

Employee Matching Gifts Program Form

OVERVIEW

Wellmark Blue Cross and Blue Shield is committed to supporting the communities in which we live and work. Through its Matching Gifts Program, Wellmark will match personal contributions for eligible employees to qualified, nonprofit organizations. The Matching Gifts Program is designed to encourage employee support for charitable organizations that enhance both personal and corporate priorities throughout Iowa and South Dakota.

INSTRUCTIONS

To have your personal gift of \$25 or more matched, complete Part 1: Employee Application. Please only include one gift per form. Mail the completed form with your contribution to the community organization. The organization will verify receipt, complete Part II and return the completed form to Wellmark to request a matching gift.

ADDITIONAL INFORMATION

- Matching gifts will be paid on a quarterly basis. Cut-off dates: February 1, May 1, August 1, November 1
- Matching gift requests must be submitted by the cut-off dates above to qualify for corporate matching gift.
- Matching gift Pay-out dates: March 1, June 1, September 1, December 1
- Gifts of securities are valued based on the average of the high and low value on the date the gift transfers to the organization and will be verified.
- The donor's gift may be unrestricted or designated for a specific use by the donor.
- Any corporate matching gifts from Wellmark under this program will be unrestricted and will be donated to the organization's general operating fund.
- Eligible Wellmark employees may contribute to as many organizations as desired within the maximum gift limitation.

ELIGIBLE PROGRAM PARTICIPANTS

All regular benefit-eligible staff of Wellmark may request a matching gift. Wellmark will match each dollar donated to qualifying organizations with a ratio of 1:1 up to a \$5,000 maximum match amount per employee per calendar year.

ELIGIBLE CONTRIBUTIONS

- Gifts must be personal contributions (not pledges) made directly to eligible organizations in cash, check, credit card, or marketable securities having a quoted market value. Gifts of securities are valued based on the average of the high and low value on the date the gift transfers to the organization and will be verified.
- Each gift must be a minimum of \$25 in order to be matched. For gifts made in installments, each installment must be submitted on a separate form, and each installment must meet the \$25 minimum gift requirement.
- The maximum amount matched per donor per calendar year is \$5,000. If the donor makes contributions to several organizations, gifts will be matched in the order received, up to the maximum limit for the calendar year.

ORGANIZATION ELIGIBILITY

Recipient organizations must meet all five requirements:

1. Be physically located or have a local chapter within the state boundaries of Iowa or South Dakota,
2. Be recognized as tax-exempt under Section 501(c)(3) of the U.S. Internal Revenue Code,
3. Must not be a "private foundation" or a "private operating foundation" as defined under Section 509(a),
4. Must be eligible to receive tax-deductible gifts under Section 170(c) of the U.S. Internal Revenue Code,
5. Must include a copy of their tax determination with the matching gift request.

INELIGIBLE ORGANIZATIONS AND CONTRIBUTIONS

- Organizations without IRS 501(c)(3) tax-exempt status
- Organizations outside Iowa or South Dakota (without a local chapter or affiliate)
- Gifts made directly to federal campaigns, trade organizations, churches, political (i.e., political action committees, political campaigns), veteran, fraternal, social or religious organizations, or organizations that further religious causes
- Church-sponsored youth programs or athletic programs for youth
- Municipalities
- Organizations that discriminate on the basis of race, gender, religion, national origin, ancestry, marital status, veteran status, culture, age, physical disability or sexual orientation
- Organizations that might in any way pose a conflict with Wellmark's corporate values or that Wellmark deems inappropriate for a corporate matching gift
- Group gifts consisting of contributions from several individuals (i.e., pooled funds raised through sponsorship of a health-related fundraising event such as a walkathon or race). Only the employee's personal contribution would qualify.
- Bequests in wills or deferred gifts
- Gifts made by spouses or surviving spouses of employees
- Gifts made by Community Trusts or similar organizations
- Gifts designated to athletic programs, alumni associations, athletic scholarships, community sports, sororities, and fraternities
- Gifts entitling the donor to some personal benefit (e.g., payment for tickets for athletic, cultural, or fundraising events; subscription fees; services; membership fees; auction items; publications; etc.). This includes the difference between what was paid for the item and the actual value of the item.
- Contributions pledged but not yet paid
- Gifts directed for use of a specific individual, tuition payments, or payments in lieu of tuition or other student fees
- Gifts-in-kind, real estate, or personal property except marketable securities

Although intended as a continuing program, Wellmark Blue Cross and Blue Shield reserves the right to determine whether any gift will be matched. The administration, interpretation, and application for this program are determined solely by Wellmark. The company also reserves the right to alter, suspend, or terminate the Matching Gifts Program at any time without notice. Questions about the Matching Gifts Program should be directed to Community Relations at 515-245-4500 or via e-mail to matchinggiftsprogram@wellmark.com.

EMPLOYEE MATCHING GIFTS PROGRAM - REQUEST PROCESS

For a gift to be matched, employees must complete Part I and send it with their personal gift to the organization to which they are contributing. This form must be submitted to the organization by the employee at the time the gift is made. The recipient organization must complete Part II and return it to Wellmark before the final cut-off date (Nov. 1) of that year in order to request matching funds. Any matching gift requests received after November 1 will either be denied for that year or will be held over and applied to the available matching dollars for that employee for the next calendar year. Once approved, Wellmark will send a matching gift check directly to the eligible organization according to the quarterly payout schedule. It is the employee's responsibility to submit any and all forms to the recipient organization, and any incomplete forms will be returned to the employee.

PART I - EMPLOYEE APPLICATION - TO BE COMPLETED BY EMPLOYEE

Please type or print clearly. One gift per form. After completing and signing, please mail this form to the recipient nonprofit organization to complete the Nonprofit Gift Verification section.

Print Name _____

IA # _____

E-mail _____

Phone Number _____

Home address _____

City, State, Zip _____

I am applying for the following Matching Gift to: Organization _____

I have made a personal charitable contribution in the amount of \$ _____ (cash/check or stock value) to the organization named above and request Wellmark match \$ _____ of this contribution.

I certify that I have read the program guidelines and have made an eligible gift. I also understand that my personal gift will be used for the direct benefit of the organization as an outright gift with no benefit or item of value either tangible or intangible returned to me.

Signature _____ Date _____

PART 2 - NONPROFIT GIFT VERIFICATION - TO BE COMPLETED BY RECIPIENT ORGANIZATION

Please type or print clearly. If this is your first matching gift request to the Wellmark Matching Gifts Program 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. Forward the completed form to the address printed below.

Employer Identification Number (EIN) _____

Organization Name _____

Address _____

City, State, Zip _____

Telephone Number _____

Fax Number _____

E-mail _____

Website Address _____

Exact Date of Gift _____

Gift Amount: \$ _____ Tax Deductible Gift Amount Received: \$ _____

I certify that the above-indicated gift has been received and it will be used to support the primary objectives of this organization, which is classified as a tax-exempt organization under section 501(c)(3) of the U.S. Internal Revenue Code. I also certify that (a) this organization's mission and operations are broad and non-discriminatory or its activities address social needs or benefit underserved groups and communities; (b) this is an eligible organization under the stated program guidelines; (c) the gift meets all requirements listed in the Guidelines; (d) neither Wellmark Blue Cross and Blue Shield nor the Wellmark employee donor received any goods or services as defined in the relevant IRS rules and regulations.

Name _____

Title _____

Signature _____ Date _____

Return Form to:
Wellmark Blue Cross and Blue Shield
Matching Gifts Program
Station 111
P.O. Box 9232
Des Moines, IA 50306-9232
Ph: 515-245-4862

