

HIV ANTIBODY TEST INFORMATION FORM FOR INSURANCE APPLICANT

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 IV drug use). Persons at high risk of contracting AIDS include males who have had sexual contact with another male, intravenous drug users, hemophiliacs, and persons who have had sexual contact with 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. An infected person has a significant chance of developing AIDS over the next 10 years.

THE HIV ANTIBODY TEST

Before you consent to testing, please read the following important information:

- Purpose.** This test is being run to determine whether you may have been infected with HIV. If you are infected, your options for obtaining life and health insurance may be limited. This test is not a test for AIDS; AIDS can only be diagnosed by medical evaluation.
- Positive Test Results.** If you test positive, you should seek medical follow-up with your personal physician because you may be infected with HIV.
- Accuracy.** An HIV test will be considered positive only after confirmation by a laboratory procedure that the State Health Officer has determined to be highly accurate. Nonetheless, the HIV antibody test is not 100% accurate. Possible errors include:
 - False positives:** The test gives a positive result, even though you are not infected. This happens only rarely and is more common in persons who have not engaged in high risk behavior. Retesting should be done to help confirm the validity of a positive test.
 - False negatives:** The test gives a negative result even though you are infected with HIV. 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.
- Possible Adverse Effects of Test.** A positive test result may cause you significant anxiety. A positive test result may limit your ability to obtain life, health or disability insurance coverage in the future. Although prohibited by law, discrimination in housing, employment, or public accommodations may result if your test results were to become known to others. A negative result may create a false sense of security.
- Disclosure of Results.** A positive test result will be disclosed to you or the physician or County Health Department that you designate.
- Confidentiality.** Like all medical information, HIV test results are confidential. An insurer, insurance agent, or insurance support organization is required to maintain the confidentiality of HIV test results. However, certain disclosures of your test results may occur however, including those authorized by consent forms that you may have signed as part of your overall application. Your test results may be provided to affiliates, reinsurers, employees and contractors of the insurer in relation to the underwriting of the insurance application. In addition, a positive result from a blood, oral specimen or urine test may be reported to the Medical Information Bureau, a national insurance data bank, as a non-specific abnormality determined by the testing of the blood, oral or urine specimen.
- Prevention.** Persons who have a history of high risk behavior should change these behaviors to prevent getting or giving AIDS, regardless of whether they are tested. Specific important changes in behavior include safe sex practices (including condom use for sexual contact with someone other than a long-term monogamous partner) and not sharing needles.
- Information.** Further information about HIV testing and AIDS can be obtained by calling the Oregon AIDS hotline within the Portland area at 223-AIDS and outside the Portland area at 1-800-777-AIDS. Health insurance may be available through the Oregon Medical Insurance Pool for persons who are not otherwise able to obtain coverage. The telephone number for the Oregon Medical Insurance Pool is 1-800-542-3104 or 1-503-373-1692.

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CONSENT

This authorization is limited to a period of six (6) months from the date of signature.

The consent will be used to evaluate the insurance application.

I hereby acknowledge that I have received and read the "Oregon – Information Brochure, HIV Testing Notice and Informed Consent Form" with respect to HIV antibody testing.

I understand that the results of the HIV antibody testing will be used to determine insurability.

My test results may be provided to affiliates, reinsurers, employees and contractors of Industrial-Alliance *Pacific* Life Insurance Company ("the Insurer") in relation to the underwriting of the insurance application and to the persons or departments designated as follows:

1. Dr. _____
 Physician Name

Address

Telephone Number

2. The. _____ County Health Department

3. Me Personally. I request that a positive HIV test result be reported directly to me.*

A positive result from a blood, oral specimen or urine test may be reported to the Medical Information Bureau, a national insurance data bank, as a non-specific abnormality determined by the testing of blood, oral specimen or urine.

I voluntarily consent to the collection of blood, oral or urine specimen from me, the testing of that sample, and the disclosure of the test results as described above. The test performed will be two (2) ELISA tests confirmed by a Western Blot test or another test or test series that the state of Oregon epidemiologist finds to be no less accurate.

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.

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

Date

Signature of Person Explaining Consent

Date

* According to Oregon law, positive HIV test results should be reported to you through a physician or County Health Department designated by you. A positive result will be reported to you only if it is requested in this Consent. According to Oregon law, final positive HIV results may be disclosed directly to you only if the Insurer gives you another opportunity to designate a physician or County Health Department. If final positive results are disclosed directly to you, the Insurer will give you the Oregon AIDS Hotline numbers for obtaining local assistance and will advise you to call the Oregon AIDS Hotline or consult a physician.