



The Mosaic Company
HR Connect
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Lithia, FL 33547
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HRConnect@mosaicco.com

DOMESTIC PARTNERSHIP AFFIDAVIT

Name of Employee _____

Employee ID Number _____

Employee Daytime Phone Number _____

Employee Home Phone Number _____

Employee Email _____

Name of Domestic Partner _____

The undersigned Employee and Domestic Partner, being of sound mind, having been duly sworn under law, hereby state the following:

1. That we share a single permanent residence, and have done so continuously for the past 12 months.
2. That we are financially interdependent in at least three of the following ways. In addition to this affidavit, please submit the supporting documents for at least 3 items below:
 - a. We jointly own one or more bank accounts (Please black out all balance information)
 - b. We are jointly obligated by one or more credit accounts (other than, or in addition to, a mortgage). (Please black out all balance information)
 - c. Our principal residence is jointly owned or jointly leased.
 - d. Either or both of us has designated the other as the principal 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)
 - e. Either or both of us has designated the other as the principal 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)
 - f. Each of us has designated the other as primary beneficiary under a will. (Provide copies of both Employee's and Partner's Will)
 - g. Each of us has executed a health care or durable power of attorney (POA), appointing the other as attorney-in-fact. (Provide copies of both Employee's and Partner's Will)

- h. If you have registered with a State, County and or City for a Civil Union, you may supply a copy of your Civil Union government document in lieu of the 3 documents above.
- 3. We are not related by blood in any degree which would prevent marriage to each other in our state of residence.
- 4. Neither of us is married to any other person, is a party to a civil union with any other person, or has any other domestic partner.
- 5. We are both at least 18 years of age, and have the legal capacity to lawfully execute this Affidavit.
- 6. I have logged into Workday and added my Partner onto my account and elected coverage. This coverage will pend in the system until I have submitted this affidavit along with the supporting documentation.

Each of us represents that the statements made herein are true and correct to our personal knowledge. We understand that these statements are given for the purpose of establishing our eligibility under Mosaic's Health and Welfare Insurance Plan(s), and understand that any misrepresentation, whether or not made with intent to deceive, may result in the ineligibility of the Domestic Partner for coverage under such plan(s), and in the voiding of such coverage. We understand that the Domestic Partner's continuing eligibility is subject to his or her continuing to meet the requirements specified in the applicable policy(ies) and agree to notify Mosaic within 30 days if any of these requirements are no longer met. We understand that the plan(s), and any insurance company issuing any policy in connection with such plan(s), may require us to reaffirm all statements made in this affidavit periodically or when a claim is submitted, and to provide supporting evidence if requested. In the event any coverage is voided due to any misrepresentation herein, the plan(s)' and the insurance company(ies)' liability shall be limited to a return of any premiums or other contributions paid on behalf of the Domestic Partner for any period of ineligibility.

Date _____ Employee _____

Date _____ Domestic Partner _____

VERIFICATION

County of _____ :

State of _____ :

Sworn and subscribed before me this _____ day of _____, 20_____.

Notary Public (Seal)