

The Matching Gift Plan encourages support of private and higher education. The program is administered by Human Resources and funded by OneBeacon's Charitable Trust. Matching gifts are made on a dollar for dollar basis (maximum \$1,500) for donations of \$25 or more made by active employees. Gifts are matched on a calendar year basis, meaning that all requests must be submitted for consideration by February 1<sup>st</sup>.

## Who Can Participate

All active full-time and part-time employees of OneBeacon. Gifts from spouses or surviving spouses are not eligible.

# **Eligible Organizations**

Nonprofit organizations located in the United States or one of its possessions and recognized by the Internal Revenue Service as tax-exempt and designated a public charity under Section 501(c)(3) of the IRS Code.

Eligible organizations include: private secondary school, public or private junior college, university, or graduate or professional school located in the United States or its possessions.

The school's admission policy must meet the requirement of IRS section 501(c)(3) status, i.e., the school must agree to adhere to a policy of non-discrimination (Revenue Procedure 75-50) In addition, the school must be accredited by an independent accrediting body.

OneBeacon also matches tax-deductible gifts to alumni funds or foundations benefiting an eligible institution.

# What Contributions are Eligible?

- Must be a personal gift, from the donor's personal funds, which has been paid and not simply pledged and must be made directly to approved organization.
- The minimum gift eligible for matching is \$25. For gifts of installments, each installment must be submitted on a separate form and meet the \$25 minimum gift requirement.
- The maximum amount matched per donor per calendar year is \$1,500. If the donor makes several contributions, gifts will be matched in the order received, up to the maximum annual donor limit for the calendar year.
- The donor's limit is based on the date of the gift.
- Gifts must be in the form of check or credit card.
- You may be asked to provide proof of your contribution in the form of a cancelled check, bank statement, or credit card statement.

## What is Not Eligible for Matching

OneBeacon matches only general scholastic contributions. OneBeacon does not match:

- Payments for tuition, benefits, athletic programs, sports tickets, admission, dues, purchase of goods, and similar activities
- Pledges, gifts of real estate, and other material goods
- Subscription, membership or any other fees for which benefits are received
- Dues to alumni(ae) or similar groups
- Gifts or payments for primarily political or religious purposes
- Insurance premiums
- Bequests or life income trust arrangements
- Gifts of real or personal property
- Cumulative gifts from several individuals reported as one contribution

## How the Program Works

Matching gifts requests can be submitted via the Internet through an online web-based process or by paper.

By Internet:

Alternatively to this paper-based process, Matching Gifts requests can be submitted electronically via a paperless process at <u>www.easymatch.com/onebeacon</u>. The web-based process is not only a faster and easier process, but you can also find program related information such as Guidelines, FAQs, Your *(up to date)* Personal Giving History and Search for Charitable Organizations.

## By U.S. Mail:

The employee should:

- Complete Part I of the *original* application form.
- Mail the *original* application form, with the donation and any other necessary documentation, to the organization of your choice that meets the criteria listed in the guidelines. Faxed copies will not be accepted. The matching grant to be provided by OneBeacon will be designated for unrestricted support.

The institution should:

- Complete Part II of the *original* application form.
- The authorized officer of the charity must verify the donation, sign the application form and return the *original* application form to the OneBeacon Matching Gifts Plan, P.O. Box 8739, Princeton, NJ 08543- 8739.

Eligible requests are processed and matched to organizations on the following quarterly schedule.

Received By:	3/1	6/1	9/1	12/1
Processed By:	3/31	6/30	9/30	12/31

Match requests must be registered by February 1st. Matching Gifts requested received after that date will not be honored. All gifts must be verified by the recipient organizations prior to being matched.

For more information, please contact the Matching Gifts Plan via email at <u>onebeacon@easymatch.com</u> or by phone at 1-866-619-3895.

## Administrative Conditions

The Matching Gift Plan is intended to match contributions from your personal assets. Verify on the Request for Matching Gift Form that your donation has been funded by your personal assets, and were not provided to you by a third party for the purpose of obtaining a OneBeacon match. Violations of this policy may result in disciplinary action, up to and including termination.

OneBeacon reserves the right to change or terminate the Matching Gift Plan without notice. The policies and procedures described above are not conditions of employment nor are they intended to create or constitute a contract between OneBeacon and any one or all of its employees.

