered tax-exempt as defined by the Internal Revenue Code §501(c)(3).

Organizations must be located in and serving the Greater San Francisco Bay Area, the Greater Los Angeles Area, Greater Providence, Rhode Island Area, or the Greater Anchorage, Alaska Area. The only exception to the territorial limitations will be those funds directed by the NORCAP Council.

*Contributions will not be considered for projects by individuals, political purposes, tickets for dinners or other special events, requests for sponsorship or courtesy advertising.*

## Application Procedures

Employees must complete the request form, provide the required documentation and submit both the form and documentation to Human Resources for processing.

Human Resources will review the request and documentation and upon approval, will issue a check for the approved amount **directly to the organization**. In no case will a check be made payable to an employee.

**Community Involvement Fund  
EMPLOYEE VOLUNTEER CONTRIBUTION**

**Part 1**

*To be completed by employee—Please type or Print*

Employee Name: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_

Contact at Organization: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please describe your involvement with this organization including why you got involved with this organization:

\_\_\_\_\_  
\_\_\_\_\_

Indicate the dates and number of hours you volunteered your personal time to this organization:

Date: \_\_\_\_\_ Number of Hours: \_\_\_\_\_ Date: \_\_\_\_\_ Number of Hours: \_\_\_\_\_

Date: \_\_\_\_\_ Number of Hours: \_\_\_\_\_ Date: \_\_\_\_\_ Number of Hours: \_\_\_\_\_

Date: \_\_\_\_\_ Number of Hours: \_\_\_\_\_ Date: \_\_\_\_\_ Number of Hours: \_\_\_\_\_

Total hours for each month:

Month of: \_\_\_\_\_ Total Hours: \_\_\_\_\_

Month of: \_\_\_\_\_ Total Hours: \_\_\_\_\_

Month of: \_\_\_\_\_ Total Hours: \_\_\_\_\_

**Part 2**

*To be completed by director or official of the organization indicated in Part 1*

I hereby confirm that the organization indicated in Part 1 has qualified for federal tax exemption under the U.S. Internal Revenue Code §501(c)(3) and that the dates, number of hours and total monthly hours indicated in Part 1 is true and correct

\_\_\_\_\_  
Print Name Signature Date

IRS Tax-Exempt Number: \_\_\_\_\_

This number is required for approval

**Part 3**

*To be completed by Human Resources*

I certify that the employee, organization and information contained herein is accurate, complete and meets the eligibility criteria for the NORCAL Mutual Insurance Company – Community Involvement Fund (CIF).

Check Payable to: \_\_\_\_\_

Name of Organization (as indicated in Part 1) \_\_\_\_\_

Amount of Check: \_\_\_\_\_

For Finance Use Only	
Department:	HR
Project Code:	EVC9
Account #:	78030

\_\_\_\_\_  
Vice President, Human Resources

\_\_\_\_\_  
Date

**Community Involvement Fund  
MATCHING CONTRIBUTION**

**Part 1**

*To be completed by employee—Please type or Print*

Employee Name: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_

Contact at Organization: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Amount of Employee Contribution: \$ \_\_\_\_\_ Date of Employee Contribution: \_\_\_\_\_

Proof of contribution (canceled check, receipt, etc.) must be attached

**Part 2**

*To be completed by director or official of the organization indicated in Part 1*

I hereby confirm that the organization indicated in Part 1 has qualified for federal tax exemption under the U.S. Internal Revenue Code §501(c)(3) and that the employee of NORCAL Mutual Insurance Company has contributed the amount indicated to this organization.

\_\_\_\_\_  
Print Name Signature Date

IRS Tax-Exempt Number: \_\_\_\_\_  
This number is required for approval

**Part 3**

*To be completed by Human Resources*

I certify that the employee, organization and information contained herein is accurate, complete and meets the eligibility criteria for the NORCAL Mutual Insurance Company – Community Involvement Fund (CIF).

Check Payable to:

\_\_\_\_\_  
Name of Organization (as indicated in Part 1)

Amount of Check: \_\_\_\_\_

For Finance Use Only	
Department:	HR
Project Code:	MAT9
Account #:	78030

\_\_\_\_\_  
Vice President, Human Resources

\_\_\_\_\_  
Date

**RETURN FORM TO:**

John McClain  
NORCAL Mutual Insurance Company  
560 Davis Street  
San Francisco, CA 94111