Rider No. 1

ATTACHING TO AND FORMING PART OF: 802051730

ISSUED TO: Smith Ronald 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
Skin, any disease or disorder of the skin of subcutaneous tissues, including any operation or treatment for or 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

Χ	
Carlos M. Robinson	
President	

Rider No. 2

ATTACHING TO AND FORMING PART OF: 802051730

ISSUED TO: Smith Ronald 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
Gallbladder, any disease or disorder of the gallbladder or bilary ducts, including any treatment or operation 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.)

AZIMUTH RISK SOLUTIONS

Χ	
Carlos M. Robinson	
President	

Rider No. 3

ATTACHING TO AND FORMING PART OF: 802051730

ISSUED TO: Smith Ronald 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
Liver, any disease or disorder of the liver, including any treatment or operation for or complications thereof.	(0 (1

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

(NAME OF MEMBER)

X	
(SIGNATURE OF MEMBER,	DATE (Ma /Day/N/n)
GUARDIAN OR PROXY)	DATE (Mo./Day/Yr.)

AZIMUTH RISK SOLUTIONS

Χ	
Carlos M. Robinson	
President	

Rider No. 1

ATTACHING TO AND FORMING PART OF: 802051730

ISSUED TO: Smith Sua Thach

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
Liver, any disease or disorder of the liver, including any treatment or operation for or 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



Rider No. 2

ATTACHING TO AND FORMING PART OF: 802051730

ISSUED TO: Smith Sua Thach

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.	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

Χ	
Carlos M. Robinson	
President	

Rider No. 3

ATTACHING TO AND FORMING PART OF: 802051730

ISSUED TO: Smith Sua Thach

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
Kidney, any disease or disorder of the kidney, including any treatment or operation for or complications thereof.	

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

(NAME OF MEMBER)	
x	
(SIGNATURE OF MEMBER,	DATE (Mo./Day/Yr.)

AZIMUTH RISK SOLUTIONS



Rider No. 4

ATTACHING TO AND FORMING PART OF: 802051730

ISSUED TO: Smith Sua Thach

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
Reproductive System, any disease or	
disorder of the reproductive system, and	
any operation or treatment for, including	60 months
workup for infertility, or complications	
thereof.	

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

(NAME OF MEMBER)

X	
(SIGNATURE OF MEMBER,	DATE (Ma /Day/Va)
GUARDIAN OR PROXY)	DATE (Mo./Day/Yr.)

AZIMUTH RISK SOLUTIONS

Χ		
Carlos M. Robinson		
President		

Rider No. 1

ATTACHING TO AND FORMING PART OF: 802051730

ISSUED TO: Smith Joanna Thach

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
Microtia of left ear, including treatment or operation for complications thereof	any or	Permanent

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

(NAME OF MEMBER)	
X	
(SIGNATURE OF MEMBER,	DATE (Mo./Day/Yr.)

AZIMUTH RISK SOLUTIONS



Carlos M. Robinson President