

## HIV TESTING NOTICE AND INFORMED CONSENT FORM

### PURPOSE OF CONSENT FORM

To evaluate your insurability, the Insurer named above (the “Insurer”) has requested that you provide a sample of blood, urine, or oral fluid for HIV testing (the “HIV test” or “test”). The HIV test may include, but is not necessarily limited to, testing for the presence of Human Immunodeficiency Virus (HIV) antibodies/antigens. The testing will be performed by a licensed laboratory through a medically accepted procedure. By signing this form, you agree that the test may be done, that the test results may be disclosed as described in this form, and that underwriting and/or coverage decisions will be based on the test results. As a result, it is important that you carefully read this HIV Testing Notice and Informed Consent Form prior to consenting to such a test and disclosure.

### INFORMATION ON AIDS

Acquired Immunodeficiency Syndrome (AIDS) is a life-threatening disorder of the immune system, caused by a virus, HIV. The virus is transmitted by sexual contact with an infected person, from an infected mother to her newborn infant, or by exposure to infected blood (as in needle sharing during injection drug use). Persons at high risk of contracting AIDS include males who have had sexual contact with another man, intravenous drug users, hemophiliacs, and sexual contacts of any of these persons. AIDS does not typically develop until a person has been infected with HIV for several years. A person may remain free of symptoms for years after becoming infected. Infected persons have a significant chance of developing AIDS over the next 10 years.

### THE HIV TEST

Before consenting to testing, please read the following important information:

1. **Purpose.** The purpose of this HIV test is to determine insurability. This test is being performed to determine whether you may have been infected with HIV. If you are infected, you are probably not insurable. This test is not a test for AIDS; AIDS can only be diagnosed by medical evaluation. An HIV antibody/antigen test detects antibodies and/or antigens to the HIV virus, the causative agent for AIDS, and shows whether you may have been exposed to the virus.
2. **Positive Test Results.** If you test positive, it does not mean that you have AIDS, but that you may be at significantly increased risk of developing problems with your immune system. If you test positive, you should consult with your personal physician, a public health clinic or an AIDS information organization to gain more information on the medical implications of a positive test result.
3. **Accuracy.** An HIV antibody/antigen test is reliable but not 100% accurate. It is possible, but rare, that an HIV antibody/antigen test may provide a positive result even if you are not infected. In this case retesting should be done to confirm the validity of a positive test. It is also possible that an HIV antibody/antigen test may provide a negative result, even though you are infected. This happens most commonly in recently infected persons; it takes at least 4-12 weeks for a positive test result to develop after a person is infected.
4. **Side Effects.** A positive test result may cause you significant anxiety. A positive test may result in uninsurability in connection with this insurance application, as well as for life, health, or disability insurance policies you may apply for in the future, and may affect the coverage of insurance claims. A negative result may create a false sense of security.
5. **Confidentiality.** All test results will be treated confidentially. However, in signing this Notice and Informed Consent Form, you authorize the testing laboratory to report the test results to the Insurer. The Insurer will treat the test results as confidential, but your test results may be provided to affiliates, reinsurers, employees and contractors of the Insurer who are involved in handling or determining your application for coverage or claims. Colorado Law prohibits reporting a positive or indeterminate test result to the Medical Information Bureau, Inc. (MIB), a national insurance data bank.

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6. **Disclosure:** If your HIV test results are negative, no routine notification will be sent to you. If an adverse underwriting decision or coverage decision is based on the HIV test result, the Insurer will notify you of such adverse decision, but the Insurer cannot, under Colorado law, disclose the test results to you.

If the HIV test results are positive or indeterminate, the Insurer will contact the physician designated in this HIV Testing Notice and Informed Consent Form, and you should contact the physician for additional information regarding the HIV test result. If you fail to designate a physician in this form, the Insurer will not disclose a positive or indeterminate HIV test result to you, but will ask that you identify a physician to whom the HIV test result may be disclosed.

7. **Further Information.** Further information about HIV testing and AIDS can be obtained by contacting your personal physician, the State Department of Health, as well as any AIDS information organization in your area.

### CONSENT

I hereby acknowledge that I have received, read and understand the HIV Testing Notice and Informed Consent Form.

I understand that the results of the HIV test will be used in determining insurability.

I authorize the testing laboratory to disclose the results of the HIV test to the Insurer.

I authorize the Insurer to provide notice of any adverse underwriting or coverage decision to any appropriately interested parties. I authorize the Insurer to disclose the HIV test result to its reinsurers, affiliates, employees and contractors (except its agents or brokers) involved in making an underwriting or coverage determination regarding my application or claim and to whom such disclosure is necessary.

I understand that under Colorado law, the Insurer may only disclose the actual HIV test results to a physician designated by me. I understand that any such disclosure will be in a manner that assures confidentiality. I authorize the Insurer to disclose a positive or indeterminate test result to the following physician:

Physician: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

If I fail to designate a physician in the space above, I understand that in the event of a positive or indeterminate HIV test result, the Insurer will contact me and ask that I then name a physician to whom the HIV test result may be disclosed.

I voluntarily consent to the collection of a sample of blood, urine or oral fluid from me, the testing of the sample(s), and the disclosure of the test results as described above.

A photocopy will be as valid as the original.

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

\_\_\_\_\_  
Date