## Rider No. 1

## ATTACHING TO AND FORMING PART OF: ARS-04-0016525

## ISSUED TO: Reilley Timothy Earl

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
Ulcerative Colitis, any disease or disorder of	
the colon or rectum, including malignancy,	1 36 months
and 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, LLC.**

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Carlos M. Robinson President

## Rider No. 1

### ATTACHING TO AND FORMING PART OF: ARS-04-0016525

ISSUED TO: Benbrook Reilley Kathleen A

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.	36 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, LLC.**

Carlos M. Robinson President