### ATTACHING TO AND FORMING PART OF: 701941882

### ISSUED TO: Rudes Robert Edward

It is hereby declared and agreed that with effect from the Effective Date shown on the Declaration Page attached to the Evidence of Insurance, and continuing for the below mentioned time period, beginning on the Effective Date, any and all charges, expenses or claims related directly or indirectly to the following shall be excluded from this insurance, unless such charges, expenses or claims are directly attributable to and resulting from a covered accident:

Rider Condition	Time Period of Rider
Hyperglycemia/Hypoglycemia, any treatment of, operation, diagnostic	
procedure or any other conditions related to hyperglycemia/hypoglycemia, and any complications thereof.	

All other terms, clauses, conditions, provisions, restrictions and exclusions remain unchanged.

### (NAME OF MEMBER)

#### x\_\_\_\_\_ (SIGNATURE OF MEMBER, GUARDIAN OR PROXY)

DATE (Mo./Day/Yr.)

# **AZIMUTH RISK SOLUTIONS**

### ATTACHING TO AND FORMING PART OF: 701941882

### ISSUED TO: Rudes Robert Edward

It is hereby declared and agreed that with effect from the Effective Date shown on the Declaration Page attached to the Evidence of Insurance, and continuing for the below mentioned time period, beginning on the Effective Date, any and all charges, expenses or claims related directly or indirectly to the following shall be excluded from this insurance, unless such charges, expenses or claims are directly attributable to and resulting from a covered accident:

Rider Condition	Time Period of Rider
Anxiety/Depression, any condition, disease,	
disorder, treatment of, operation, diagnostic	
procedure or any other conditions related to	48 months
anxiety/depression, or mental nervous	
disorder and any complications thereof.	

All other terms, clauses, conditions, provisions, restrictions and exclusions remain unchanged.

#### (NAME OF MEMBER)

#### x\_\_\_\_\_ (SIGNATURE OF MEMBER, GUARDIAN OR PROXY)

DATE (Mo./Day/Yr.)

## **AZIMUTH RISK SOLUTIONS**

### ATTACHING TO AND FORMING PART OF: 701941882

### **ISSUED TO: Rudes Melanie Herchold**

It is hereby declared and agreed that with effect from the Effective Date shown on the Declaration Page attached to the Evidence of Insurance, and continuing for the below mentioned time period, beginning on the Effective Date, any and all charges, expenses or claims related directly or indirectly to the following shall be excluded from this insurance, unless such charges, expenses or claims are directly attributable to and resulting from a covered accident:

Rider Condition	Time Period of Rider
Thyroid, any disease or disorder of the thyroid gland, including any operation or treatment for and other complications thereof including metastases.	48 months

All other terms, clauses, conditions, provisions, restrictions and exclusions remain unchanged.

### (NAME OF MEMBER)

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(SIGNATURE OF MEMBER, GUARDIAN OR PROXY)

DATE (Mo./Day/Yr.)

## **AZIMUTH RISK SOLUTIONS**

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### ATTACHING TO AND FORMING PART OF: 701941882

#### ISSUED TO: Rudes Melanie Herchold

It is hereby declared and agreed that with effect from the Effective Date shown on the Declaration Page attached to the Evidence of Insurance, and continuing for the below mentioned time period, beginning on the Effective Date, any and all charges, expenses or claims related directly or indirectly to the following shall be excluded from this insurance, unless such charges, expenses or claims are directly attributable to and resulting from a covered accident:

Rider Condition	Time Period of Rider
Cholesterol, Atherosclerosis, any treatment of, operation, diagnostic procedure or any other conditions related to elevated cholesterol, chest pain, heart attack, stroke, and plaque deposits, and any complications thereof.	60 months

All other terms, clauses, conditions, provisions, restrictions and exclusions remain unchanged.

### (NAME OF MEMBER)

X\_

## (SIGNATURE OF MEMBER, GUARDIAN OR PROXY)

DATE (Mo./Day/Yr.)

## **AZIMUTH RISK SOLUTIONS**