Organizations approved in the past may not qualify for the OneBeacon Matching Gift Plan in subsequent years if new information is received regarding the loss of their tax status or change in their mission or their programs that indicate the organization now falls outside of the OneBeacon Matching Gift Plan guidelines. However, absent such new information, previously approved organizations are likely to be approval. If you have any questions or concerns, prior to making your initial contribution, please contact the Matching Gifts Plan via email at <u>onebeacon@easymatch.com</u> or by phone at 1-866-619-3895.



## PART I – DONOR SECTION

**EMPLOYEE SOCIAL SECURITY NUMBER** 

**Instructions:** Complete Part I of this form – one for each gift. *Please print or type.* Send the form and a copy of the program guidelines with your contribution to the institution.

## PART II - INSTITUTION SECTION

**Instructions:** Verify receipt of gift. Complete Part II of this form. *Please print or type.* If this is your first matching gift request to the OneBeacon Matching Gifts Plan, please enclose a copy of your Internal Revenue Service 501(c)(3) IRS determination letter and a brief description of your organization's primary mission statement or purpose. Forms must be returned by recipient institution no later than February 1st of the year that the gift is received. Forward form to the address printed below.

## **EMPLOYER IDENTIFICATION NUMBER (EIN)**

Employee Name	NAME OF INSTITUTION         ADDRESS         CITY/STATE/ZIP         TELEPHONE, INCLUDING AREA CODE    FAX, INCLUDING AREA CODE		
Home Address			
CITY/STATE/ZIP			
BUSINESS TELEPHONE, INCLUDING AREA CODE			
E-MAIL ADDRESS	E-MAIL WEBSITE ADDRESSES (IF ANY)		
Exact Date of Gift	DATE GIFT RECEIVED		
\$\$	\$	\$	
AMOUNT OF GIFT (MIN \$25) AMOUNT TO BE MATCHED (MIN \$25)	AMOUNT OF GIFT	TAX DEDUCTIBLE GIFT AMOUNT	
TYPE OF GIFT			
Check/Credit Card	I hereby certify that:		
	<ul> <li>Both OneBeacon's and the employee's gift will be used for the same purpose. Neither gift will be used for athletic programs or facilities, tuition, dues, subscription fees, or church-related financial</li> </ul>		
	commitments		
IF SECURITIES, NUMBER OF SHARES AND NAME OF SECURITY	<ul> <li>No goods or services will be provided to OneBeacon or any of its</li> </ul>		
	associates as a result	5	
NAME OF ORGANIZATION	<ul> <li>That this organization is in full compliance with the anti-terrorism laws legislated by the USA Patriot Act. In addition, by</li> </ul>		
		latching Gift Application, I agree that this	
ORGANIZATION CITY, STATE	organization will not promote or engage in violence, terrorism,		
		ction of any state, nor will it make sub-grants	
RESTRICTION OR PURPOSE (IF ANY)	<ul><li>to any entity that engages in these activities.</li><li>That I am authorized to attest to the above statements and have</li></ul>		
	sufficient knowledge	to do so.	
	<ul> <li>I have read and under Matching Cifts Plan</li> </ul>	erstood the guidelines of the OneBeacon	
I authorize the recipient to apply to OneBeacon for a matching	Matching Gifts Plan.		
contribution and confirm that the gift listed was made in the amount and form stated. I certify that this donation conforms to the			
requirements of the program, and that the funds for this donation are	AUTHORIZED OFFICER'S NA	AME (PLEASE PRINT)	
coming from my personal resources, and have not been supplied to me			
by any other party for the purpose of making this contribution.	TITLE (PLEASE PRINT)		
EMPLOYEE'S SIGNATURE DATE	SIGNATURE OF AUTHORIZE	D OFFICER DATE	
*Incomplete forms will delay processing.			
	* Incomp	lete forms will delay processing.	
	MAIL COMPLETED F	ORM AND REQUIRED ENCLOSURES TO:	
	OneBeacon Matching		
	P.O. Box 8739		
	Princeton N1 08543-8	1730	

**Phone:** 

*E-mail: Web Site:* 

1-866-619-3895

onebeacon@easymatch.com

www.easymatch.com/onebeacon