

# NOTICE AND CONSENT FOR AIDS-RELATED BLOOD TESTING

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

To evaluate your insurability, the Insurer named above (the Insurer) has requested that you provide a sample of your blood 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 result. A series of three tests will be performed by a licensed laboratory through a medically accepted procedure.

## PRE-TESTING CONSIDERATIONS

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 for your information.**

## MEANING OF POSITIVE TEST RESULTS

The test is not a test for AIDS. It is a test for antibodies to the HIV, the causative agent for AIDS, and shows whether you have been exposed to the virus that can cause AIDS or an AIDS related condition (ARC). A positive test result does not mean that you have AIDS or ARC but that you are at significantly increased risk of developing problems with your immune system. A negative test result means no antibodies to the HIV were found. Because of varying incubation periods, absence of HIV antibodies does not mean that you have not been infected with the virus. Absence of HIV antibodies does not mean that you are immune to the virus. The test for HIV antibodies is very sensitive. Errors are rare, but they do occur. If your test is positive, we suggest that you seek counseling from your private physician, a public health clinic, or an AIDS counseling organization in your city to 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. This means that your application will probably be declined, or that other policy changes may be necessary. You are advised that other insurers to whom you may apply in the future for life or disability income insurance will probably require an HIV related test upon learning of your positive test result for a nonspecific blood disorder.

## 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. The test results 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 tests 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. In the event that a reinsurer is involved in the underwriting process, the test results may be released to the reinsurer under procedures that are designed to assure confidentiality. Any information relating to positive test results will not be released to a reinsurer.

## NOTIFICATION OF TEST RESULT

If your test results are negative, no routine notification will be sent to you. If your test results are reported by the laboratory to the Insurer as being other than negative you are entitled to that information if you so desire. Because a trained person should deliver that information so that you can understand clearly what the test result means, you are asked to list your private physician so that the Insurer can have him or her tell you the test result and explain its meaning.

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

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

If you want to know the results of the test but do not at present have a private physician, initial here: \_\_\_\_\_. The result will be sent to you at the address provided by registered mail with delivery restricted to you only. \_\_\_\_\_

## CONSENT

I have read and I understand this Notice and Consent for AIDS-Related Blood Testing. 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 and understand that I should contact a local AIDS service group or my private physician for further information and counseling if the test result is positive. I understand that I have a right to request and receive a copy of this authorization. A photocopy of this form will be as valid as the original.

\_\_\_\_\_  
Name of Proposed Insured

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

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

\_\_\_\_\_  
Address