

FAMILY MEMBER includes your or your *Traveling Companion's* child, son/daughter-in-law, parent(s), sibling(s), grandparent(s), grandchild, step-brother/sister, step-parent(s), parent(s)-in-law, brother/sister-in-law, aunt, uncle, niece, nephew, guardian, *Domestic Partner*, foster child, or ward.

FINANCIAL INSOLVENCY means the total cessation or complete suspension of operations due to insolvency, with or without the filing of a bankruptcy petition, or the total cessation or complete suspension of operations following the filing of a bankruptcy petition, whether voluntary or involuntary, by a tour operator, cruise line, airline, rental car company, hotel, condominium, railroad, motor coach company, or other supplier of travel services which is duly licensed in the state(s) of operation.

INJURY means bodily harm caused by an *Accident* which: 1) occurs while your coverage is in effect under the plan; and 2) requires examination and treatment by a *Physician*.

INSURED means an *Eligible Person* who arranges a *Covered Trip*, and pays any required premium.

OTHER VALID AND COLLECTIBLE GROUP INSURANCE means any group policy or contract which provides for payment of medical expenses incurred because of *Physician*, nurse, dental or Hospital care or treatment; or the performance of surgery or administration of anesthesia. The policy or contract providing such benefits includes group or blanket insurance policies; service plan contracts; employee benefit plans; or any plan arranged through an employer, labor union, employee benefit association or trustee; or any group plan created or administered by the federal or a state or local government or its agencies. In the event any other group plan provides for benefits in the form of services in lieu of monetary payment, the usual and customary value of each service rendered will be considered a Covered Expense.

PAYMENTS OR DEPOSITS means the cash, check, or credit card amounts paid for your *Covered Trip*.

PHYSICIAN means a person licensed as a medical doctor by the jurisdiction in which he/she is resident to practice the healing arts. He/she must be practicing within the scope of his/her license for the service or treatment given and may not be you, a *Traveling Companion*, or a *Family Member*.

SCHEDULED DEPARTURE CITY means the city where the scheduled *Trip* on which you are to participate originates.

SCHEDULED DEPARTURE DATE means the date on which you are originally scheduled to leave on your *Covered Trip*.

SCHEDULED RETURN DATE means the date on which you are originally scheduled to return to the point where the *Covered Trip* started or to a different final destination.

SICKNESS means an illness or disease of the body, which requires examination and treatment by a *Physician*, and commences while the plan, is in effect.

TRAVELING COMPANION means up to 3 persons whose name(s) appear(s) with you on the same *Covered Trip* arrangement and who, during the *Covered Trip*, will accompany you.

WHERE TO PRESENT A CLAIM

All claims should be presented to the Program Administrator:

Air Travel Protection Plan
P.O. Box 19093,
Greenville, SC
29602-9093
1-866-496-5251
1-866-800-9671 (fax)

If you must cancel your *Trip* or you are unable to proceed with your travel plans because of one of the covered reasons, **contact your travel agent as soon as you know you cannot travel, but no later than the business day following the cause of cancellation, since any additional penalties that you may incur by waiting are not covered.** Our maximum liability is the amount or portion indicated in your *Trip* contract that is non-refundable at the time of the cause of cancellation or on the next business day. Also, call our Program Administrator who will instruct you on how to file a claim.

NOTE: Payment, reimbursement and amounts shown throughout this plan are in U.S. dollars. If currency conversion is necessary, we will use the exchange rate on the date the last service was rendered to you. This insurance will not pay for any interest.

CLAIMS AND GENERAL PROVISIONS

Concealment or Fraud We do not provide coverage if you have intentionally concealed or misrepresented any material fact or circumstance relating to the coverage.

Notice of Claim We must be given written notice of claim within 60 days after a covered loss occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible. Notice may be given to us or to our authorized agent. Notice should include the claimant's name and enough information to identify him or her.

Proof of Loss Written proof of loss must be sent to us within 90 days after the date the loss occurs. We will not reduce or deny a claim if it was not reasonably possible to give us written proof of loss within the time allowed. In any event, you must give us written proof of loss within twelve (12) months after the date the loss occurs unless you are legally incapacitated.

Our Right to Recover From Others We have the right to recover any payments we have made from anyone who may be responsible for the loss. You and anyone else we insure must sign any papers and do whatever is necessary to transfer this right to us.

