

Nationwide Life Insurance Company of America
Service and Technology Center, P.O. Box 15750, Wilmington, DE 19850-5750, (800) 688-5177



PC 0102

Nationwide Life and Annuity Company of America
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NOTICE AND CONSENT FORM FOR AIDS VIRUS (HIV) TESTING

The HIV Antibody Test

To evaluate your insurability, the Insurer named above (the Insurer) has requested that you consent to be tested to determine the presence of human immunodeficiency virus (HIV) antibodies. 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. 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 certified laboratory through a medically accepted procedure which is extremely reliable.

Meaning of Test Results

While positive HIV antibody test results would not mean that you have AIDS, they would mean that you would be at significantly increased risk of developing AIDS or AIDS-related conditions. The presence of antibodies means that the tested person has been infected with the HIV virus. It is still possible that the person will not develop AIDS or AIDS-related conditions. Positive HIV antibody results will adversely affect your application for insurance.

A negative test result means no antibodies to the HIV virus were found. Because of varying incubation periods, absence of HIV antibodies does not mean that you have not been infected with the virus. Absence of HIV antibodies does not mean that you are immune to the virus.

Counseling

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.

Public health officials recommend that persons who test positive for the HIV antibodies should seek counseling to become informed about the implications of the test results.

Public health authorities urge that everyone become educated about how to protect themselves from HIV infection. If you have questions or concerns, you should consult your own physician or own health care provider.

A Counseling Resources List is provided on Page 2 for your information.

Notification of Test Results

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 results mean, you are asked to list your private physician so that the Insurer can have him or her tell you the test result and explain its meaning.

Name of physician for reporting possible positive test results: _____

Address: _____

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 needs such information to effectively represent the Insurer in regard to your application. The results may be disclosed to a reinsurer, if the reinsurer is involved in the underwriting process. The test may be released to an insurance medical 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, or for the preparation of statistical reports that do not disclose the identity of any particular person.

Consent

I have read and I understand this Notice and Consent for AIDS Virus (HIV) Testing. I voluntarily consent to testing and disclosure of the test results as described above. I have been given written information about AIDS.

I understand that I have the right to request and receive a copy of this authorization. A photocopy of this form will be as valid as the original.

Name of Proposed Insured (please print):	Address:
Signature of Proposed Insured or Parent/Guardian:	Date Signed:

COUNSELING RESOURCES LIST

As required by California law, the following list of counseling resources is being provided to you. It was compiled from publicly available information, which is subject to change without notice to the Insurer. Therefore, the Insurer makes no representations or warranties about the accuracy of this information as of the date you receive this list, or about the quality or nature of any services these resources may provide.

This is not a complete list of all resources that may be available to you. We suggest you contact your own physician or health care provider, your county health department, or your local chapter of the American Red Cross, for further information.

AIDS HOTLINE - U.S. PUBLIC HEALTH SERVICE
(800) 342-AIDS

SPANISH AIDS HOTLINE
(800) 222-SIDA

TTY INFORMATION
Information and Referral for Hearing Impaired
(213) 464-0029

KERN COUNTY AIDS TEAM - Bakersfield
(805) 861-3631

CENTRAL VALLEY AIDS TEAM - Fresno
(209) 264-2436

AIDS PROJECT - EAST BAY - Oakland
(415) 420-8181

SACRAMENTO AIDS FOUNDATION - Sacramento
(916) 448-2437

SAN FRANCISCO AIDS FOUNDATION - San Francisco
(415) 864-5855

SONOMA COUNTY AIDS INFORMATION HOTLINE
(707) 579-AIDS

AIDS HOTLINE - Southern California
(800) 922-AIDS

HEMOPHILIA FOUNDATION OF SOUTHERN CALIFORNIA
Social Services - Southern California
Hemophilia AIDS Information
(818) 793-6192
(714) 740-2222

CALIFORNIA DEPARTMENT OF HEALTH SERVICES - Statewide Services
Office of AIDS, Sacramento
(916) 323-7415

AIDS SERVICES FOUNDATION OF ORANGE COUNTY - Costa Mesa
(714) 646-0411

AIDS PROJECT - LOS ANGELES
West Hollywood
(213) 876-8951

INLAND AIDS PROJECT
Riverside/San Bernardino Counties
(714) 784-2437

SAN DIEGO AIDS PROJECT
(619) 543-0300 - City of San Diego
(619) 945-6000 - City of Vista

SANTA BARBARA COUNTY AIDS INFORMATION HOTLINE
(805) 965-2925

SHASTA COUNTY HELPLINE
(916) 225-5252