

Notice and Consent Form For AIDS Virus (HIV) Antibody/Antigen Testing

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

To evaluate your eligibility for insurance coverage, 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 the test results.

PRE-TESTING CONSIDERATION

Many public health organizations have recommended that before taking an AIDS virus (HIV) antibody/antigen 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 on this form. The results also may be reported to the following:

1. persons who have the responsibility to make underwriting decisions on behalf of the insurer;
2. a reinsurer, if the reinsurer is involved in the underwriting process, under procedures that are designed to assure confidentiality; and
3. the insurer's affiliates or legal counsel who needs such information to effectively represent the insurer in regard to matters concerning the proposed insured.

All the persons and organizations named above may have access to your insurance file. In addition, if your HIV antibody test is abnormal (positive), a generic code signifying a non-specific blood abnormality may be made known to MIB, LLC (MIB). Results of the tests will not otherwise be disclosed except as required or allowed by law. This consent is subject to revocation at any time except to the extent that the program which is to make the disclosure has already taken action in reliance on it.

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/antigen test results will adversely affect your application for insurance. This means that your application will probably be declined.

Name and address of physician for reporting a positive test result:

Name: _____

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. This consent will be valid for six (6) months from the date of my signature below.

Proposed Insured's or Parent/Guardian's Signature

X

Proposed Insured's name (printed) _____

Signed on (date) _____

