

To evaluate your insurability, the insurer named above (the Insurer) has requested that you provide a sample of your blood and/or other bodily 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 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 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 test results are required to be treated confidentially. They will be reported by the laboratory to the Insurer. When necessary for business reasons in connection with insurance you have or have applied for with the insurer, the insurer may disclose test results to others such as its affiliates, reinsurers, independent contractors, and its employees to whom disclosure is reasonably necessary in the ordinary course of business to carry out the purposes for which that disclosure is authorized or required. If the insurer is a member of the Medical Information Bureau ("MIB, LLC"), and if the test results for HIV antibodies/antigens are other than normal, the insurer will report to the MIB, LLC, a generic code which signifies only a nonspecific test abnormality. The test results may also be disclosed to any member company that receives an application for health or life insurance on your life. If your HIV test is normal, no report will be made about it to the MIB, LLC. Other test results may be reported to the MIB, LLC, in a more specific manner. The organizations described in this paragraph may maintain the test results in a file or data bank. There will be no other disclosure of test results or even that the tests have been done except as may be required or permitted by law or as authorized by you. Additional information regarding persons or organizations receiving or having access to your HIV test results may be obtained by written request to the Medical Director of the Insurer.

Notification of Test Results

If your test results are negative (normal), or if your test results are reported by the laboratory to the Insurer as being positive, you are entitled to that information. Because a trained person should deliver that information so that you can understand clearly what the test result means, you may designate a person, such as a physician, so that the Insurer can have him or her tell you the test result and explain its meaning.

Name of physician or other person for reporting test results:

Name: _____ / _____ / _____ / _____
(First) (M.I.) (Last) (Suffix)

Address (Street): _____ (Apt. or Suite): _____
(City/State/ZIP): _____ / _____ / _____

If you do not designate a physician or other person to receive your test results, the result will be sent to you at the address provided by registered mail with delivery restricted to you only.

If you do not designate a physician or other person to receive your test results, personal face to face counseling is available through the Virginia Department of Health. To obtain information regarding counseling you should contact your local health department. Additional Information concerning AIDS or HIV infection can be obtained by calling the Virginia Health Department at 1-800-533-4148.

Consent Validity

This consent form will be valid for 1 year following the date that the consent form is signed.

Consent

I have read and I understand this Notice and Consent for AIDS-related Testing. I voluntarily consent to the withdrawal of blood and/or other bodily fluid from me, the testing of that blood and/or other bodily fluid, 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.

Proposed Insured: _____ / _____ / _____ / _____
(First) (Middle) (Last) (Suffix)

Address (Street): _____ (Apt. or Suite): _____

(City/State/ZIP): _____ / _____ / _____

Signature of Proposed Insured or Parent/Guardian

_____/_____/_____
Date (mm/dd/yyyy)