

**Notice and Consent for Testing
Which May Include AIDS Virus (HIV) Antibody/Antigen Testing**

To determine your insurability, the insurer named above (the "Insurer") has requested that you provide a sample of your blood, urine or oral fluid for testing and analysis. All tests will be performed by a licensed laboratory.

The consent you give by signing this form authorizes the Insurer to collect a sample and order laboratory tests only in regard to your present application for insurance.

Tests may be performed to determine the presence of antibodies or antigens to the Human Immunodeficiency Virus (HIV), also known as the AIDS virus. The HIV antibody test that we perform is actually a series of tests done by a medically accepted procedure. The HIV antigen test directly identifies AIDS viral particles.

All test results will be treated confidentially. They will be reported by the laboratory to the Insurer. When necessary for business reasons in connection with insurance you have or have applied for with the Insurer, the Insurer may disclose test results to others involved in the underwriting process such as its affiliates, reinsurers, employees, or contractors. Upon your written request to the Insurer, names of the specific individuals or organizations involved with your insurance application will be provided. If the Insurer is a member of the Medical Information Bureau (MIB, Inc.), and if the test results for HIV antibodies/antigens are other than normal, the Insurer will report to the MIB, Inc. a generic code which signifies only a non-specific test abnormality. If your HIV test is normal, no report will be made about it to the MIB, Inc. The organizations described in this paragraph may maintain the test results in a file or data bank. There will be no other disclosure of test results or even that the tests have been done except as may be required or permitted by law or as authorized by you.

Positive HIV antibody/antigen test results do not mean that you have AIDS, but that you are at significantly increased risk of developing AIDS or AIDS-related conditions. Federal authorities say that persons who are HIV antibody/antigen positive should be considered infected with the AIDS virus and capable of infecting others.

Positive HIV antibody or antigen test results or other significant test abnormalities will adversely affect your application for insurance.

Information concerning AIDS or HIV infection can be obtained by contacting the Virginia Health Department at 1-800-533-4148. Personal face-to-face counseling is available through the Virginia Department of Health. Contact your local health department for more information.

Virginia state regulation requires you to designate a physician, yourself, or other person to receive HIV test results. The designated person will be the only one to whom the results will be disclosed.

Notice and Consent for HIV-Related Testing Virginia

I have read and I understand this *Notice of Consent For Testing Which May Include HIV Antibody/Antigen Testing*. I voluntarily consent to provide a sample of my blood, urine or oral fluid, the testing of that sample, and the disclosure of the test results as described above.

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 Lab Test Results

You may choose to receive test results directly or to designate another person to whom the results should be sent. Please select one option in each section below:

A. If my HIV test results are normal:

- Do not mail a copy to me.
- Mail a copy of my lab test results to me at the residence address shown on my application.
- Mail a copy of my lab test results to the person indicated below.

B. If my HIV test results are other than normal:

- Mail a copy of my lab test results to me at the residence address shown on my application.
- Mail a copy of my lab test results to the person indicated below.

Physician or other person designated to receive lab test results:

Name: _____

Street: _____

City: _____ State _____ Zip Code _____

Name of Proposed Insured (*Please Print*)

Date of Birth

Signature of Proposed Insured

Date Signed

