

**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

**HIV TESTING INFORMATION STATEMENT AND CONSENT FORM**

Vermont law requires that this entire statement be read aloud to you. It contains important information about HIV testing and your rights under Vermont law. A copy of it will be given to you to keep and review.

The insurance company you are applying to for coverage may want to take a sample from you to be tested by a laboratory for indication of HIV infection. This information may be used as part of its decision whether to sell you insurance coverage. The insurance company may request a sample of your blood in order to conduct the test. The insurance company will pay for this test.

HIV stands for Human Immunodeficiency Virus. HIV is the virus that causes AIDS (Acquired Immunodeficiency Syndrome). Different laboratory tests can be used to identify HIV infection, the most common being a combination HIV antibody/antigen test. Presence of HIV antibodies or antigens in the sample means that a person has been infected with the HIV virus. While a positive HIV antibody/antigen test result does not mean that you have AIDS, it does mean that you are at a seriously increased risk of developing AIDS and more testing is needed to assess your health. A negative test result means that no HIV antibodies or antigens were found. Because of varying incubation periods (also known as the window period), absence of HIV antibodies or antigens does not guarantee that you have not been infected with the virus. In addition, the absence of HIV antibodies or antigens does not mean that you are immune to the virus. If your HIV antibody/antigen test is indeterminate, a nucleic acid test (NAT) may be ordered to provide more information. More information about the HIV testing process specific to the insurance company you are applying to can be requested of their medical staff.

If after listening to this statement you do not wish to be tested, do not sign the informed consent form and the application process will be suspended. Before deciding whether to consent to this testing you may, at your own choice and expense, consult with a personal physician or counselor or the Vermont Department of Health regarding HIV and HIV testing. Anonymous HIV testing is also available, the results of which would not be connected to any personally identifying information. To find an anonymous HIV testing site contact the Vermont Department of Health using the contact information at the end of this letter. Any delay in your application resulting from pursuing the options described above will not affect the status of your application or policy.

If after listening to this statement you decide to proceed, you may choose to receive the test results directly or to designate in writing (on the informed consent form) any other person whom you want to receive the results.

All test results will be treated confidentially. The laboratory that conducts the test will report the results to the insurance company, which may in turn report results to its affiliates, reinsurers, medical personnel and insurance support organizations that are involved in the decision by the insurer to sell you insurance. Test results will not be shared with your insurance agent or broker. You have the right to sue a person for damages arising from the unauthorized negligent or knowing disclosure of HIV-related test results.

If your test result is positive or indeterminate, the insurance company may report a nonspecific test code to MIB, LLC (MIB). MIB is a central computerized facility that keeps on file the health information of the applicants for life and health insurance for use by insurance companies. In addition, positive test results must be reported to the Vermont Department of Health.

You have rights that include the following:

1. If your HIV status is determined to be negative, coverage shall not be denied based on HIV status.
2. Your HIV test will only be considered as positive if testing results meet the most current Centers for Disease Control and Prevention recommended laboratory HIV testing algorithm or more reliable confirmatory test or test protocol that has been approved by the United States Food and Drug Administration.
3. If the HIV-1/2 antibody differentiation test result is indeterminate, the insurer may delay action on the application, but no change in preexisting coverage, benefits, or rates under any separate policy or policies held by the individual shall be based upon such indeterminacy.
4. If the HIV-1 NAT test is invalid, the full testing algorithm shall be repeated.



5. No application for coverage shall be denied based on an indeterminate or invalid result. Any underwriting decision granting a substandard classification or exclusion based on the individual's prior HIV-related test results shall be reversed, and the company performing any previous HIV-related testing that had forwarded to a MIB reports based upon the individual's prior HIV-related test results shall request MIB to remove any abnormal codes listed due to such prior test results.
6. If you are denied insurance, or offered insurance on any other than a standard basis, because of the positive results of an HIV-related test, you may request a retest once within the three-year period following the date of the most recent test; and in any event, upon updates to the Centers for Disease Control and Prevention recommended laboratory HIV testing algorithm for serum or plasma specimens. If such retest is negative, a new application for coverage shall not be denied by the insurer based upon the results of the initial test. Any underwriting decision granting a substandard classification or exclusion based on the individual's prior HIV-related test results shall be reversed, and the company performing a retest which had forwarded to a MIB reports based upon the individual's prior HIV-related test results shall request MIB to remove any abnormal codes listed due to such prior test results.
7. Any individual who sustains damage as a result of the unauthorized negligent or knowing disclosure of that individual's individually-identifiable HIV-related test result information in violation of subdivision (H) of this subdivision (20) may bring an action for appropriate relief in Superior Court against any person making such a disclosure. The Court may award costs and reasonable attorney's fees to the individual who prevails in an action brought under this subdivision.

Information about HIV and how to access anonymous HIV testing sites in Vermont is available at the Vermont Department of Health website: [www.healthvermont.gov/disease-control/hiv](http://www.healthvermont.gov/disease-control/hiv) or by calling (800) 882-2437. Additional information about HIV is available at the Centers for Disease Control and Prevention's website [www.cdc.gov/hiv](http://www.cdc.gov/hiv) or by calling (800) 232-4636.

HIV is a treatable infection. In the event you test positive for HIV, it is very important that you seek medical care. You can obtain helpful information from the Vermont AIDS Hotline at (800) 882-2437.

If you choose, you will now be asked to sign a written informed consent form permitting the insurance company to have you tested for HIV.



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**INFORMED CONSENT**

To be signed before medical professional or company agent obtains sample.

This statement has been read aloud to me and I understand this **HIV TESTING INFORMATION STATEMENT & CONSENT FORM**. I voluntarily consent to the collection of blood samples for the purpose of testing to determine if HIV antibodies or antigens are present and the disclosure of the test results as described above.

**Signature of Proposed Insured**

X

**Name of Medical Professional or Company Agent collecting sample** (please print) \_\_\_\_\_

\_\_\_\_\_  
**Signature of Medical Professional or Company Agent**

**Date signed** \_\_\_\_\_

**Proposed Insured's name** (printed) \_\_\_\_\_

X \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**State of Residence** \_\_\_\_\_

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**NOTIFICATION OF TEST RESULTS**

To be completed at time of application or when a Medical Professional or company agent obtains sample.

You may choose to receive the test results directly or to designate below another person to whom the results should be sent:

PLEASE SEND MY TEST RESULTS TO:

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Submit this page with the application

