

**NOTICE AND CONSENT FOR BLOOD TESTING WHICH MAY INCLUDE
AIDS VIRUS (HIV) ANTIBODY/ANTIGEN TESTING**

To evaluate your insurability, the Insurer named above (the "Insurer") has requested that you provide a sample of blood or urine 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. 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 form prior to consenting to such a test and disclosure.

THE HIV TEST

The HIV antibody test that we perform is actually a series of tests done by a medically accepted procedure. The HIV antigen test directly identifies AIDS viral particles. These tests are extremely reliable. 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.

PRE-TESTING CONSIDERATION

Many public health organizations have recommended that before taking an AIDS virus (HIV) antibody/antigen 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. 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. 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, Inc. 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 will be no other disclosure of test results or even that the tests have been done except as may be required or permitted by law or as authorized by you.

TESTING PROTOCOL

The following protocol will be used for testing:

1. An initial Elisa blood test.
2. If the initial Elisa test is positive, then a repeat Elisa test must be given.
3. If the second Elisa blood test is positive, a Western Blot blood test must be used to confirm the previous positive results. If any of the tests yield negative results, the tests may not be used for underwriting, and the positive result(s) must be purged from your insurance file.

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 Notice of Consent for Blood Testing Which May Include AIDS Virus (HIV) Antibody/Antigen Testing Form.

I voluntarily consent to the withdrawal of blood from me by needle, the testing of that blood and the disclosure of the test results as described above.

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: _____

City, State, Zip: _____

This form will be valid for 30 months from the date it is signed, as designated below.

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.

Proposed Insured Name (Please Print)

Date of Birth

Signature of Proposed Insured or Parent/Guardian or
Other Authorized Representative

Date

State of Residence