

**AMENDMENT**

**POLICYHOLDER:** Wilmington Trust National Association

**GROUP:** The Mosaic Company

**ACCOUNT/GROUP NUMBER:** 04662A

**EFFECTIVE DATE OF THIS AMENDMENT:** January 1, 2026

**ISSUE DATE OF THIS AMENDMENT:** November 4, 2025

As of the Effective Date of this Amendment, the Policy specified above is amended by the provisions shown below:

As of the effective date of this Amendment, CN005 is NULL and VOID and is replaced with CN006.

As of the effective date of this Amendment, CR7MN005-1 is NULL and VOID and is replaced with CR7MN006-1.

The following pages attached to this Amendment are added to the policy:

GP-POL20

GP-POL39

CIGNA HEALTH AND LIFE INSURANCE COMPANY



*Alicia M. Morrow, ESQ, Corporate Secretary*



*Andrew Pinto, Registrar*

ACCEPTED BY:

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Group Representative

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Title

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Date

THE INSURANCE SCHEDULE (Continued)

<u>GROUP POLICY(IES)</u>		<u>MEMBER CLASS</u>	
<u>Certificate Number</u>	<u>Policy(ies)</u>	<u>Eligible Members</u>	<u>Effective Date</u>
CN006	Medical Benefits (OPEN ACCESS PLUS) Emergency Medical Evacuation And Repatriation Benefits Vision Benefits Dental Benefits	Each Member as reported by class to the Insurance Company by the Group	01/01/2026

THE INSURANCE SCHEDULE (Continued)

The Certificate may include Certificate Riders which are identified by Rider Numbers. These Certificate Riders are listed below.

<u>Certificate Rider Number</u>	<u>Certificate Number</u>
CR7MN006-1	CN006
ETALLM26A	

## PREMIUMS

**PREMIUM PAYMENT.** The first premium will be due on the Effective Date. After that, premium will be due monthly unless the Group and the Insurance Company agree on some other method of premium payment. The Group and the Insurance Company may agree to change the method of premium payment from time to time. Premiums are payable in US dollars at the Home Office of the Insurance Company or to an authorized agent of the Insurance Company.

**PREMIUM DUE DATE.** After the Effective Date, the Premium Due Date will be the first of the month. The Anniversary Date will be 12 months from when the Policy becomes effective. If the Group and the Insurance Company agree that premiums will be paid on a quarterly, semiannual or annual basis, the Premium Due Date will be at the appropriate regular interval, quarterly, semiannually or annually. Premiums must be received at the Home Office or by an authorized agent of the Insurance Company on the Premium Due Date or the Policy will be cancelled except as set forth in the Grace Period.

**MONTHLY STATEMENT DATE.** If premiums are to be paid monthly, the Monthly Statement Date will be the same as the Premium Due Date. If premiums are to be paid on a quarterly, semiannual or annual basis, the Monthly Statement Date will be the day in each month with the same number as the Premium Due Date.

**MONTHLY PREMIUM STATEMENT.** If premiums are due monthly, a Monthly Premium Statement will be prepared as of the Premium Due Date. This Monthly Premium Statement will show the premium due. If premiums are due quarterly, semiannually or annually, a Monthly Premium Statement will be prepared as of the Monthly Statement Date for the time from the Monthly Statement Date to the next Premium Due Date. This Monthly Statement will reflect any pro rata premium charges and credits due to changes in the number of insured persons and changes in insurance amounts that took place in the preceding month.

**SIMPLIFIED ACCOUNTING.** To simplify the accounting process, premium adjustments will be made on the Monthly Statement Date that is the same as or next follows the date that:

- A person becomes insured.
- The amount of insurance on a person changes, but not due to a revision of The Schedule.
- A person ceases to be insured.

**PREMIUM RATE FOR MEDICAL EXPENSE INSURANCE.** The monthly premium rate for Medical Expense Insurance is determined by written agreement between the Group and Cigna Health and Life Insurance Company.

