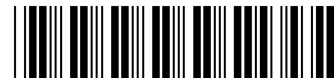


NOTICE AND CONSENT FOR TESTING WHICH MAY INCLUDE AIDS VIRUS (HIV) ANTIBODY/ANTIGEN TESTING AND AUTHORIZATION FOR DISCLOSURE OF INFORMATION

To determine your insurability, the Insurer indicated on this form (the Insurer) has requested that you provide a sample of your blood, oral fluid or urine for testing and analysis. All tests will be performed by a licensed laboratory.

The consent you give by signing this form authorizes the insurer to withdraw a blood sample, collect oral fluid or urine samples, and order laboratory tests only in regard to your present application for insurance. You may withdraw such consent at any time. In order to perform all these procedures, it may be necessary for you to provide more than one body fluid sample.

HIV ANTIBODY/ANTIGEN TEST. Unless precluded by law, tests may be performed to determine the presence of antibodies or antigens to the Human Immunodeficiency Virus (HIV), also known as the AIDS virus. 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-TEST COUNSELING. Due to the serious nature of HIV and HIV-related illnesses, you may want to obtain counseling before undergoing this test for HIV antibodies and antigens. Alternative HIV testing and counseling is available through the Commonwealth of Pennsylvania Department of Health and your local health department. You may obtain additional information on such alternative testing and counseling by contacting the Department at (717) 783-0479.

CONFIDENTIALITY. 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 solely in the underwriting process such as its affiliates, reinsurers, employees, or contractors. If the Insurer is a member of the Medical Information Bureau (MIB, Inc.), and if the test results for HIV antibodies/antigens are other than normal, the Insurer will report to the MIB, Inc., a generic code which signifies only a non-specific test abnormality. 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.

NOTIFICATION OF TEST RESULTS – AUTHORIZATION TO DISCLOSE. If your HIV test results are normal, no routine notification will be sent to you unless you indicate otherwise. If the HIV test results are other than normal, the Insurer 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 will ask you for the name of a physician or other health care provider to whom you may authorize disclosure and with whom you may wish to discuss the results. If you do not designate a physician to receive any abnormal test results, the results will be disclosed to the Commonwealth of Pennsylvania Department of Health or to your local health department.

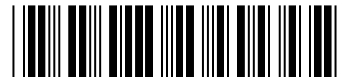
SIGNIFICANCE OF POSITIVE TEST RESULTS AND AFFECT ON APPLICATION FOR INSURANCE. Positive HIV antibody/antigen test results do not mean that you have AIDS, but that you are at significantly increased risk of developing AIDS or AIDS-related conditions. Federal authorities say that persons who are HIV antibody/antigen positive should be considered infected with the AIDS virus and capable of infecting others.

Positive HIV antibody or antigen test results or other significant test result 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.

I have read and I understand this Notice of Consent For Testing Which May Include HIV Antibody/Antigen Testing. I voluntarily consent to the withdrawal of a blood sample from me, the collection of oral fluid or urine samples, the testing of that sample, and the disclosure of test results as described. I understand that this consent will be valid for twenty-four (24) months following the date shown below. I understand that I may revoke this consent at any time, but that the consent will remain valid to the extent that any person has acted in good faith reliance on the consent.

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 (Please Print)	Date of Birth



◯ I wish to be informed of a negative test result.

I request that abnormal test results be sent to the following (I must choose one):

◯ Name and address of designated Physician:

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____

or

◯ The Commonwealth of Pennsylvania Department of Health; or
◯ One of the following Health Departments or Bureaus:

◯ Allegheny County Health Department
Pittsburgh, PA 15213

◯ Allentown Health Bureau
Allentown, PA 18102

◯ Bethlehem Bureau of Health
Bethlehem, PA 18018

◯ Bucks County Department of Health
Doylestown, PA 18901

◯ Chester County Health Department
West Chester, PA 19380-0990

◯ Erie County Department of Health
Erie, PA 16507

◯ Montgomery County Health Department
Norristown, PA 19404-0311

◯ Philadelphia Department of Public Health
Philadelphia, PA 19146

◯ Wilkes Barre City Health Department
Wilkes Barre, PA 18701

◯ York City Bureau of Health
York, PA 17401

IF YOU DO NOT CHOOSE A RECIPIENT, WE WILL SEND ANY ABNORMAL TEST RESULTS TO THE COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH.

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Signature of Proposed Insured or Parent/Guardian	Date	State of Residence

Examiner's Name and Address:

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For assistance in understanding the meaning of the HIV antibody/antigen testing and test results, please contact:

The Commonwealth of Pennsylvania Department of Health
Bureau of Communicable Diseases, Division of HIV/AIDS
Counseling and Testing Section
PO Box 90, Room 912
Harrisburg, PA 17108-0090
Phone: (717) 783-0479

◯ **Genworth Life and Annuity Insurance Company**

New Business: P.O. Box 320
Lynchburg, VA 24505-0320

◯ **Genworth Life Insurance Company**

New Business: P.O. Box 461
Lynchburg, VA 24505-0461