ATTACHING TO AND FORMING PART OF: ARS-03-0013564

ISSUED TO: Guercio Francis Gerard

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
Arthritis, any disease or disorder of the spine, joints, including operations or treatment for or complications thereof.	

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

(NAME OF MEMBER)

Х

(SIGNATURE OF MEMBER, GUARDIAN OR PROXY)

DATE (Mo./Day/Yr.)

AZIMUTH RISK SOLUTIONS, LLC.

ATTACHING TO AND FORMING PART OF: ARS-03-0013564

ISSUED TO: Guercio Francis Gerard

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
Pancreas, any disease or disorder of the pancreas, including any treatment or operations for or complications thereof.	10 11

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

(NAME OF MEMBER)

Χ_

(SIGNATURE OF MEMBER, GUARDIAN OR PROXY)

DATE (Mo./Day/Yr.)

AZIMUTH RISK SOLUTIONS, LLC.

х

ATTACHING TO AND FORMING PART OF: ARS-03-0013564

ISSUED TO: Guercio Francis Gerard

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
Glaucoma, including blindness or	
impairment of vision, and any treatment or	48 months
operation for or complications thereof.	

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

(NAME OF MEMBER)

Χ_

(SIGNATURE OF MEMBER, GUARDIAN OR PROXY)

DATE (Mo./Day/Yr.)

AZIMUTH RISK SOLUTIONS, LLC.

х

ATTACHING TO AND FORMING PART OF: ARS-03-0013564

ISSUED TO: Guercio Diane Rosen

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
Hyperparathyroidism, any disease or disorder of the parathyroid glands, including any operation or treatment for and other complications thereof including metastases.	36 months

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

(NAME OF MEMBER)

Х

(SIGNATURE OF MEMBER, GUARDIAN OR PROXY)

DATE (Mo./Day/Yr.)

AZIMUTH RISK SOLUTIONS, LLC.