



For Home Office Use Only

Application No. \_\_\_\_\_

Applicant \_\_\_\_\_  
(Please Print)

**Continental General Insurance Company  
(Insurer)**

**NOTICE AND CONSENT FOR BLOOD TESTING  
WHICH MAY DETERMINE 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). Persons at high risk of contracting AIDS include males who have had sexual contact with any of these persons.

The AIDS-related virus (HIV) antibody test detects the presence of antibodies, naturally occurring proteins in the blood produced by the body in response to the AIDS-related virus, by using a blood test. The HIV antigen test directly identifies AIDS viral particles. To evaluate your insurability, Insurer ("we," "us," "our") has requested that you voluntarily provide a sample of your blood 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 procedure.

The test will be performed according to the following protocol:

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

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 not engaged in high risk behavior. Retesting should be done to help confirm the validity of a positive test. A false negative test 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 test 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 may be released to the Medical Information Bureau (MIB), an insurance information exchange, under procedures that are designed to assure confidentiality, 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.

_____ Name		_____ Address	
_____ City		_____ State	_____ Zip

I have read and I understand this Notice and Consent for Blood Testing. I voluntarily consent to the withdrawal of blood from me, the testing of that blood, 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 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.

_____ Name of Proposed Insured		_____ Address	
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_____ Signature of Proposed Insured or Parent/Guardian		_____ City	_____ State	_____ Zip
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\_\_\_\_\_  
Date Signed

_____ Name of Second Proposed Insured		_____ Address	
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_____ Signature of Second Proposed Insured or Parent/Guardian		_____ City	_____ State	_____ Zip
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\_\_\_\_\_  
Date Signed

**AIDS COUNSELING SERVICES**

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

AIDS Project Los Angeles  
3670 Wilshire Boulevard, 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

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

Central Valley AIDS Team  
P.O. Box 4640  
Fresno, CA 93744  
(209) 264-2436

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

San Diego AIDS Project  
3777 Fourth Avenue  
San Diego, CA 92103  
(619) 543-0300

San Francisco AIDS Foundation  
25 Van Ness Avenue, Suite 660  
San Francisco, CA 94102  
(415) 894-5855