Legal Actions No legal action may be brought to recover on the plan within 60 days after written proof of loss has been given. No such action will be brought after three years from the time written proof of loss is required to be given. If a time limit of the plan is less than allowed by the laws of the State where you live, the limit is extended to meet the minimum time allowed by such law.

Maximum Limit of Coverage The Maximum Benefit Amount for each claim is listed in the Schedule, subject to the individual benefit amount and the company's Maximum Limit of Liability. The total limit of our liability for any one covered event, in which two or more persons submit a claim, is subject to the individual benefit amount and the company's Maximum Limit of Liability. In the event of multiple claims by you for one event, the available funds will be distributed in order of notice of claim by each insured subject to the above limitations.

Payment of Claims Claims for benefits provided by the plan will be paid as soon as written proof is received.

Benefits for loss of life will be paid to your estate, or if no estate, to your beneficiary. All other benefits are paid directly to you, unless otherwise directed. Any accrued benefits unpaid at your death will be paid to your estate,

or if no estate, to your beneficiary. If you have assigned your benefits, we will honor the assignment if a signed copy has been filed with us. We are not responsible for the validity of any assignment.

DESCRIPTION OF WORLDWIDE 24-HOUR EMERGENCY ASSISTANCE SERVICES (PROVIDED BY ASSURED ASSISTANCE INC.)

Assistance services for Air Travel Protection Plan are provided by Assured Assistance Inc. Assured Assistance Inc. is a multilingual worldwide emergency medical assistance company that acts on behalf of RBC U.S. Insurance Services Inc., for your benefit. The professionals at Assured Assistance Inc. are available 24 hours a day, 7 days a week in the event of an emergency, or in the event you need assistance with any of the following:

Medical Services

- In-house multilingual coordinators, registered nurses and physicians
- Referrals to generalists, specialist and paramedical personnel
- Help arrange referral to a medical specialist
- Monitoring of the care you receive
- Medical supply arrangements
- Validation and clarification of medical coverage
- Liaison between you and the insurance company regarding your coverage

Transportation Services

- Assistance in arranging special emergency medical transportation such as an air ambulance or commercial evacuation arrangements to the nearest suitable facility, if requested by your treating physician
- Ground ambulance services
- Arrange for accompaniment by qualified medical or nursing attendants, if advised by your treating physician
- Travel arrangements and escorts for unattended minor children
- Travel arrangements for family required at a patient's bedside
- Return transportation of traveling companion
- Arrange additional accommodation and travel bookings in an emergency
- Visa arrangements for emergency evacuations
- Arrange for the transportation of your mortal remains in the event of your death
- Assistance with lost tickets and luggage
- Arrange the return of your vehicle in an emergency

Personal and Legal Services

- 24-hour access: toll-free in North America, and collect from anywhere in the world
- Multilingual worldwide emergency assistance
- Retention and transmission of urgent messages either by email or by telephone
- Emergency interpretation services
- Assistance with lost travel documents
- Assistance with replacement of lost or stolen medication
- Assistance with cancelling lost credit cards
- Assistance with arranging emergency cash advances
- Legal referrals
- Bail bond transfers
- Coordinate financial arrangements with other insurance providers, on your behalf.

NOTE: We and our agents, Assured Assistance Inc. and their agents, are not responsible for the availability, quality or results of any medical treatment or of any transportation or of your failure to obtain medical treatment.

TRAVEL INSURANCE IS UNDERWRITTEN BY:

Stonebridge Casualty Insurance Company, Columbus, Ohio; NAIC # 10952 (all states except as otherwise noted) under Policy/Certificate Form series TAHCS000 ,TAHC6000, TAH7000 and TAHCS201. In CA, CT, HI, NE, NH, PA, TN and TX Policy/Certificate Form series TAHCS100 and TAHCS200. In IL, IN, KS, LA, OR, OH, VT, WA and WY Policy Form #s TAHCS100IPS and TAHCS200IPS.

