



United Home Life Insurance Company  
P.O. Box 7192 • Indianapolis, Indiana 46207-7192

**NOTICE AND CONSENT FOR BLOOD AND OTHER BODILY FLUID TESTING WHICH MAY INCLUDE AIDS VIRUS ANTIBODY TESTING**

To evaluate your insurability, the Insurer named above (the Insurer) has requested that you provide a sample of your blood and/or other bodily fluid for testing and analysis 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 results. A series of test will be performed by certified laboratory through a medically accepted procedure.

**Pre-testing Considerations**

Many public health organizations have recommended that before taking an AIDS-related blood and other bodily fluid 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.

**Meaning of Positive Test Results**

The 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 that you are at significantly increased risk of developing problems with your immune system. The test for HIV antibodies is very sensitive. Errors are rare, but they do occur. Your private physician, a public health clinic, or an AIDS information organization in your city might provide you with further information on the medical implications of a positive test.

**Positive HIV antibody test results will adversely affect your application for insurance.**

**CONFIDENTIALITY OF TEST RESULTS**

All test results are required to 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 decisions on behalf of the insurer or to outside legal counsel who need 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 test may be released to an insurance medical information exchange under procedures that are designed to assure confidentiality, including the use of general codes that also cover results of test for other diseases or conditions not related to AIDS, or for the preparation of statistical reports that do not disclose the identity of any particular person.

**NOTIFICATION OF TEST RESULTS**

A positive test result will be disclosed to a physician you designate. If you do not designate a physician, a positive test result will be disclosed to the Florida Department of Health and Rehabilitation. Because a trained person should deliver that information so that you can understand clearly what the test results means, please list your private physician so that the Insurer can have him or her tell you the test results and explain its meaning.

Name of physician for reporting a positive test result: \_\_\_\_\_

Address: \_\_\_\_\_

**CONSENT**

I have read and I understand this Notice and Consent AIDS-Related Blood and other Bodily Fluid Testing. I voluntarily consent to the withdrawal of blood and other bodily fluid from me, the testing of that blood and other bodily fluid, 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 valid as the original.

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

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Name and Address of Proposed Insured (Please Print)