

INFORMATION STATEMENT FOR HUMAN IMMUNODEFICIENCY VIRUS (HIV) RELATED TESTS

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

Vermont law requires that the agent read this entire statement to you aloud, subject to penalties to the agent and the Insurer.

To determine your insurability, the Insurer may request a sample of your blood for testing and analysis. One of the tests will be to determine the presence or absence to the HIV. HIV is the virus that causes AIDS (Acquired Immunodeficiency Syndrome).

The test is actually a three-step protocol. If the blood sample is reactive within specific limits, then it is considered positive for the HIV antibody.

While positive HIV antibody test results would not mean that you have AIDS, they would mean that you would be at seriously increased risk of developing AIDS or AIDS-related conditions. Presence of antibodies in blood means that the person has been infected with HIV. It is still possible that the person will not develop AIDS or AIDS-related conditions.

A negative test result means antibodies to the HIV were not 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.

You may consult, at your expense, with a personal physician or counsellor or the state health department before deciding whether to consent to the testing. Public health officials recommend that persons who test positive for the HIV antibodies should seek counselling to become informed about the implications of the test results.

Public health authorities urge that everyone become educated about how to protect themselves from HIV infection. If you have any questions or concerns, you should consult your own physician or health care provider.

All test results will be treated confidentially. They will be reported by the laboratory to the Insurer. The results also may be reported to its affiliates, reinsurers, medical personnel, laboratories and insurance support organizations in connection with insurance for which you have applied. In addition, if your HIV antibody test is positive or indeterminate, a code for a nonspecific blood abnormality will be made known to the Medical Information Bureau. No other disclosures will be made, except as may be required by law or as authorized by you.

An individual damaged by unauthorized disclosure can sue for relief, and may recover attorney fees and court costs.

The insurer will pay for this test. Neither you nor your health care provider will be billed. If you decide to consult with someone before consenting to this test, that delay will not in and of itself affect status of any application or policy, nor extend the term of any binding receipt.

If a test is indeterminate, you may request in writing to be retested after 6 but not later than 8 months. Pre-existing insurance will not be affected. If the new test is indeterminate or negative, a new application for coverage may not be denied based on either test, and any underwriting decision granting a substandard classification or exclusion based upon prior HIV-related results will be reversed.

If you are denied insurance because you tested positive, you may request, once within three years, in writing that the Insurer retest you. If a new test is approved by the Vermont Insurance Commissioner, you may also request retesting. If the retest is negative, the Insurer may not deny you coverage based on the initial test.

You will be asked for your written informed consent before blood is drawn. You will also be asked to give the name and address of a physician or other person to whom test results may be sent.

ACKNOWLEDGMENT OF INFORMATION STATEMENT FOR HIV-RELATED TESTS

To be completed with application. Give one copy to Proposed Insured.

I have listened to the undersigned agent read aloud this printed Information Statement to me. I acknowledge that I have heard and understood this material, and that I have received a copy of this Information Statement.

_____	_____
Date	Signature of Proposed Insured
NAME OF AGENT (Please print)	NAME OF PROPOSED INSURED (Please print)

NOTIFICATION OF TEST RESULTS

To be given to Proposed Insured by Medical Professional drawing blood.

If your test results are positive or indeterminate, 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 results mean, you are asked to list your private physician, health care provider or other person to whom the Insurer will report the test results and who may explain their meaning.

Physician or other person whom positive or indeterminate test results may be reported:

If your test results are negative, we will send the results to you unless you ask us to send them to the physician or other person named below by checking here:

NAME
ADDRESS (City, State and Zip Code)

INFORMED CONSENT

To be given to Proposed Insured by Medical Professional drawing blood.

I have read and I understand this Information Statement for HIV-Related Test Results, and Informed Consent form. 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.

_____	_____
Date	Signature of Proposed Insured
NAME OF PROPOSED INSURED (Please print)	BIRTHDATE
STATE OF RESIDENCE	MEDICAL PROFESSIONAL DRAWING BLOOD (Please print)