Note: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. If you are a resident of one of the following states (AK, AR, CA, CO, DE, DC, FL, ID, IN, KY, LA, ME, MN, NH, NJ, NM, NY, OH, OK, PA, TN, UT, VA, WA), please request the state specific warnings by calling 1-866-774-2430

Administered by RBC U.S. Insurance Services Inc. ♦

♦Doing business as:

RBC U.S. Insurance Agency Services Inc. in MI

RBC Liberty Insurance Services, Inc. in CA

Assistance services provided by RBC U.S. Insurance Services Inc. through Assured Assistance Inc.

Notice: If you are a resident of one of the following states: IL, IN, KS, LA, OR, OH, VT, WA, and WY please call 1-866-774-2430 obtain your Individual Policy.

TRAVEL PROTECTION PLAN

(Client Identification Number)

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LL#10024836.

VPS57609 (04/2010)



RBC Insurance®

LIBERTY TRAVEL
America's Vacation Experts

RBC Travel Protection® AIR TRAVEL PROTECTION PLAN DESCRIPTION OF COVERAGE

This is a brief Description of Coverage. This is not your Policy/Certificate of Insurance. Please call 1-866-774-2430 to obtain your Individual Policy in the following states: IL, IN, KS, LA, OR, OH, VT, WA, and WY or your Certificate of Insurance for all other states. Your Individual Policy or Group Policy will govern the final interpretation of any provision or claim.

Important: Keep this document and carry a copy with you when you travel. If you need to cancel your *Trip*, contact the company you booked with immediately to cancel your reservation.

FOR CERTIFICATE/POLICY INQUIRIES, REQUESTS, CUSTOMER SERVICE CALL:

1-866-774-2430

FOR EMERGENCY ASSISTANCE 24 HOURS A DAY DURING YOUR TRIP, CALL:

- 1-866-610-7088 (toll-free from the USA & Canada)
- 001-800-514-3573 (toll-free from Mexico)
- (905) 273-3278 (collect from anywhere)
- 1-888-298-6340 (toll-free fax from the USA & Canada)
- (905) 813-4719 (fax from anywhere)

SCHEDULE OF COVERAGE AND SERVICES INSURANCE COVERAGE

(Underwritten by Stonebridge Casualty Insurance Company)
Group Policy Number: MZO924857H0001A

Coverages	Maximum Benefit Per Person
A) Trip Cancellation-Pre Departure	Up to trip cost
B) Trip Interruption-Post Departure	100% of total trip cost
C) Travel Delay-Subsistence Allowance (6 Hours or More)	\$150 per day/\$450 maximum
D) <i>Baggage</i> and Personal Effects (Loss of or Damage to)	\$500
E) <i>Baggage</i> Delay (12 Hours or more)	\$100/per day/\$200 maximum
F) Air Flight <i>Accident</i>	\$10,000

NOTE: The insurance provided under all coverages and benefits shall be in excess of all insurance or indemnity and shall apply only when such other benefits are exhausted. (not applicable to Air Flight *Accident*)

ASSISTANCE SERVICES :

(Assistance services provided by RBC U.S. Insurance Services Inc.♦ through Assured Assistance Inc.)

Assured Assistance 24-Hour Emergency Assistance	Included
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Maximum Limit of Liability

All limits are applied per *Covered Trip*. Our Maximum Limit of Liability for all claims received under all Travel Protection Plans resulting from the same occurrence will be \$5,000,000 under the TAHC 5000 group series of policies.

YOUR SATISFACTION IS IMPORTANT TO US

If you are not satisfied for any reason, you may cancel your coverage within 10 days of your confirmation statement. A letter indicating your desire to cancel should be sent to our authorized agent . If you haven't already left on your *Trip*, and/or provided there has been no incurred covered expense, you will receive a full refund of your plan cost.

WHO IS ELIGIBLE FOR COVERAGE?

A person who has arranged to take a *Covered Trip*, and pays the required premium, and is a citizen or resident of the United States of America.

EFFECTIVE DATES OF INSURANCE COVERAGE

WHEN COVERAGE BEGINS

Effective Dates of Coverage Trip Cancellation and Trip Interruption:

Pre-Departure Trip Cancellation coverage will take effect on the date your premium payment is received.

Effective Dates of Coverage for Post-Departure Trip Interruption, Travel Delay, *Baggage* and Personal Effects, *Baggage* Delay, and Air Flight Accident:

Will take effect on the *Scheduled Departure Date* of the *Trip*.

