ATTACHING TO AND FORMING PART OF: ARS-03-0019743

ISSUED TO: Dines Alan James

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
Hypertension, any treatment of, operation, diagnostic procedure or any other conditions	
related to hypertension, high blood pressure, circulatory, and any complications thereof.	40 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.)



ATTACHING TO AND FORMING PART OF: ARS-03-0019743

ISSUED TO: Dines Alan James

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
Diabetes, any treatment of, operation, diagnostic procedure or any other conditions related to diabetes, and any complications thereof.	Permanent

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.)



ATTACHING TO AND FORMING PART OF: ARS-03-0019743

ISSUED TO: Dines Linda Marilyn

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
Breast(s), any disease or disorder of the breast(s), including metastases, and any operation or treatment for or 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.)



ATTACHING TO AND FORMING PART OF: ARS-03-0019743

ISSUED TO: Dines Linda Marilyn

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
Asthma, including any diagnostic evaluation or treatment for or complications thereof.	36 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.)

