

Rider No. 1

ATTACHING TO AND FORMING PART OF: 691802111292

ISSUED TO: Sauder Paula M

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
Celiac disease, 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

X

Carlos M. Robinson
President