WHEN COVERAGE ENDS

All coverages automatically end on the earlier of:

1. The date the *Covered Trip* is completed; or
2. The *Scheduled Return Date* of the *Trip*; or
3. Your arrival at the return destination on a roundtrip, or the destination on a one-way trip; or
4. Cancellation of the *Covered Trip*.

EXTENSION OF COVERAGE

Coverage is extended automatically in the following circumstance:

- 72 hour extension-due to the delay of a *Common Carrier* in which you are scheduled to travel, beyond the *Scheduled Return Date*.

SUMMARY OF COVERAGES AND BENEFITS

This plan covers you for certain unforeseeable events that occur while your coverage is in effect.

A) PRE-DEPARTURE TRIP CANCELLATION COVERAGE AND BENEFITS

If you are prevented from taking your *Trip* for one of the covered reasons below, we will reimburse you, up to the amount in the Schedule, for the amount of prepaid, forfeited, non-refundable payments or deposits that you paid for your *Trip*. We will pay your additional cost as a result of a change in the per person occupancy rate for prepaid travel arrangements if a *Traveling Companion's Covered Trip* is canceled and your *Covered Trip* is not canceled.

B) POST-DEPARTURE TRIP INTERRUPTION COVERAGE AND BENEFITS

If you are delayed beyond the *Scheduled Departure Date* or are unable to continue your *Trip* for one of the covered reasons below, we will reimburse you, less any refund paid or payable, the following additional transportation expenses:

The additional transportation expenses by the most direct route from the point you interrupted your *Covered Trip*:

- a) to the next scheduled destination where you can catch up to your *Covered Trip*; or
- b) to the *Scheduled Departure City* of your *Covered Trip*.

However, the benefit payable above will not exceed the cost of a one-way economy air fare by the most direct route less any refunds paid or payable for your unused original tickets.

NOTE: Covered reasons do not include losses caused by or resulting from any bankruptcy/ *Financial Insolvency*. In no event will the amount reimbursed exceed the amount you prepaid for your *Trip*.

Covered Reasons for Cancellation and Interruption:

Sickness, Injury or Death

1. Trip Cancellation or delayed arrival at your destination due to *Sickness, Injury* or death of you, your *Family Member*, or *Traveling Companion*, that occurs before departure on your *Trip*. The *Sickness* or *Injury* must commence while coverage is in effect, require the examination by a *Physician*, in person, at the time of Trip Cancellation or delay and, in the written opinion of the treating *Physician*, be so disabling as to prevent you from taking your *Trip* or delay your arrival on your *Trip*;

NOTE: *Sickness* includes complications of pregnancy arising in the first 31 weeks of pregnancy.

2. Trip Interruption due to *Sickness, Injury* or death of you, your *Family Member*, or *Traveling Companion*. The *Sickness* or *Injury* must commence while you are on your *Covered Trip*, require the examination by a *Physician*, in person, at the time of Trip Interruption and, in the written opinion of the treating *Physician*, be so disabling as to prevent you from continuing your *Trip*;

NOTE: *Sickness* includes complications of pregnancy arising in the first 31 weeks of pregnancy.

3. The *Family Member* who had arranged to provide *Accommodations* for the *Insured* during the *Covered Trip* at his/her residence can no longer provide *Accommodations* for the *Insured* due to the hosting *Family Member's* life threatening *Sickness*, life threatening *Injury* or death.

C) TRAVEL DELAY COVERAGE AND BENEFITS

If your *Trip* is delayed for 6 hours or more, we will reimburse you, up to the amount shown in the Schedule, for reasonable additional expenses incurred by you for lodging arrangements, meals, telephone calls and local transportation while you are delayed. We will not pay benefits for expenses incurred after travel becomes possible.

Covered Reasons for Travel Delay Benefits:

Common Carrier delay; loss or theft of your passports, travel documents or money; quarantine; hijacking; natural disaster; inclement weather; a documented traffic accident while you are en route to your destination; unannounced strike; civil disorder; your, your traveling *Family Member's*, or *Traveling Companion's, Sickness* or *Injury*; your traveling *Family Member's* or *Traveling Companion's* death.

