

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 of AIDS Virus Antibody Testing and Authorization for Testing and Disclosure

This document contains important information concerning the AIDS virus antibody test that we require you undergo to apply for insurance with us. It also contains information about who will have access to the information we obtain.

READ THIS NOTICE VERY CAREFULLY. DO NOT SIGN IT UNLESS IT IS COMPLETELY FILLED OUT AND YOU HAVE READ AND UNDERSTOOD IT.

You have up to 21 days from the date you receive this form to decide whether to sign this authorization.

NOTICE FOR AIDS VIRUS ANTIBODY TESTING

In connection with your insurance, a sample of your bodily fluids (blood, urine and/or oral fluid) will be tested for the presence of the AIDS virus (HIV) antibody. Before consenting to this test, you are urged to read the following information about AIDS, the nature of the test and our policy concerning confidentiality of test and other AIDS-related information. After you read this material, you will find a request for your written authorization to be tested for the AIDS virus and for subsequent disclosure of test results. You should be aware that a positive test result may result in the denial of your insurance application.

INFORMATION ABOUT AIDS

AIDS is a condition caused by the human immunodeficiency virus (HIV). In some individuals the virus reduces the body's normal defense mechanisms against certain diseases or infections. As a result, such people often develop such unusual conditions as severe pneumonia or a rare skin cancer. The symptoms of AIDS may include the following, although other causes of these symptoms are more likely: unexplained weight loss; persistent night sweats, cough, shortness of breath, diarrhea and white spots evidencing fungal infection; fever and swollen lymph nodes lasting more than one month; raised purple spots on or under the skin or on mucous membranes.

From medical studies, it is clear that the following groups are at a high risk of contracting AIDS:

- Past or present users of intravenous drugs;
- Males who have had sex with more than one male since the late 1970's;
- Recipients of blood or blood products infected by the HIV virus; and
- Sexual partners of individuals belonging to any of the above categories.

HIV ANTIBODY TEST

The HIV antibody test is actually a series of tests designed to detect the presence of antibodies to the AIDS virus rather than detect the virus itself. Antibodies to the AIDS virus are found in the blood, urine and/or oral fluid of most patients 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.

Your bodily fluid sample will first be subjected to a test known as ELISA (enzyme-linked immunosorbent assay). If the result of this test is positive, the ELISA test will be repeated. If this repeat ELISA test is also positive, your bodily fluid specimen will be subjected to another, more specific technique called the Western blot test, for confirmation. Your test result is considered positive only after positive results are obtained on two ELISA tests and a Western blot test.



Positive Test Results. In general, if you receive such a positive test result, there is a high probability that you have HIV antibodies in your blood and/or other bodily fluids. However, there is a risk that a person who has not been exposed to the virus will be incorrectly classified by the test as having a positive test result. This is called a “false positive” result. People who are not in one of the “high risk” groups listed above who get a positive test result are much more likely to receive a “false positive” than those who are in a high risk group.

A positive test result does not mean that you have AIDS. The diagnosis of AIDS is established using a patient’s history, symptoms and physical examination. A positive test result does mean, however, that you are at risk of developing AIDS or AIDS-related conditions. It also means that, without taking precautions, you may transmit the virus to other people. Therefore, the following steps are recommended to limit the spread of AIDS: (1) stop donating blood; (2) limit sexual contacts and follow “safe sex” practices; (3) inform your sexual partner; (4) notify your doctor; and (5) if you are considering having a child, carefully evaluate the risks to the fetus.

If your test result is positive, the test result will be sent to the doctor you designate on this form, or if you prefer, we will mail the result directly to you no later than 45 days after your blood, urine and/or oral fluid sample is taken. It is strongly recommended that you consult a physician or obtain counseling to learn more about the meaning of such a result.

Negative test results. If your test result is not positive, you most likely have not been infected by the virus. However, it is possible to have been infected with the virus within the past year and not yet have developed antibodies that cause a positive test result. It is possible to receive a “false negative” result.

COUNSELING AND ALTERNATIVE TEST SITES

You may experience increased anxiety as a result of having this test performed or receiving a positive test result. Many public health organizations recommend that before a person takes an AIDS-related test, he or she obtain counseling about the test and about AIDS. A source of information about AIDS and counseling is the AIDS Action Line. In addition, the Massachusetts Department of Public Health offers free anonymous HIV antibody testing, with pre-test and post-test counseling at its Alternative Test Sites. For additional information regarding AIDS, AIDS testing or counseling, or to obtain a free, anonymous test, individuals in the high risk categories listed above are encouraged to contact the Massachusetts Department of Public Health, Alternative Test Sites for an appointment. Confidential and/or anonymous HIV antibody testing (not blood donation) and counseling is also available at various locations in Massachusetts for a fee of \$35 by appointment with the American Red Cross.