**MEDICAL EXPENSE INSURANCE PREMIUM.** The monthly premium for Medical Expense Insurance will be calculated as follows:

- Multiply the number of subscribing Members insured on the Premium Due Date in each rate class by the premium rate in effect on that date for that class.
- Add the results.

**PREMIUM RATE FOR EMERGENCY MEDICAL EVACUATION AND REPATRIATION INSURANCE.** The monthly premium rate for Evacuation Insurance is determined by written agreement between the Group and the Insurance Company.

**EMERGENCY MEDICAL EVACUATION AND REPATRIATION INSURANCE PREMIUM.** The monthly premium for Emergency Medical Evacuation and Repatriation Insurance will be calculated as follows:

- Multiply the number of subscribing Members insured on the Premium Due Date in each rate class by the premium rate in effect on that date for that class.
- Add the results.

**PREMIUM RATE FOR DENTAL INSURANCE.** The monthly premium rate for Dental Insurance is determined by written agreement between the Group and the Insurance Company.

**DENTAL INSURANCE PREMIUM.** The monthly premium for Dental Insurance will be calculated as follows:

- Multiply the number of subscribing Members insured on the Premium Due Date in each rate class by the premium rate in effect on that date for that class.
- Add the results.

**CHANGE IN METHOD OF PREMIUM PAYMENT.** If premiums are to be paid other than monthly, the method of calculation is the same. However, the rate for each class is first changed to quarterly, semiannual or annual rates by multiplying them by 2.9852, 5.9557 or 11.8227, respectively. All results are taken to the nearer cent. If the Group and the Insurance Company agree to a change in the method of premium payment or to a change in the Anniversary Date, a pro rata adjustment will be made in the premium due.

**CHANGES IN PREMIUM RATES.** Any premium rate may be changed by the Insurance Company from time to time with at least 60 days advance written notice. No such change will be made until 12 months after the Effective Date. An increase will not be made more often than once in a 12-month period. If an increase in premium rates takes place on a date that is not a Premium Due Date, a pro rata premium will be due on the date of the increase. The pro rata premium will apply for the increase from the date of the increase to the next Premium Due Date. If a decrease in premium rates takes place on a date that is not a Premium Due Date, a pro rata credit will be granted. The pro rata credit will apply for the decrease from the date of the decrease to the next Premium Due Date.

The Insurance Company may change rates immediately if, following the latter of the effective date or renewal date, the enrolled population either increases or decreases by 15% or more.

The Insurance Company may change rates immediately if, following the latter of the effective date or renewal date:

- if the Group fails to provide sufficient information, as required by the Insurance Company to confirm adequacy of premiums currently being paid; or
- any reinsurance obtained by the Insurance Company in connection with underwriting or renewal of the Policy is terminated for any reason, or if its cost increases by 15% or more, or the Insurance Company's retention increases by 15% or more.

As of any Anniversary Date after the Policy has been in force for 12 months, the Insurance Company may grant a credit in such amount as it may determine, based on experience. The experience under this Policy may be combined with the experience under other contracts issued by the Insurance Company or its affiliates and covering the Group or its Members.

The Insurance Company may change rates immediately if, in its opinion, its liability is altered by any change in state or federal law or by a revision in the insurance under the Policy. Any such change in rates will take effect on the effective date of the change in law or change in the insurance.

**PREMIUM EXCLUSIVE OF INDIRECT TAXES.** All fees charged by the Insurance Company are exclusive of any applicable indirect taxes which are the liability of the Group including but not limited to value-added tax, goods and services tax, sales or use tax, or other similar taxes. If Insurance Company determines it is required to collect and remit any such taxes on the Group's behalf, Insurance Company will include such charges in the manner and at the rate prescribed by law.

Experience for Pooled Coverage under this Policy may be combined with the experience for coverage which is deemed pooled under other group insurance policies providing similar insurance issued by the Insurance Company.

**POOLED COVERAGE.** Pooled Coverage means any Medical Benefits paid for a person in a calendar year while this coverage is in force after a certain level of benefits have already been paid in that year for him.