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Schedule of Benefits

Instructions f or Claim Subm ission on Unr elated to a Medi cal Incident

Quarantine , you must submit:

- Proof of positive test performed by a medical professional or laboratory .
- Proof of Quarantine requirement:
  a) If require d by treating physician/medical author ity, a letter mu st be from the treating physician.
  b) If required by local gove rnment official s or authorities , a letter must come from the governmental official or authority. If individual letters are no longe r being issued in the country of destination, pro vide pr oof of go vernment requirement via verifiable source (i.e. local gover nment website, etc).
  c) If no loc al government guideline exists but insured is unable to trea bor it