

**ELECTION OR WAIVER OF
PRE-TEST AND POST-TEST COUNSELLING**

A photocopy of this form will be as valid as the original.

Professional (or voluntary) Pre-Test Counselling is available to all proposed insureds who have been requested to undergo blood tests for HIV antibodies. HIV has been identified as the causative agent of AIDS (Acquired Immunodeficiency Syndrome). Counselling shall be provided by a professional (or qualified voluntary) counsellor selected by the proposed insured. If such counselling is sought, Crown Life Company will pay up to \$30.00 (thirty) for one counselling session.

PRE-TEST COUNSELLING

I intend to seek pre-test counselling. (Testing will not be conducted until counselling has been received.)

Proposed Insured: _____ Date: _____

I wish to waive pre-test counselling. By signing below, I certify that:

I have been advised of the availability of pre-test counselling, and of the obligation of Crown Life Insurance Company to pay up to \$30.00 (thirty) for one (1) session of such pre-test counselling.

Before signing this waiver, I read and signed an informed consent form for an HIV blood test, and that form was read aloud to me.

I voluntarily waive pre-test counselling, and neither Crown Life Insurance Company nor its agent or representative required or encouraged me to sign this waiver.

Proposed Insured: _____ Date: _____

Witness: _____

POST-TEST COUNSELLING

I wish to receive post-test counselling.

Proposed Insured: _____ Date: _____

I wish to waive post-test counselling. By signing below, I certify that:

I have been advised of the availability of post-test counselling, and of the obligation of Crown Life Insurance Company to pay up to \$30.00 (thirty) dollars for one (1) session of such post-test counselling.

I voluntarily waive post-test counselling, and neither Crown Life Insurance Company nor its agent or representative required or encouraged me to sign this waiver.

I understand that if the test results are positive or indeterminate, this waiver will be void and I will be given another opportunity to receive counselling.

Proposed Insured: _____ Date: _____

Witness: _____

Crown Life Insurance Company, Serviced At: P.O. Box 1927, Buffalo, NY 14240-1927