

Information Form For Insurance Applicant

Before consenting to testing, please read the following important information.

To evaluate your insurability, the insurer named above (the insurer) has requested that you provide a sample of your blood for testing and analysis. Tests which may be performed include determinations of blood cholesterol and related lipids (fats) and screening for liver and kidney disorders, diabetes and immune disorders. One of the tests to be performed on this sample will be a test to determine the presence of Human Immunodeficiency Virus (HIV) antibodies. By signing and dating this form you agree that this test may be done and that underwriting decisions will be based on the test result. The HIV Antibody Test consists of a series of three tests as outlined below which will be performed on your blood sample by a licensed laboratory through a medically accepted procedure.

AIDS

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 intravenous (IV) drug use). Persons of high risk of contracting AIDS include males who have had sexual contact with another man, intravenous drug users, hemophiliacs, and persons who have had sexual contacts 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. If symptoms do develop, they may include fever (including night sweats), weight loss, swollen lymph glands, fatigue, diarrhea or white spots in the mouth.

The HIV Antibody Test

Purpose: This test is being run to determine whether you may have been infected with HIV. If you are infected, you are probably not insurable. This test is not a test for AIDS; AIDS can only be diagnosed by medical evaluation.

When an HIV Antibody Test is performed, it will be performed only by LabOne, Inc. and according to the following, medical protocol:

1. An initial Enzyme Linked Immunosorbant Assay (ELISA) blood test will be done. If such test is negative, a negative finding will be reported by LabOne to the insurer.
2. If the initial ELISA blood test is positive, another ELISA blood test will be performed.
 - a. If the second ELISA blood test is also positive, a Western Blot blood test will be performed to confirm the positive results of the two ELISA blood tests.
 - b. If the second ELISA blood test is negative, a third ELISA blood test will be performed. If the third ELISA blood test is positive, a Western Blot blood test will be performed to confirm the previous results. If the third ELISA blood test is negative, a negative result will be reported by LabOne to the insurer.
3. Only if at least two ELISA blood tests and a Western Blot blood test are all positive will the result be reported as a positive. All other results will be reported as negative by LabOne to the insurer.

This test is not a test for AIDS. It is a test for antibodies to the HIV virus, the causative agent for AIDS, and shows whether you have been exposed to the virus. A positive test result does not mean that you have AIDS but shows that the risk that you will develop problems with your immune system is significantly increased.

Confidentiality of Test Results

All tests results are required be treated confidentially. They will be reported by the laboratory to the insurer. The test results may be disclosed as required by law or may be disclosed to employees of the insurer who have the responsibility to make underwriting and claim decisions on behalf of the insurer or to its outside legal counsel who needs such information to effectively represent the insurer in regard to your application. The results may be disclosed to a reinsurer, if the reinsurer is involved in the underwriting process. The results may be released for the preparation of statistical reports that do not disclose the identity of any particular person. Test results may also be released to your physician, health care agency or local health department as described below.

Notification of Test Result

If your test results are negative, routine notification will be sent to you. Any test results which are reported by the laboratory to the insurer as being positive or indeterminate will be sent to the person or entity designated below. If there is no such designation, the insurer will send the test results to your local health department for interpretation and post test counseling.

Pre-Testing Conditions

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 a test. You may wish to consider counseling, at your expense, prior to being tested. A list of counseling resources is provided to you with this form.

Post-Testing Conditions

Washington law requires that post test counseling occur at the time a positive or indeterminate test result is given to a tested individual. It is the obligation of the person or entity designated below to provide such counseling at the time the test result is revealed to you. If no such designation is given, post test counseling will be provided to you by your local health department when a positive or indeterminate test result occurs.

Consent

I have read this Notice and Consent and I have received a copy of the counseling resource list. I voluntarily consent to the withdrawal of blood from me, the testing of that blood, and the disclosure of the test results as described above. I have read the information on this form about what a test result means.

Name of physician or health care agency for reporting a positive or indeterminate test result: _____

Address: _____

There is also a form inside the blood and urine profile kit which must be read and signed. If you choose not to sign below on this form or the form in the kit, we will be unable to consider your request for coverage. If you wish for us to continue processing, sign below.

Name of proposed insured

Signature of proposed insured or parent/guardian

Address

Date signed
