

Dependent Verification



The Mosaic Company verifies newly added dependents enrolled in Mosaic's benefit plans (medical, dental, vision, life, etc.) to confirm that they have met the eligibility guidelines.

As a reminder, eligible dependents are defined in your benefits summary as:

- Your legal Spouse
- Your Qualified Domestic Partner
- Your Child* up to **age 26**,
- Your Disabled Child* age 26 and older, who is primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability.

** For purposes of The Mosaic Company health plans, a child is defined as your natural biological child; stepchild or domestic partner child; legally adopted child or child placed with you, your spouse or domestic partner for adoption; a child for whom you, your spouse or domestic partner has been appointed the legal guardian; a child for whom you, your spouse or domestic partner is a foster parent authorized by a placement agency or court; or a child for whom you are required to provide health insurance by a Qualified Medical Child Support Order.*

Important Note: You, your spouse or domestic partner and your children can be covered only once under any Mosaic plan. This applies to situations where an employee and spouse or partner are both employed by Mosaic, where both parents of a child are employed by Mosaic, or where a spouse and parent is employed by Mosaic.

A detailed list of documents required to prove eligibility of your dependent(s) can be found below.

REQUIRED DOCUMENTS

All required documents **MUST** contain the date (including year), employee name, and dependent's name. Personal information such as account numbers and financial information may be marked out for confidential purposes.

FOR SPOUSE:

- A copy of your marriage certificate

FOR QUALIFYING DOMESTIC PARTNER:

- A copy of a newly completed Domestic Partnership Affidavit (copy available for download on the benefits.mosaicco.com website)
- **AND three (3) of the following documents, documents required in both names; no more than one per bullet):**
 - A copy of a jointly held checking, savings or brokerage account statement dated within the last 60 days
 - A copy of a jointly held credit account statement dated within the last 60 days
 - Proof of designation for both employee and partner as a beneficiary under a retirement plan (Provide both confirmations of beneficiary elections - Employee plan showing partner as beneficiary and partner's plan showing employee as beneficiary)



- Proof of designation for both employee and partner as a beneficiary under a life insurance policy (Provide both confirmations of beneficiary elections - Employee plan showing partner as beneficiary and partner's plan showing employee as beneficiary)
- Proof of designation for both employee and partner as a beneficiary under a will (Provide both confirmations of beneficiary elections - Employee plan showing partner as beneficiary and partner's plan showing employee as beneficiary)
- For your principal residence, a copy of your joint mortgage statement dated within the past 60 days or a copy of your current joint lease
- Copies of yours and your partner's executed health care or durable power of attorney, each appointing the other as attorney-in-fact.

FOR REGISTERED DOMESTIC PARTNER

- A copy of your Certificate of Domestic Partnership as filed with the state, county or city in which you reside

FOR CHILD UP TO AGE 26:

- A copy of the child's birth certificate/hospital birth record or adoption certificate naming you, your verified spouse or your verified domestic partner as the child's parent, **OR**
- A copy of the court order naming you, your verified spouse or your verified domestic partner as the child's legal guardian.

FOR DISABLED CHILD OVER AGE 26:

- A copy of the child's birth certificate/hospital birth record or adoption certificate naming you, your verified spouse or your verified domestic partner as the child's parent or a copy of the court order naming you, your verified spouse or your verified domestic partner as the child's legal guardian
- **AND** a copy of the Social Security Administration Certification of Disability confirming disability or a completed Cigna Physician Form for Handicapped/Disabled Dependent and Cigna Questionnaire

For a stepchild or partner's child, you must also provide documentation of your current relationship to the child's parent as requested above.

To complete the verification process for eligible dependents, simply follow these steps:

- Collect copies of **documents** for each enrolled dependent.
- Submit copies of all **required documents** to The Mosaic Company's Benefit Department.
- For faster processing, scan and email the required documents to HRConnect.Benefits@mosaicco.com. If email is unavailable to you, documents may be mailed to The Mosaic Company, Attention Benefits Department, 13830 Circa Crossing Drive, Lithia FL 33547.