



Employee Grant-Matching Policy for Hiscox Foundation USA, Inc.

The Hiscox Foundation USA, Inc. (the “Organization”) is a private foundation originally created in 2007, which is associated with Hiscox Insurance Company, Inc., and its affiliates (“Hiscox”). Through its keystone program, Hiscox Gives, the Organization supports charities chosen by local employees for offices across the affiliated Hiscox entities (“Employees”) and aims to raise awareness and encourage volunteering among the Employees.

The Organization makes grants to tax-exempt, public charities (“Recipients”) to which the Employees have donated and for which the Employees have requested matching donations. Such Recipients may be screened by the Organization’s staff prior to making any matching donations to ensure that they are eligible to receive such funds, pursuant to the procedures laid out in this Employee Grant-Matching Policy (“Policy”).

Eligibility: Employee and Grant Recipient

- (a) **Employee Eligibility.** The Organization will match contributions made by full-time Employees, defined as those who work a minimum of 37.5 hours a week, who have been employed with the organization for a minimum of six months, and are not on disciplinary or extended performance probation.
- (b) **Recipient Eligibility.**
- i. Eligible recipients are tax-exempt public charities, exempt from federal income tax under Internal Revenue Code (“IRC”) § 501(a) and (c)(3), not a private foundation under IRC § 509(a), and eligible to receive donations eligible to be tax-deductible donations under IRC § 170(c).
 - ii. To receive a matching grant from the Organization, a request shall be made by the employee via a short application.
 - iii. The Organization shall not make any restrictions on eligible Recipients based on the beliefs or values espoused by the Recipient, unless the Recipient is involved in or advocates for illegal activity, violence, or direct and intentional physical or emotional harm to another person or group of persons. For example, a Recipient espousing any and all of the following beliefs are eligible to receive donations from the Organization: pro-life, pro-choice, religious beliefs of any kind (other

than those advocating for the illegal consumption of narcotic substances), advancement of the LGBTQ community, or the importance of the traditional family.

- (c) The Organization reserves the right to deny any request for matching donations made by the Employees for any reason.

Grant-Matching Limits

- (a) The Organization will match donations from Employees generally at a \$1:\$1 ratio. Non-cash donations by Employees shall not be matched.
- (b) The Organization will also match the Employees' time spent volunteering for the Recipient at a ratio of \$25 dollars per hour.
- (c) Up to once every six months per Employee, the Organization will "top off" a donation of at least \$10 where the Organization will match the donation by providing \$100 to the Recipient. For example, if an Employee donates \$10 to an eligible Recipient and requests that the Organization match such donation, then the Organization will donate \$100 rather than simply matching the \$10 donation.
- (d) Outside of the up to twice yearly donation "top off," the Organization will not match any cash donations less than \$100 nor match time spent volunteering for less than four hours. Multiple periods of volunteering may be accumulated for this purpose.
- (e) The Organization will match a maximum of \$2,000 per year per Employee. The donations can be any combination of cash (or cash-equivalents such as credit cards, checks, etc.) and volunteering.
- (f) The ability of the Organization to match the donations of the Employees is directly limited by the remaining funds available for such donations.

General Grant-Matching Process

The following process must be adhered to for the matching grant to be made by the Organization:

- (a) First, the Employee shall donate to or volunteer for the Recipient.
- (b) Second, Employee shall complete the attached Grant-Matching Request form including providing proof that the donation (of money or time) was made and submit such request to the Organization.
- (c) Third, the Organization shall conduct a preliminary review of the Recipient to ensure that it is an eligible Recipient pursuant to this policy.

- (d) Lastly, assuming the Recipient is eligible and there are remaining funds available, the organization will issue all matching grant payments on a bi-weekly schedule.

Rejection of or Inability to Complete the Grant-Match

- (a) In addition to the situations described above, there may be other circumstances that cause the Organization to reject matching grant requests or be unable to complete the matching grant. If this should occur, then the Organization shall inform the Employee of the same and provide a reason or reasons as to the rejection or inability. Reasons for rejection of matching grant request or inability to complete the matching grant include, but are not limited to, the following:
- i. Recipient is not an appropriate organization authorized under law to operate.
 - ii. Recipient is not a tax-exempt public charity.
 - iii. Recipient has had its tax-exempt status revoked and has not been reinstated.
 - iv. Recipient could not be located due to lack of accurate or sufficient information being provided by the Employee.
- (b) If a matching grant request is rejected or the matching grant cannot be made, the Employee shall have no recourse against the Organization to recover its donations or to obligate the Organization in any way to make the matching grant or further attempt to make the matching grant.

**HISCOX FOUNDATION USA, INC.
GRANT-MATCHING REQUEST FORM**

TO BE COMPLETED BY EMPLOYEE, PLEASE TYPE OR PRINT IN INK.

Employee Number

Employee Name – First

Middle Initial

Last

Street Address

City

State/Zip Code

E-mail

Division/Work Location

Recipient Name (must be legal name)

Address

Brief Description of Recipient's Purposes

Amount to be Matched

\$

Employee Must attach some form of proof that the donation was made to the recipient. For example: electronic payment receipt, confirmation from the recipient of payment, etc.

I certify that the information submitted is correct and that my request fully complies with the provisions of the Grant-Matching Policy.

Employee Signature

Date Signed

Date of Gift