

# NOTICE AND CONSENT FOR AIDS RELATED BLOOD TEST- WISCONSIN

INSURER NAME	ADDRESS
<b>Crown Life Insurance Company</b>	<b>Serviced At: P.O. Box 1927, Buffalo, NY 14240-1927</b>
EXAMINER	ADDRESS

## REQUEST FOR CONSENT FOR TESTING

To evaluate your insurability, Crown Life Insurance Company (Insurer) requests that you provide a sample of your blood for testing and analysis, to determine the presence of human immunodeficiency virus (HIV) antibody or antigens. By signing and dating this form, you agree that this test may be done and that underwriting decisions may be based on the test results. A licensed laboratory will perform one or more tests approved by the Wisconsin Commissioner of Insurance.

## PRETESTING CONSIDERATION

Many public health organizations recommend that, if you have any reason to believe you may have been exposed to HIV, you become informed about the implications of the test before being tested. You may obtain information about HIV and counseling from a private health care provider, a public health clinic, or one of the AIDS service organizations on the attached list. You may also wish to obtain an HIV test from an anonymous HIV counseling and testing site before signing this consent form. The Insurer is prohibited from asking you whether you have been tested at an anonymous HIV counseling and testing site and from obtaining the results of such a test. For further information on these options, contact the Wisconsin AIDSline at 1-(800) 334-2437.

## MEANING OF POSITIVE TEST RESULTS

Any test administered is not a test for AIDS. It is a test for antibodies to or antigens of HIV, the causative agent for AIDS, and shows whether you have been infected by the virus. A positive test result may have an effect on your ability to obtain insurance. A positive test result does not mean that you have AIDS, but it does mean that you are at a seriously increased risk of developing problems with your immune system. HIV tests are very sensitive and specific. Errors are rare but they can occur. If your test result is positive, you may wish to consider further independent testing from your physician, a public health clinic or an anonymous HIV counseling and testing site. HIV testing may be arranged by calling the Wisconsin AIDSline at 1 (800) 334-2437.

## NOTIFICATION OF TEST RESULTS

If your test results are negative, no routine notification will be sent to you. If the HIV test results are other than normal, the Insurer will contact you and ask 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 test results.

## DISCLOSURE OF TEST RESULTS

All test results will be treated confidentially. The laboratory that does the testing will report the result to the Insurer. If necessary to process your application, the Insurer may disclose your test result to another entity such as a contractor, affiliate, or reinsurer. If your HIV test is positive, the Insurer may report it to the Medical Information Bureau (MIB, Inc.), as described in the notice given to you at the time of application. If your HIV test is negative, no report about it will be made to the MIB, Inc. The organizations described in this paragraph may maintain the test results in a file or data bank. These organizations may not disclose the fact that the test has been done or the results of the test except as permitted by law or authorized in writing by you.

## CONSENT

I have read and I understand this notice and consent for AIDS-related blood testing. I voluntarily consent to the withdrawal of my blood, the testing of that blood, and the disclosure of the test result as described above. A photocopy or facsimile of this form will be as valid as the original.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_

\_\_\_\_\_  
Name of Proposed Insured (Please print)

\_\_\_\_\_  
Signature of Proposed Insured or Parent/Guardian or Health Care Agent

\_\_\_\_\_  
Date of Birth of Proposed Insured

\_\_\_\_\_  
Address (Street, City, State and Zip Code)