

# HIV Testing Information Statement And Consent Form

## Vermont

**Insurer:** Massachusetts Mutual Life Insurance Company  
and affiliated insurance companies  
1295 State Street  
Springfield MA 01111-0001

**Vermont law requires that the agent read this entire statement to you aloud, subject to penalties to the agent and the Insurer.**

To determine your insurability, the Insurer named above (the Insurer) may request a sample of your blood, oral fluid (OMT) and/or urine for testing and analysis. One of the tests will be to determine the presence or absence of antibodies to the HIV virus. HIV is the virus that causes AIDS (Acquired Immunodeficiency Syndrome).

The test is actually a three-step test protocol. If the blood, oral fluid and/or urine sample is reactive within specific limits, then it is considered positive for the HIV antibody.

Presence of antibodies in the sample means that a person has been infected with the HIV virus. While a positive HIV antibody test result does not mean that you have AIDS, it does mean that you are at a seriously increased risk of developing AIDS.

A negative test result means no antibodies to the HIV virus were found. Because of varying incubation periods, absence of HIV antibodies does not mean that you have not been infected with the virus. Absence of HIV antibodies does not mean that you are immune to the virus.

You may consult, at your expense, with a personal physician or counselor or the state health department before deciding whether to consent to this testing. Public health officials recommend that persons who test positive for the HIV antibodies should seek counseling to become informed about the implications of the test results.

Public health authorities urge that everyone become educated about how to protect themselves from HIV infection. If you have questions or concerns, you should contact your own physician or own health care provider.

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 such as its affiliates, reinsurers, employees or contractors, but not to agents or brokers. If your HIV antibody test is positive or indeterminate, a code for a non-specific blood test abnormality will be made known to the Medical Information Bureau. If your HIV test is normal, no report will be made about it to the MIB, Inc. In addition, positive results must be reported to the Vermont Department of Health using a unique identifier code. No other disclosures will be made, except as may be required by law or as authorized by you.

An individual damaged by unauthorized disclosure can sue for relief, and may recover attorney fees and court costs.

The Insurer will pay for this test. Neither you nor your health care provider will be billed. If you decide to consult with someone before consenting to this test, that delay will not in and of itself affect the status of any application or policy, or extend the term of any binding receipt.

You have rights that include the following:

- If a test is indeterminate, you may request in writing to be retested after six but not later than eight months. Pre-existing insurance will not be affected. If the new test is indeterminate or negative, a new application for coverage may not be denied based on either test, and any prior decisions to grant a substandard classification or exclusion based on prior HIV-related test results will be reversed.
- If the test results of urine or oral fluids is positive or indeterminate, the insurance company must provide you with the opportunity to retest once, within 30 days following receipt of those test results. You have the option of choosing a blood, urine or oral sample for that retest.

**Continued ►**

- If you are denied insurance because of a positive test result, you may request a retest once within the three-year period following the date of the most recent test or if an alternate test has been approved for use by the Vermont Insurance Commissioner. If such retest is negative, an insurer may not deny coverage based upon the initial test results.

It is very important to seek counseling in the event you test positive for HIV antibodies. You can obtain helpful information from the Vermont AIDS Hotline at (800) 882-2437 and the Centers for Disease Control and Prevention at (800) 342-2437.

You will now be asked to sign a written informed consent form permitting the insurance company to have you tested for HIV antibodies.

### **Informed Consent**

*To be given to Proposed Insured by Medical Professional collecting sample*

This statement has been read aloud to me and I understand this HIV Testing Information Statement and Consent Form. I voluntarily consent to the collection of blood, urine and/or OMT samples for the purpose of testing to determine if HIV antibodies are present and the disclosure.

_____	_____	
Proposed Insured	Date of Birth	
_____	_____	_____
Signature of Proposed Insured Or Parent/Guardian	Date	State of Residence
_____		
Signature of Medical Professional collecting sample		

### **Notification of Test Results**

*To be given to Proposed Insured by Medical Professional collecting sample*

If your test results are positive or indeterminate, you are entitled to that information, if you so desire. Because a trained person should deliver that information so that you can understand clearly what the test results mean, you are asked to list your personal physician, health care provider or another person to whom the Insurer will report the test results and who may explain their meaning.

Physician or other person to whom positive or indeterminate test results will be reported:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Securities offered through MML Investors Services, Inc., 1295 State Street, Springfield MA 01111.



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\_\_\_\_\_  
Proposed Insured

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of Proposed Insured  
Or Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
State of Residence

\_\_\_\_\_  
Signature of Medical Professional collecting sample

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Name \_\_\_\_\_

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**This copy to Client**