



United Home Life Insurance Company
P.O. Box 7192 • Indianapolis, Indiana 46207-7192

NOTICE AND CONSENT FOR URINE, ORAL FLUID AND/OR BLOOD WHICH MAY INCLUDE AIDS VIRUS (HIV) ANTIBODY/ANTIGEN TESTING

To determine your insurability, the Insurer named above has requested that you provide a sample of your urine, oral fluid, and/or blood for testing and analysis. All tests will be performed by a licensed laboratory selected by the Insurer at no cost to you. The consent you give by signing this form authorizes the Insurer to obtain urine, oral fluid, and/or withdraw blood and order laboratory tests only in regard to your present application for life or disability income insurance.

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 is performed is actually a series of tests done by a medically accepted procedure. Other tests which may be performed include, but are not limited to, determinations of blood cholesterol and related lipids (fats) and screening for liver or kidney disorders, diabetes, and immune disorders and the presence of nicotine, certain prescription medications and drugs of abuse.

The urine and oral fluid test are optional. Urine and oral fluid tests are less reliable than blood tests to determine HIV status. You may choose instead to consent to the withdrawal of a sample of your blood. No adverse underwriting decision will be made on the basis of reactive HIV-related tests unless based on an approved testing protocol including, but not limited to, two reactive enzyme-linked immunosorbent assays (ELISA) tests, followed by confirmatory Western Blot Testing.

All test results will be treated confidentially. The results of tests will be reported by the laboratory to the Insurer identified on this form. 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. The results of any test of oral fluids for the presence of HIV will not be reported to the Medical Information Bureau (MIB, Inc.). All abnormal blood test results for HIV antibodies/antigens will be reported to the MIB, Inc., by generic code which signifies only a nonspecific blood 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 may be other disclosure of test results as permitted by law or authorized by you.

If your HIV test results are normal, no routine notification will be sent to you.

The person you have designated below will be notified if your HIV test results are other than normal:

1. _____ You, the proposed insured;
2. _____ Your Physician; or
3. _____ The County Health Department.

Please read the Information Form for Insurance Applicant on the reverse side prior to signing this form.

I have read and I understand this Notice of Consent for Urine, Oral Fluid and/or Blood Testing which may include HIV Antibody/Antigen testing. I voluntarily submit a urine specimen, oral fluid specimen and/or consent to the withdrawal of blood from me by needle, the testing of that urine, oral fluid and/or blood, and the disclosure of the test results as described above. I understand that I have the right to request and receive a copy of this form. A photocopy of this form will be as valid as the original. This form will be valid for six months from the date signed.

Proposed Insured

Date of Birth

Signature of Proposed Insured or Parent/Guardian

Date

State of Residence

HIV INFORMATION FORM FOR INSURANCE APPLICANT

AIDS

Acquired Immunodeficiency Syndrome (AIDS) is a life-threatening disorder of the immune system, caused by a virus, HIV. This virus is transmitted by sexual contact with an infected person, from an infected mother to her newborn infant or by exposure to infected blood (as in needle sharing during intravenous drug use). Persons at high risk of contracting AIDS include males who have had sexual contact with another male, intravenous drug users, hemophiliacs and sexual contacts of any of these persons. AIDS does not typically develop until a person has been infected with HIV for several years. A person may remain free of symptoms for years after becoming infected. An infected person has a significant chance of developing AIDS over the next 10 years.

The HIV antibody test:

Before you consent to testing, please read the following important information:

1. Purpose. This test is being run to determine whether you may have been infected with HIV. If you are infected, you are probably not insurable. This test is not a test for AIDS; AIDS can only be diagnosed by medical evaluation.
2. Positive Test Results. If you test positive, you should seek medical follow-up with your personal physician because you may be infected with HIV.
3. Accuracy. Any HIV test will be considered positive only after confirmation by a laboratory procedure that the state health officer has determined to be highly accurate. Nonetheless, the HIV antibody test is not 100% accurate. Possible errors include:
 - a. False positives: The test gives a positive result, even though you are not infected. This happens only rarely and is more common in persons who have not engaged in high risk behavior. Retesting should be done to help confirm the validity of a positive test.
 - b. False negatives: The test gives a negative result, even though you are infected with HIV. This happens most commonly in recently infected persons; it takes at least 4-12 weeks for a positive test result to develop after a person is infected.
4. Possible Adverse Effects of Test. A positive test result may cause you significant anxiety. A positive test may result in uninsurability for life, health, or disability insurance policies for which you may apply in the future. Although prohibited by law, discrimination in housing, employment or public accommodations may result if your test results were to become known to others. A negative result may create a false sense of security.
5. Disclosure of Results. A positive test result will be disclosed to you or the physician or county health department that you designate.
6. Confidentiality. Like all medical information, HIV test results are confidential. An insurer, insurance agent or insurance-support organization is required to maintain the confidentiality of HIV test results. However, certain disclosures of your test results may occur, including those authorized by consent forms that you may have signed as part of your overall application. Your test results may be provided to affiliates, reinsurers, employees and contractors of the insurer in relation to the underwriting of the insurance application. In addition, a report of a nonspecific blood disorder may be made to the Medical Information Bureau, a national insurance data bank.
7. Prevention. Persons who have a history of high risk behavior should change these behaviors to prevent getting or giving AIDS, regardless of whether they are tested. Specific important changes in behavior include safe sex practices (including condom use for sexual contact with someone other than a long-term monogamous partner) and not sharing needles.
8. Information. Further information about HIV testing and AIDS can be obtained by calling the Oregon AIDS hotline within the Portland area at 223-AIDS and outside the Portland area at 1-800-777-AIDS.