



P.O. Box 193892, San Francisco, CA 94119-3892  
1-800-366-9378 / (415) 591-8200

## NOTICE AND CONSENT FOR AIDS-RELATED BLOOD TESTING

To evaluate your insurability, the insurer named above has requested that you provide a sample of your blood for testing and analysis to determine the presence of human immunodeficiency virus (HIV) antibodies and other tests which may include tests for cholesterol and related blood lipids, diabetes, liver or kidney disorders, immune disorders or the presence of medications, drugs, nicotine and their metabolites. By signing and dating this form you agree that these tests may be done and that underwriting decisions will be based on the test results. Regarding the HIV test, a series of three tests will be performed by a licensed laboratory through a medically accepted procedure.

### Pre Testing Considerations

Many public health organizations have recommended that before taking an AIDS-related blood 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 Result

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 of the 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 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 disease or conditions not related to AIDS, or for the preparation of statistical reports that do not disclose the identity of any particular person.

### Notification of Test Result

If your HIV test result is negative, no routine notification will be sent to you. Because a trained person should deliver information regarding a positive test result 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 its meaning.

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

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

If you do not wish to know the results of the test, initial here: \_\_\_\_\_ In the event the test is positive and you are denied coverage because of that fact and you request the reason for the denial, the insurer may require you to name a physician at that time in order to receive the information.

If you want to know the results of the test but do not at present have a private physician, initial here: \_\_\_\_\_ The results will be sent to you at the address provided by registered mail with delivery restricted to you only. If you desire the results to be mailed to some Person other than yourself who is not a physician, print that person's name and address here:

\_\_\_\_\_  
The results will be sent to that person by registered mail with restricted delivery.

### Consent

I have read and I understand this Notice and Consent for AIDS-related 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.

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. This authorization is valid for six (6) months from the date signed.

\_\_\_\_\_  
Signature of Proposed Insured

\_\_\_\_\_  
Social Security No. and/or  
Drivers License No. and State

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date