

NOTICE AND CONSENT FORM FOR AIDS VIRUS (HIV) ANTIBODY/ANTIGEN TESTING

PURPOSE OF CONSENT FORM

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 (for example, the decision to accept or reject your application) will be based on the test results. You have ten (10) days to decide whether you wish to sign this form. You may refuse to be tested. However, such refusal may be used by the Insurer as a reason to deny coverage. Please see below for additional counseling information.

INFORMATION ON HIV

HIV, the virus that causes AIDS, is transmitted from one person to another through blood, semen, and vaginal fluids. The disease is spread primarily during anal, vaginal, or oral intercourse, the sharing of needles and syringes used for shooting drugs, or from a mother to her unborn child. HIV is not spread through casual contact, such as eating with or touching a person infected with the virus. There is no medical evidence that HIV is spread by kissing.

Persons most at risk of contracting HIV are men who have sex with other men; intravenous ("IV") drug users; prostitutes (male or female); persons who have had many sexual partners since 1977; persons who received transfusions of blood or blood products prior to March, 1985; the sexual partners of persons in any of these groups; and infants born to infected mothers.

PRE-TEST COUNSELING CONSIDERATIONS

Many public health organizations have recommended that before taking an HIV antibody/antigen test a person seek counseling to become fully informed about the implications of such tests. You may wish to consider obtaining such counseling at your own expense prior to being tested. Free confidential counseling is available in most Arizona communities. If you need information about the availability of counseling in your area contact your County Health Department or:

Phoenix metropolitan area: (602) 253-2437
(Arizona AIDS Information Line)

Outside the Phoenix area: 1-800-334-1540
(Arizona Department of Health Services)

DISCLOSURE OF TEST RESULTS

All HIV test results will be treated confidentially by the Insurer noted above. Test results will be reported to the Insurer, including the Insurer's employees, contractors, and agents.

Test results and application responses may be shared with the underwriting departments of the Insurer and reinsurers, or to those contractually retained medical personnel, laboratories, and insurance affiliates, excluding agents and brokers, which are involved in underwriting decisions regarding your application, if disclosure is reasonably necessary to make the underwriting decision regarding your application. Claims information may be shared with claims personnel and attorneys reviewing claims, if disclosure is reasonably necessary to process and resolve a claim.

By signing the Insurer's consent form relating to HIV antibody testing, you authorize us to disclose the test result to persons or entities such as a medical information exchange for insurers operated under procedures intended to ensure confidentiality.

Test results may also be disclosed as otherwise required or allowed by law, including but not limited to the release of information to the Department of Health Services as provided by law.

MEANING OF POSITIVE TEST RESULTS

The most commonly used test for HIV is designed to detect the presence of antibodies to the virus. Antibodies are made by the body's immune system to fight infection. While positive HIV antibody test results do not mean that you have AIDS, they do indicate that you have been infected with HIV, the virus that causes AIDS. About 50% of infected individuals have developed AIDS within 10 years after being infected with the virus. Positive HIV antibody/antigen test results will adversely affect your application for insurance. This means that your application will probably be declined.

CONSENT

I have read and I understand this Notice and Consent Form for AIDS Virus (HIV) Antibody/Antigen Testing.

I voluntarily consent to HIV testing and disclosure as described above.

I understand that I have a right to request and receive a copy of this form. A photocopy of this form will be as valid as the original.

This consent is limited to a period of 180 days from the date of signature.

Signature of Proposed Insured or Person Authorized by Law to Consent on behalf of the Proposed Insured.

Date Signed

OPTIONAL RELEASE OF INFORMATION TO PERSONAL PHYSICIAN

In addition to the release of information as described above, I hereby authorize the release of my HIV test results to my personal physician named below:

Physician's Name: _____

Address: _____

City, State, Zip: _____

Signature of Proposed Insured or Person Authorized by Law to Consent on behalf of the Proposed Insured.

Date Signed