

HIV Testing and Consent Kentucky Version

American General Life Insurance Company, 2727-A Allen Parkway, Houston, TX 77019

The United States Life Insurance Company in the City of New York, 28 Liberty Street, 45th Floor, New York, NY 10005-1400

Notice and Consent for AIDS-Related Medical Testing

Purpose of This Form

To evaluate your eligibility for insurance, it is requested that you consent to be tested to determine the presence of antibodies or antigens to the human immunodeficiency virus (HIV). By signing and dating this form, you agree that these tests may be performed and that underwriting decisions will be based on these test results. A series of tests will be performed by a certified laboratory through a medically accepted procedure.

Pre-Testing Considerations

Many public health organizations have recommended that before taking an AIDS-related bodily fluids (blood, urine and/or oral fluid) test, a person seek counseling to become informed concerning 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 will be treated confidentially. The results of the tests will be reported to the Insurer identified above. Results of the tests will not otherwise be disclosed except as required or allowed by law. Test results 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 also be disclosed to a reinsurer, if the reinsurer is involved in the underwriting process. The tests 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.

Meaning of Positive Test Results

While positive HIV antibody test results do not mean that you have AIDS, they do mean that you are at increased risk of developing AIDS or AIDS-related conditions. The tests are tests for antibodies to the HIV virus, the causative agent for AIDS, and show whether you have been exposed to the virus.

Positive HIV antibody test results will adversely affect your application for insurance. This means that your application will probably be declined.

Notification of Test Results

A positive test result will be disclosed to a physician you designate. If you do not designate a physician, a positive test result will be disclosed to the Cabinet for Human Resources. Because a trained person should deliver that information so that you can understand clearly what the test result means, please list your private physician so that the Insurer can have your private physician tell you the test result and explain its meaning.

Name of physician for reporting a positive test result: _____

Address: _____

Consent

I have read and I understand this Notice and Consent form. I voluntarily consent to testing and disclosure as described above. I understand that I have the right to request and receive a copy of this form. A photocopy of this form will be as valid as the original.

Signature of Proposed Insured or Parent/Guardian

X _____

Date signed _____

Proposed Insured's name (printed) _____

Proposed Insured's Address _____

Submit this form with the application

