



HIV TEST INFORMED CONSENT FORM

In order for us to evaluate your eligibility for insurance coverage, we requested that you provide a blood sample for testing and analysis. One of the tests that will be performed will determine the presence of antibodies to the HIV virus. By signing and dating this form, you agree that the HIV antibody test may be performed on your blood sample and that the underwriting decisions may be based on the test results. A positive test result will adversely affect your insurance application. It also may result in uninsurability for life, health, or disability insurance for which you may apply in the future.

THE HIV VIRUS

The HIV virus causes a life-threatening disorder of the immune system called Acquired Immune Deficiency Syndrome (AIDS). Antibodies to the HIV virus are found in the blood of most people with AIDS and AIDS-Related-Complex (ARC), and can be found in people who do not have AIDS or ARC but have been exposed to the virus. The virus is spread by sexual contact with an infected person, by exposure to infected blood (as in needle sharing during intravenous drug use, or rarely, as a result of a blood transfusion), or from an infected mother to her new-born infant.

The HIV antibody test is actually a series of tests performed upon your blood sample by a medically accepted procedure which is extremely reliable. The testing will be performed by a licensed laboratory.

PRE-TESTING CONSIDERATION:

Many public health organizations have recommended that before taking an HIV virus antibody test a person should seek counseling to become informed about the implications of such tests. You may wish to consider counseling, at your expense, prior to being tested.

DISCLOSURE OF TEST RESULTS:

All test results are confidential, except as provided by law.

The results of the test will be reported to the insurance company named on your application for insurance. The insurer may not by law, release positive results except as provided below:

If your HIV antibody test result is normal you will not be notified. You will be notified in writing of an abnormal (positive) test result. The specific results of your blood test will be sent to your physician as indicated below.

Abnormal test results may be disclosed to persons hired by the insurer who participate in medical underwriting decisions of the insurer. Abnormal test results may also be disclosed to affiliates of the insurer who require the results for medical underwriting purposes.

In addition, if your HIV antibody test is abnormal, a generic code signifying a non-specific blood abnormality may be made known to the Medical Information Bureau, Inc. (MIB). The MIB is an organization of life and health insurance companies which operates as an information exchange on behalf of its members. There will be no record with the MIB that you have had a positive HIV antibody test; however, there will be a record that you have some blood abnormality. If you apply to another MIB member company for life or health insurance coverage, the MIB, upon request, will supply the information on you in its file to that member.

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TEST RESULTS:

While a positive test result does not necessarily mean that you have AIDS, it does mean that you are at serious risk of development AIDS or AIDS-related conditions. You may be infected with the HIV virus and infectious to others. You should seek medical follow-up care with your personal health care provider.

HIV test results are highly reliable but not 100% accurate. If the test gives a positive result you should consider retesting in order to confirm the result. If the test gives a negative result, there is still a small possibility you may be infected with HIV. This is most likely to happen in recently infected persons. It takes at least 4 to 12 weeks for a positive test result to develop after a person is infected, and may take as long as 6 to 12 months.

CONSENT FOR HIV TESTING:

I have read and I understand this HIV Test Informed Consent Form. I voluntarily consent to the withdrawal of blood, and testing of my blood for HIV antibodies, and the disclosure of the test results as described above. This CONSENT is valid for this ninety (90) day period. 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.

NOTIFICATION OF POSITIVE TEST RESULT

In the event of a positive test result:

____ Send the result to me at :

Address

____ I authorize U.S. Financial to send the results to the following physician or health care provider:

Physician's Name

Address

Authorization:

Name of Proposed Insured (Print)

Signature of Proposed Insured

Date

Signature of Legal Guardian, if any

Date

Signature of Persons Obtaining consent

Date