

# APPLICATION FOR INSURANCE TO THE AMERICAN INCOME LIFE INSURANCE COMPANY

Post Office Box 2608                      Waco, Texas 76797

Name of Applicant \_\_\_\_\_ D.O.B. \_\_\_\_\_  
 Address \_\_\_\_\_  
 Tel. # \_\_\_\_\_ Driver's License # \_\_\_\_\_  
 Family Physician \_\_\_\_\_ Tel. # \_\_\_\_\_  
 Address \_\_\_\_\_  
 Date & Reason Last Consulted \_\_\_\_\_ Treatment or Medication \_\_\_\_\_

**PLACE AN "X" IN THE BOX WITH THE CORRECT ANSWER**

1. In the past 5 years:

a. have you been in a hospital, clinic, sanatorium, or institution for examination, observation, diagnosis, operation, or treatment?  Yes  No

b. have you had an X-ray, electrocardiogram, blood study, or other diagnostic test?  Yes  No

2. To the best of your knowledge and belief, in the past 10 years, have you had or been treated for:

a. dizziness, fainting spells, paralysis, epilepsy, nervous breakdown, severe headaches, or any disease of the brain or nervous system?  Yes  No

b. asthma, emphysema, hay fever, chronic cough, spitting of blood, tuberculosis, or any disease of the lungs or respiratory system including pneumocystis carinii pneumonia?  Yes  No

c. high blood pressure, chest pain, shortness of breath, heart murmur, rheumatic fever, or any disease of the heart or circulatory system?  Yes  No

d. any disease of the stomach, intestines or bowel, rectum, appendix, gall bladder, or hernia of any kind?  Yes  No

e. cirrhosis or other disease of the liver, or abnormal liver enzyme (function) tests, or hepatitis?  Yes  No

f. nephritis, kidney stone, any disease of the kidneys or bladder, or any tumor or disease of the prostate, testes, breast, uterus, or ovaries?  Yes  No

g. gout, arthritis, rheumatism, or any disease of the back, spine, bones, joints, or muscles?  Yes  No

h. anemia goiter, or any disease of the blood, or persistent enlargement of the lymph nodes?  Yes  No

i. diabetes, or sugar, albumin, or blood in the urine?  Yes  No

j. cancer, tumor, or unexplained masses of any kind?  Yes  No

k. varicose veins, or phlebitis?  Yes  No

l. any disease of the eyes, ears, nose, throat, or skin?  Yes  No

m. any sexually transmitted or venereal disease including gonorrhea, syphilis, chlamydia, genital herpes, or anal warts?  Yes  No

n. persistent infection, fever, night sweats, chills, and/or diarrhea?  Yes  No

o. Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or AIDS related conditions?  Yes  No

3. In the past twelve months, have you had unexplained weight loss?  Yes  No

4. In the past 10 years, have you tested positive for antibodies to the "AIDS" virus as part of a test conducted for the purpose of obtaining insurance?  Yes  No

5. Do you use tobacco in any form?  Yes  No

If yes, what?  Cigarettes  Cigars  Chewing  Snuff  Pipe

Have you used tobacco in any form in the past and quit?  Yes  No

If "Yes," when did you stop? \_\_\_\_\_

6. Do you use alcoholic beverages?  Yes  No

If yes, how often? \_\_\_\_\_ How many? \_\_\_\_\_

If no, have you drunk in the past?  Yes  No

If yes, when did you stop? \_\_\_\_\_

Why? \_\_\_\_\_

7. Have you ever used:

a. barbiturates, hallucinogens, sedatives, or tranquilizers habitually?  Yes  No

b. L.S.D., marijuana, cocaine, or any amphetamine?  Yes  No

c. heroin, morphine, or other narcotic drug?  Yes  No

8. In the past 10 years, have you been treated for alcoholism or any drug habit or been a member of A.A.?  Yes  No

9. Have you ever been arrested?  Yes  No

ONLY ASK FOLLOWING QUESTIONS IF AMOUNT APPLIED FOR EXCEEDS \$100,000!

10. Do you participate in any of the following activities: Auto, Motorcycle or Boat Racing, Parachute Jumping, Skin or Scuba Diving, Hang gliding or Sky Diving?  Yes  No

11. Have you flown as other than a passenger of an airplane in the last two years?  Yes  No

12. What is your annual income? \_\_\_\_\_

13.

FAMILY RECORD	IF ALIVE Age	IF DECEASED	
		Age at Death	Cause of Death
Father			
Mother			
Brothers and Sisters			

**REMARKS: Please give full details for any questions answered "Yes"**

Question #	Dates & Duration	Physician Name & Address Hospital or Company, Nature of condition, treat- ment, results, reasons, other information

I declare that the statements and answers shown above are true and complete to the best of my knowledge and belief, and I agree that they shall be considered the basis of any insurance issued.

Signature of Proposed Insured \_\_\_\_\_ Dated at \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ on \_\_\_\_\_





**NOTICE AND CONSENT FOR AIDS-RELATED BLOOD AND/OR ORAL FLUID TESTING**

To evaluate your insurability, the Insurer named above (the Insurer) has requested that you provide a sample of your blood and/or oral fluid for testing and analysis to determine the presence of human immunodeficiency virus (HIV) antibodies. By signing and dating this form you agree that this test may be done and that underwriting decisions will be based on the test result. A series of tests will be performed by a licensed laboratory through a medically accepted procedure. The results of an oral fluid test may be less reliable than a blood test and the Insurer may at a later time request a specimen of your blood for further HIV testing. Therefore, the oral fluid test is optional and you may choose instead to consent to the withdrawal of a sample of your blood.

