



LIFE INSURANCE COMPANY

P.O. Box 2549 • Waco, TX 76702-2549

254-297-2774

HIV TESTING NOTICE AND INFORMED CONSENT FORM

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

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 Notice and Informed Consent Form For AIDS-Related Medical Testing prior to consenting to such a test and disclosure.

PRE-TESTING CONSIDERATONS

Many public health organizations have recommended that before taking an AIDS-related blood 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 above. Results of the tests will not otherwise be disclosed except as required or allowed by law.

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

NOTIFICATION OF TEST RESULTS

A positive test result will be disclosed to a physician you designate. If you do not designate a physician, a positive test result will be disclosed to the Cabinet for Human Resources. Because a trained person should deliver that information so that you can understand clearly what the test result means, please list your private physician so that the Insurer can have your private physician tell you the test result and explain its meaning.

Name and address of physician for reporting positive test results:

Physician Name: _____

Physician Address: _____

CONSENT

I have read and I understand this Notice and Consent Form For AIDS-Related Medical Testing 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.

Name of Proposed Insured: _____

Signature of Proposed Insured or Parent/Guardian

Date

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