D) BAGGAGE AND PERSONAL EFFECTS COVERAGE AND BENEFITS:

We will reimburse you, less any amount paid or payable from any other valid and collectible insurance or indemnity, up to the amount shown in the Schedule, for direct loss, theft, damage or destruction of your *Baggage*, passports or visas during your *Covered Trip*. We will also pay for loss due to unauthorized use of your credit cards, if you have complied with all of the credit card conditions imposed by the credit card companies.

E) BAGGAGE DELAY COVERAGE AND BENEFITS:

We will reimburse you, up to the amount in the Schedule, for the cost of additional clothing and personal articles purchased by you, if your *Baggage* is delayed for 12

hours or more during your *Trip*. We will also reimburse you up to \$25 to expedite the return of your *Baggage*.

Items Subject to Special Limitations

We will not pay more than \$250 on all losses to jewelry; watches; precious or semi-precious gems; decorative or personal articles consisting in whole or in part of silver, gold, or platinum; cameras, camera equipment; digital or electronic equipment and media; and articles consisting in whole or in part of fur. Items not included above are subject to a \$125 per item limit.

Your Duties in the Event of a Loss

In case of loss, theft or damage to *Baggage* and Personal Effects, you should:

1. immediately report the situation incident to the hotel manager, tour guide or representative, transportation official, local police or other local authorities and obtain their written report of your loss; and
2. take reasonable steps to protect your *Baggage* from further damage, and make necessary, reasonable and temporary repairs. We will reimburse you for these expenses. We will not pay for further damage if you fail to protect your *Baggage*.

Valuation and Payment of Loss

Payment of loss under the *Baggage* and Personal Effects Benefit will be calculated based upon an *Actual Cash Value* basis. For items without receipts, payment of loss will be calculated based upon 75% of the *Actual Cash Value* at the time of loss. At our option, we may elect to repair or replace your *Baggage*. We will notify you within 30 days after we receive your proof of loss.

We may take all or part of a damaged *Baggage* as a condition for payment of loss.

In the event of a loss to a pair or set of items, we will: 1) repair or replace any part to restore the pair or set to its value before the loss; or 2) pay the difference between the value of the property before and after the loss.

F) AIR FLIGHT ACCIDENT COVERAGE AND BENEFITS:

We will pay this benefit up to the amount in the Schedule if you sustain a covered loss in an *Accident* which occurs while a passenger in or on, boarding or alighting from an aircraft of a regularly scheduled airline or air charter company that is licensed to carry passengers for hire.

NOTE: For Air Flight *Accident* Benefits the Maximum Percentage of Principal Sum Payable is 100% for the loss of Life, Both Hands, Both Feet, Sight of Both Eyes, One Hand and One Foot, One Hand and Sight of One Eye, One Foot and Sight of One Eye.

Maximum Percentage of Principal Sum Payable is 50% for the loss of One Hand, One Foot or Sight of One Eye.

If you suffer more than one loss from one *Accident*, we will pay only for the loss with the larger benefit. Loss of a hand or foot means complete severance at or above the wrist or ankle joint. Loss of sight of an eye means complete and irrecoverable loss of sight

GENERAL PLAN EXCLUSIONS

The following exclusion applies to all coverages except *Baggage* Delay, *Baggage* and Personal Effects:

We will not pay for loss or expense caused by or incurred resulting from a Pre-Existing Condition, including death that results therefrom.

Pre-Existing Condition means an illness, disease, or other condition during the **90-day** period immediately prior to your effective date for which you or your *Traveling Companion*, or *Family Member*, who is scheduled or booked to travel with you:

- 1) received, or received a recommendation for, a diagnostic test, examination or medical treatment; or

- 2) took or received prescription drugs or medicine.

Item 2 of this definition does not apply to a condition which is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or change in the required prescription throughout the **90-day** period before coverage is in effect under the Policy.

