



NOTICE AND CONSENT FOR BLOOD OR OTHER BODY FLUID TESTING WHICH MAY INCLUDE AIDS VIRUS (HIV) ANTIBODY/ANTIGEN TESTING

Acquired Immunodeficiency Syndrome (AIDS) is a life-threatening disorder of the immune system, caused by a virus, HIV. The virus is transmitted by sexual contact with an infected person, from an infected mother to her newborn infant, or by exposure to infected blood (as in needles shared during intravenous drug use).

The AIDS related virus (HIV) antibody test detects the presence of antibodies, naturally occurring proteins in the sample fluid, produced by the body in response to the AIDS related virus. The HIV antigen test directly identifies AIDS viral particles. To evaluate your insurability, the insurer indicated above has requested that you voluntarily provide a sample of blood or oral fluid (saliva) for testing and analysis to determine the presence of HIV antibodies. The purpose of the test is to determine whether you may have been infected with HIV. If you are infected, you are probably not insurable. This test is not a test for AIDS. AIDS can only be diagnosed by medical evaluation. By signing and dating this form you agree that this test may be done and that underwriting decisions will be based on the results. A series of three tests will be performed by a licensed laboratory through a medically accepted and Federal Drug Administration (FDA) approved procedure.

The test will be performed according to the following protocol:

1. An initial ELISA test will be done.
 - A. If the initial ELISA test is positive, it will be repeated.
 - B. If the initial ELISA test is negative, a negative finding will be reported.
2. If the second ELISA test is:
 - A. Positive, a Western Blot test will be performed to confirm the positive result of the two ELISA tests.
 - B. Negative, a third ELISA test will be performed.
 1. If the third ELISA test is positive, a Western Blot test will be performed to confirm the previous results.
 2. If the third ELISA test is negative, a negative result will be reported.
3. Only if at least two ELISA tests and a Western Blot test are all positive, will the result be reported as positive.

The above tests performed on a saliva sample are not as reliable as they are when performed on a blood sample. You may request a blood sample be used instead of a saliva sample. Either way, the insurer will pay for the cost of your testing in relation to your insurability.

The tests for HIV antibodies are very sensitive. Errors are rare, but they do occur. Possible errors include false positives and false negatives. A false positive test gives a positive result, even though you are not infected. This happens only rarely and is more common in persons who have engaged in high risk behavior. Retesting should be done to help confirm the validity of a positive test. A false negative gives a negative result, even though you are infected with HIV. This happens most commonly in recently infected persons. It takes at least 4-12 weeks for a positive result to develop after a person is infected.

All test results are required to be treated confidentially. They will be reported by the laboratory to us. The test results may be disclosed as required by law, or to employees who have the responsibility of making underwriting decisions on our behalf. The results may be disclosed to a reinsurer, if the reinsurer is involved in the underwriting process. The test results of a saliva sample will not be released to anyone else not indicated above without your express written consent. The test result from a blood sample may be released to those persons indicated above and the Medical Information Bureau (MIB), an insurance information exchange, under procedures that are designed to assure confidentially, including the use of general codes that also cover results of tests for other diseases or conditions not related to AIDS.

If your test results are negative, no routine notification will be sent to you. If your test results are reported by the laboratory to us as being positive, you are entitled to that information if you so desire. Because a trained person should deliver that information so that you can understand clearly what the test results mean, you are asked to list your private physician so that we can have him or her tell you the test results and explain their meaning.

	Address		
Physician's Name			
	City	State	Zip Code

I have read and I understand this notice and consent for testing. I voluntarily consent to the withdrawal of body fluid (saliva and/or blood) from me, the testing of that fluid, and the disclosure of the test results as described above. I have read the information on this form about what a test result means and understood that I should contact a local AIDS service group, a list of which has been given to me, or my private physician for further information and counseling if the test result is positive. A photocopy of this form is as valid as the original.

	Street Address		
Signature of Proposed Insured or Parent/Guardian			
Date	City	State	Zip Code