**Pre-Testing Considerations**

Many public health organizations have recommended that before taking an AIDS-related test a person seek counseling to become informed concerning the implications of such a test. You may wish to consider counseling, at your expense, prior to being tested.

**Meaning of Positive Test Results**

The test is not a test for AIDS. It is a test for antibodies to the HIV virus, the causative agent for AIDS, and shows whether you have been exposed to the virus. A positive test result does not mean that you have AIDS but that you are at significantly increased risk of developing problems with your immune system. The test for HIV antibodies is very sensitive. Errors are rare, but they do occur. Your private physician, a public health clinic, or an AIDS Information organization in your city might provide you with further information on the medical implications of a positive test.

Positive HIV antibody test results will adversely affect your application for insurance. This means that your application may be declined, that an increased premium may be charged, or that other policy changes may be necessary.

**Confidentiality of Test Results**

All test results are required to be treated confidentially. They will be reported by the laboratory to the Insurer. The test results may be disclosed as required by law or may be disclosed to employees of the Insurer who have the responsibility to make underwriting decisions on behalf of the Insurer or to outside legal counsel who need such information to effectively represent the Insurer in regard to your application. The result may be disclosed to a reinsurer, if the reinsurer is involved in the underwriting process. In addition, if your HIV *blood* test is abnormal, the result may be released to an insurance medical information exchange under procedures that are designed to assure confidentiality, including the use of non-specific generic codes that also cover results of tests for other diseases or conditions not related to AIDS. Any abnormal results of your HIV *oral fluid* test will not be disclosed.

**Notification of Test Result**

If your test results are negative, no routine notification will be sent to you. If your test results are reported by the laboratory to the Insurer 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 result means, you are asked to list your private physician so that the Insurer can have him or her tell you the test result and explain the meaning.

Physician for reporting a possible positive test result: Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Consent**

I have read and I understand the Notice and Consent for AIDS Related Blood and/or Oral Fluid Testing. I voluntarily consent to the withdrawal of blood or the taking of an oral specimen from me, the testing of that blood or oral fluid, and the disclosure of the test results as described above. I understand that an oral fluid test is less reliable than a blood test. I have read the information on this form about what a test result means and understand that I should contact a local AIDS service group or my private physician for further information and counseling if the test result is positive. I understand that I have a right to request and receive a copy of this authorization. A photocopy of this form will be as valid as the original.

\_\_\_\_\_  
Signature of Proposed Insured or Parent/Guardian

\_\_\_\_\_  
Date Signed



# TO OUR PROSPECTIVE INSUREDS AND POLICYHOLDERS IN CALIFORNIA

## About AIDS

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 needle sharing during IV drug use).

AIDS does not typically develop until a person has been infected with HIV for several years. A person may remain free of symptoms for years after becoming infected. Symptoms of infection may include fever, weight loss for no apparent reason, swollen lymph glands, fatigue, diarrhea, or white spots or blemishes in the mouth.

## HIV Testing and Results

There are tests that determine the presence of antibodies or antigens to HIV. The results of an oral fluid test may be less reliable than a blood test. These tests do not test for AIDS; AIDS can only be diagnosed by medical evaluation.

A positive test result means that a person is infected with HIV. A person with a positive test should:

- Have a regular medical check-up and get counseling.
- Not donate blood, sperm or organs.
- Not share needles with others.
- Avoid exchanging body fluids during sexual activity.
- Not share toothbrushes, razors or anything that could be contaminated with blood.

A negative test result is not a guarantee that a person is not infected. It takes several weeks for a positive test result to develop after a person is infected.

For your information, listed below are some of the AIDS counseling centers located in the State of California. These are not the only centers, there are many others. As you will be asked to consent to a blood test and/or oral fluid test for the presence of antibodies of the Human Immunodeficiency Virus (HIV), the virus known to cause Acquired Immunodeficiency Syndrome (AIDS), you may wish to learn more about the disease or the test before it is performed, or obtain counseling if you have concerns thereafter. You can contact one of these centers or another, but the decision is entirely your own. There may be a fee for counseling which you must pay. American Income will not reimburse you for any fees associated with counseling.

American Income has no affiliation with any of these counseling centers and will not be notified if you contact one. Nor is it the practice of American Income to investigate or draw any inferences if we learn an individual has sought AIDS counseling. This list was prepared by the Association of California Life Insurance Companies in cooperation with the California State Office of Aids and other state health and government officials. For information regarding the names and location of other counseling centers or other advice, you may also wish to contact your local city or county health service department or the local office of the California Department of Health, if any.

**San Francisco Aids Foundation** - 25 Van Ness Ave., Suite 660 San Francisco, CA 94102 (415)554-5855

**Sacramento AIDS Foundation** - 1900 K Street, Suite 201 Sacramento, CA 95814 (916)448-2437

**Central Valley AIDS Team** - P.O. Box 4840 Fresno, CA 93744 (209)264-2436

**AIDS Project Los Angeles** - 3670 Wilshire Blvd., Suite 300 Los Angeles, CA 90010 (213)380-2000

**AIDS Services Foundation of Orange County** - 1685-A Babcock Street Costa Mesa, CA 92627  
(714)646-0411

**San Diego AIDS Project** - 3777 Fourth Ave. San Diego, CA 92103 (819)543-0300

**AIDS Project - East Bay** - 400 40th Street, Suite 20 Oakland, CA 94609 (415)420-8181

**ARIS Project** - 595 Millich Drive, Suite 104 Campbell, CA 95008 (408)370-3272