The following exclusions apply to all coverages:

We will not pay for any loss under the plan caused by, or resulting from:

1. Your, your *Traveling Companion's*, *Family Member's*, Business Partner's suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane (while sane in CO & MO);
2. Mental, nervous, or psychological disorders;
3. Being under the influence of drugs or intoxicants, unless prescribed by a *Physician*;
4. Normal pregnancy or resulting childbirth or elective abortion;
5. Participation as a professional in athletics;
6. Participation in organized amateur and interscholastic athletic or sports competition or events;
7. Riding or driving in any motor competition;
8. Declared or undeclared war, or any act of war;
9. Civil disorder (does not apply to Travel Delay);
10. Service in the armed forces of any country;
11. Nuclear reaction, radiation or radioactive contamination;
12. Operating or learning to operate any aircraft, as pilot or crew;
13. Mountain climbing;
14. Any unlawful acts, committed by you, a *Traveling Companion* or *Family Member* traveling with you (whether insured or not);
15. Any amount paid or payable under any Worker's Compensation, disability benefit or similar law;
16. A loss or damage caused by detention, confiscation or destruction by customs;
17. *Elective Treatment and Procedures*;
18. Medical treatment during or arising from a *Trip* undertaken for the purpose or intent of securing medical treatment;
19. bankruptcy, *Financial Insolvency*, default or failure to supply services by a travel supplier;
20. business, contractual or educational obligations of you, a *Family Member*, *Domestic Partner*, Business Partner, or *Traveling Companion*;
21. A loss that results from an illness, disease, or other condition, event or circumstance which occurs at a time when the plan is not in effect for you.
22. Failure of any tour operator, *Common Carrier*, or other travel supplier, person or agency to provide the bargained-for travel arrangements.

The following exclusion applies to Air Flight Accident coverage:

1. We will not pay for a loss caused by or resulting from *Sickness* of any kind.
2. Scuba diving, bungee cord jumping, skydiving, parachuting, hang gliding, parasailing or travel on any air supported device, other than on a regularly scheduled airline or air charter company;

The following exclusions apply to Baggage and Personal Effects

Items Not Covered:

We will not pay for damage to or loss of:

1. Animals;
2. Property used in trade, business or for the production of income, household

furniture, musical instruments, brittle or fragile articles, or sporting equipment if the loss results from the use thereof;

3. Boats, motors, motorcycles, motor vehicles, aircraft, and other conveyances or equipment, or parts for such conveyances;
4. Artificial limbs or other prosthetic devices, artificial teeth, dental bridges, dentures, dental braces, retainers or other orthodontic devices, hearing aids, any type of eyeglasses, sunglasses or contact lenses;
5. Documents or tickets, except for administrative fees required to reissue tickets;
6. Money, stamps, stocks and bonds, postal or money orders, securities;
7. Property shipped as freight or shipped prior to the *Scheduled Departure Date*.

Losses Not Covered:

We will not pay for loss arising from:

1. Defective materials or craftsmanship; or
2. Normal wear and tear, gradual deterioration, inherent vice; or
3. Rodents, animals, insects or vermin; or
4. Theft or pilferage from an unattended vehicle; or
5. Mysterious disappearance; or
6. Electrical current, including electric arcing that damages or destroys electrical devices or appliances.

DEFINITIONS

The following definitions are a sample of the defined terms in your Certificate of Insurance and are described on a general basis only. In the certificate, "you", "your" and "yours" refer to the *Insured*. "We", "us" and "our" refer to the company providing the insurance. In addition certain words and phrases are defined as follows:

ACCIDENT means a sudden, unexpected, unintended and external event, which causes *Injury*.

ACCOMMODATION means any establishment used for the purpose of temporary, overnight lodging for which a fee is paid and reservations are required.

ACTUAL CASH VALUE means current replacement cost for items of like kind and quality less depreciation.

BAGGAGE means luggage, personal possessions and travel documents taken by you on the *Covered Trip*.

COMMON CARRIER means any land, water or air conveyance operated under a license for the transportation of passengers for hire, not including taxicabs or rented, leased or privately owned motor vehicles.

COVERED TRIP (or *TRIP*) means: A period of round-trip travel away from home to a destination outside your city of residence; the purpose of the trip is business or pleasure and is not to obtain health care or treatment of any kind; the trip has defined departure and return dates specified when the *Insured* enrolls; the trip does not exceed 365 days.

DOMESTIC PARTNER means a person who is at least eighteen years of age and you can show: 1) evidence of financial interdependence, such as joint bank accounts or credit cards, jointly owned property, and mutual life insurance or pension beneficiary designations; 2) evidence of cohabitation for at least the previous 12 months; and 3) an affidavit of domestic partnership if recognized by the jurisdiction within which they reside.

ELIGIBLE PERSON means a person who has arranged to take a *Covered Trip*, and pays the required plan payment, and is a citizen or resident of the United States of America.