

**NOTICE AND CONSENT FOR BLOOD
(OR OTHER BODY FLUID) TESTING AND
DISCLOSURE WHICH MAY INCLUDE AIDS
VIRUS (HIV) ANTIBODY/ANTIGEN TESTING**

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 a body fluid 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. 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.

CONFIDENTIALITY

All test results will be treated confidentially. The results of tests will be reported by the laboratory to the Insurer identified on this form. 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 such as its affiliates, reinsurers, employees, or contractors to whom disclosure is reasonably necessary in the ordinary course of business to carry out the purpose for which that disclosure is authorized. If the Insurer is a member of the Medical Information Bureau, Inc. (MIB) and if the test results for HIV antibodies/antigens are other than normal, the Insurer will report to the MIB, 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. Other test results may be reported to the MIB, Inc., in a more specific manner. The organizations described in this paragraph may maintain the test results in a file or data bank. There may be other disclosure of test results as permitted by law or authorized by you.

NOTIFICATION OF RESULTS

If your HIV test results are normal, no routine notification will be sent to you. If you are a resident of North Dakota and your HIV test is other than normal, the Insurer will disclose test results to the North Dakota Department of Health and Consolidated Laboratories as required by law. If the HIV test results are other than normal, the North Dakota Department of Health and Consolidated Laboratories will contact you.

SIGNIFICANCE OF POSITIVE TEST RESULTS AND EFFECT ON APPLICATION FOR INSURANCE

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 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 Notice of Consent For Blood (Or Other Body Fluid) Testing And Disclosure Which May Include HIV Antibody/Antigen Testing form. I voluntarily consent to the testing of my blood or other body fluids 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.

Name of Proposed Insured (Please Print)

Birth Date

Signature of Proposed Insured

Date

State of Residence

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