

HIV TESTING NOTICE AND INFORMED CONSENT FORM

Examiner: _____
Address: _____
City, State, Zip: _____

Insurer: IA American Life Insurance Company
Address: P.O. Box 2549
City, State, Zip: Waco, TX 76702-2549

PURPOSE OF CONSENT FORM

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

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. HIV antigen test directly identifies AIDS viral particles. These tests are extremely reliable. Your blood sample will first be subjected to a test known as ELISA (Enzyme- Linked Immunosorbent Assay). If the result of this test is positive, the ELISA test will be repeated. If this repeat ELISA test is also positive, your blood specimen will then be subjected to another, more specific technique called the Western blot test, for confirmation. Your test result is considered positive only after positive results are obtained on two ELISA tests and a Western blot test. Other tests which may be performed include determinations of blood cholesterol and related lipids (fats) and screening for liver or kidney disorders, diabetes, and immune disorders.

DISCLOSURE

All tests 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 and claims review process. Your test results will not be disclosed to your agent or broker. If the HIV test is positive, the results will be reported to the local health department or the State Department of Health, and if the Insurer is a member of the Medical Information Bureau, Inc. (MIB), the Insurer may report the results in a generic code which signifies only non-specific blood test abnormalities. If your HIV test is normal, no report will be made about it to the MIB. Other test results may be reported to the MIB in a more specific manner. 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 the tests have been done except as may be required or permitted by law or as authorized by you.

MEANING OF TEST RESULTS

If your HIV test results are normal, no routine notification will be sent to you. If the HIV test results are other than normal, the Insurer or your designated physician will contact you. The Insurer may also contact you if there are other abnormal test results which, in the Insurer's opinion, are significant. The Insurer may ask you for the name of a physician to whom you may authorize disclosure and with whom you may wish to discuss the results.

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 medical authorities have concluded 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 blood abnormalities will adversely affect your application for insurance. This means that your application may be declined, that an increased premium may be charged, or that other policy changes may be necessary.

CONSENT

I have read and I understand this HIV Testing Notice and Informed Consent Form. I voluntarily consent to the withdrawal of saliva, urine or of blood from me by needle, the testing of that saliva, urine or blood 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.

In the event of a positive HIV test result, I authorize the Insurer to send the test results to the following health care professional for post-test counseling and for Health Department reporting purposes:

Physician: _____

Address: _____

Proposed Insured

Date of Birth

Signature of Proposed Insured or Parent/Guardian

Date

State of Residence