



# Prudential

Pruco Life Insurance Company  
The Prudential Insurance Company of America  
Corporate Offices, Newark, New Jersey

## Notice and Consent for AIDS virus (HIV) Antibody/Antigen Testing

To determine your insurability, we request that you provide a sample of your bodily fluid(s) for testing and analysis. All tests will be performed by a licensed laboratory.

The consent you give by signing this form authorizes us to collect your bodily fluid(s) and order laboratory tests only in regard to your present application for insurance.

Tests may be performed to determine the presence of antibodies to the Human Immunodeficiency Virus (HIV); the tests do not detect the presence of the AIDS virus. These tests include an enzyme-linked immunosorbent assay (ELISA) serologic test and the Western Blot Assay. Both of these tests have been approved by the Federal Food and Drug Administration, are extremely reliable and false positive reports are rare. If a person's initial ELISA test is positive, that test will be repeated. If the repeat ELISA also results in a positive report, the Western Blot Assay will be performed. A person will be considered to have the HIV antibodies present in his/her bodily fluids(s) only after positive results on two ELISA tests and a Western Blot.

All test results will be treated confidentially. They will be reported by the laboratory to us. When necessary for business reasons in connection with insurance you have or have applied for with us, we may disclose test results to others involved solely in the underwriting process such as its affiliates, reinsurers, employees or contractors. As a member of the Medical Information Bureau (MIB, Inc) and if the test results for HIV antibodies is other than normal, we will report to the MIB, Inc., a generic code which signifies only a non-specific test abnormality. If your HIV test is normal, no report will be made about it to the MIB, Inc. The organizations mentioned in this paragraph may maintain the test results in a file or data bank. The Insurer will make no other disclosure of the test results or even that tests have been done except as may be required or permitted by law or as authorized by you.

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 other than normal, 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 him or her tell you the test results and explain its meaning.

Name of physician for reporting a possible positive test result: \_\_\_\_\_

Address: \_\_\_\_\_

If you have not given written consent authorizing a physician to receive positive test results, you will be urged, at the time you are informed of the positive test results, to contact a private physician, the County Department of Health, the State Department of Health, local medical societies or alternative test sites for appropriate counseling (list on reverse of Proposed Insured's Copy)

Positive HIV antibody test results do not mean that you have AIDS, but that you are at significantly increased risk of developing AIDS or AIDS-related conditions. Federal authorities say that persons who are HIV antibody positive should be considered infected with the AIDS virus and capable of infecting others.

Positive HIV antibody or antigen results or other significant abnormalities 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.

### Consent for Testing and Disclosure of Test Results

I have read and understand the Notice and Consent for AIDS virus (HIV) Antibody/Antigen Testing set forth above. I verify that the specimen(s) supplied by me are my blood, urine and/or oral fluid. I voluntarily consent to the withdrawal of my bodily fluid(s), the testing of the specimen(s) provided and the disclosure of the test results as described above. 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.

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

Proposed Insured name \_\_\_\_\_

Address/City/State/ZIP \_\_\_\_\_

### California AIDS Counseling Facilities

#### AIDS Project – East Bay

1755 Broadway  
2nd Floor  
Oakland, CA 94612  
(510) 457-4022

#### AIDS Project – Los Angeles

3550 Wilshire Boulevard  
Suite 300  
Los Angeles, CA 90010  
(213) 201-1388

#### AIDS Service Foundation of Orange County

17982 Sky Park Circle  
Suite J  
Irvine, CA 92614  
(949) 809-5700

#### ARIS Project

380 N. First Street  
San Jose, CA 95112-4050  
(408) 293-2747

#### San Diego AIDS Project

2440 Third Avenue  
San Diego, CA 92101  
(619) 235-6151

#### San Francisco AIDS Foundation

995 Market Street  
Suite 200  
San Francisco, CA 94103  
(415) 487-3000

#### Central Valley AIDS Team

P. O. Box 4640  
Fresno, CA 93744  
(209) 264-2437

#### Sacramento AIDS Foundation

P. O. Box 161418  
Sacramento, CA 95816  
(916) 448-2437





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