If you wait up to 21 days from the date you receive this form to decide whether to be tested, unless other circumstances relating to your eligibility change, this delay will not affect our decision to offer you insurance.

CONFIDENTIALITY

Under Massachusetts law we must treat all AIDS-related information (including test results) as highly confidential. We have established safeguards within our company that will protect the privacy of any AIDS-related information that is in your files. We have designated employees who are responsible for keeping this information confidential. We have designated certain personnel who will have access to AIDS-related information if they need the information in connection with an insurance transaction. Other personnel are aware that they are not permitted access to such information. We will make sure that AIDS-related information that is stored in a computer data bank or other files is protected by reasonable security safeguards.

To handle your insurance business, we may need to disclose your test results or other AIDS-related information to employees, reinsurers, contractors or attorneys who need AIDS-related information for underwriting, claims or another necessary business purpose in connection with your insurance transaction. These persons and entities have been informed of their clear legal obligation to maintain the confidentiality of all AIDS-related information, including test results. Similar privacy safeguards have also been adopted by the laboratory that will perform tests on your blood, urine or oral fluid sample, and by any contractor, reinsurer or attorney to whom we might grant access to AIDS-related information. If we need to disclose to anyone else information about you and AIDS, we must again ask you to provide prior written consent to such disclosure. However, AIDS-related information could be disclosed without your consent in response to a subpoena. If you believe that your right to the confidentiality of any AIDS-related information about you has been violated, you should contact the Division of Insurance, or by writing to the Division’s Consumer Services Section, 470 Atlantic Ave., Boston, MA 02110-2223.

MIB, LLC (MIB). If your test result is positive, we will make a report indicating a nonspecific abnormal blood, urine or oral fluid test result to MIB. The nature of the test will not be reported; there will be no record with MIB that you had a positive HIV antibody test. MIB is a nonprofit organization of life insurance companies which operates an information exchange for its members. Our decision on whether or not to issue you a policy will not be sent to MIB. If you later apply to another MIB member company for life or health insurance or submit a claim for life or disability insurance benefits, MIB will, upon request, provide that company with information in its file, including information we have furnished. Otherwise MIB will observe confidentiality safeguards similar to our own stated above. Upon your request, MIB will arrange for disclosure to you of any information it has in its file. If you feel the information in the MIB’s file is not correct, you may contact MIB and seek a correction in accordance with the procedures outlined in the Federal Fair Credit Reporting Act. The address of the MIB’s information office is: MIB, LLC, P.O. Box 105, Essex Station, Boston, MA 02112. MIB telephone number is (617) 426-3660.

DISCLOSURE AND ACCESS TO INFORMATION

If we disclose any AIDS-related information to a person or entity who is not our employee, reinsurer, attorney, or contractor as described above, or MIB, we will notify you in writing unless we are prohibited from doing so by law or court order. Upon your written request, we will provide you, either directly, or at your option, through a physician designated by you, with copies of any information relating to you and AIDS in our files, for the reasonable cost of photocopying those documents. If you believe any of the information in our files is incorrect, you may write to us to request that it be corrected.



**HIV Testing and Consent
Massachusetts Version**

AUTHORIZATION

I have read and understand this Notice of AIDS Virus Antibody Testing and Authorization for Testing and Disclosure. I understand that: if I test positive I may be denied the insurance for which I have applied; I may experience increased anxiety as a result of having this test; the people and entities described above will or may have access to the results of my test as stated above for the purposes identified on this form; I will be given a copy of this form; and this authorization is valid for ninety (90) days from the date of my signature below.

I authorize the drawing and testing of my blood and/or other bodily fluids for HIV antibodies and the disclosure of the test results as stated on this form.

NOTIFICATION OF POSITIVE TEST RESULT

In the event of a positive test result:

- Please send the result to me at: _____
- I authorize the insurer named on the Cover Page to send the result to my physician and understand that such results may become part of my physician's permanent medical records concerning me.

Physician's Name _____

Physician's Address _____

Signature of Individual

X

Date signed _____

Individual's name (printed) _____

Signature of Legal Guardian (if any)

X

Date signed _____

Producer's Name, if applicable _____

Address _____

Name of Person Administering Test _____

Address _____

Name of Laboratory Conducting Test _____

Address _____

Submit this page with the application

