



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

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

To determine your insurability, the Insurer named above may request 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.

Unless precluded by law, tests may be performed to determine the presence of antibodies or antigens to the Human Immunodeficiency Virus (HIV), also known as the AIDS (Acquired Immune Deficiency Syndrome) virus. The HIV antibody test that is performed is actually a series of tests done by a medically accepted procedure.

The urine and oral fluid tests 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.

All test results will be treated confidentially. They will be reported by the laboratory to the insurer. 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.

If your HIV test results are normal, no routine notification will be sent to you. If the HIV test results are other than normal, the insurer will contact you. The insurer may also contact you if there are other abnormal test results which, in the insurer's opinion, are significant.

I have read and I understand this Notice and Consent for Oral Fluid And/Or Blood Testing Which May Include HIV Antibody/Antigen Testing. I voluntarily submit an oral fluid specimen and/or consent to the withdrawal of blood from me by needle, the testing of that oral fluid and/or blood, and the disclosure of the test results as described above.

Proposed Insured Date of Birth

Name and address of designated Physician:

Blank lines for physician name and address.

Signature of Proposed Insured or Parent/Guardian Date State of Resident

HIV INFORMATION FORM FOR INSURANCE APPLICANT

ABOUT AIDS

Acquired Immune Deficiency Syndrome (AIDS) is a life threatening disorder of the immune system, caused by a virus, HIV. The 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 IV drug use).

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. Symptoms of infection may include fever, weight loss for no apparent reason, swollen lymph glands, fatigue, diarrhea, or white spots or blemishes in the mouth.

HIV TESTING AND RESULTS

There are tests that determine the presence of antibodies or antigens to HIV. These tests do not test for AIDS; AIDS can only be diagnosed by medical evaluation.

A positive test result means that a person may be infected with HIV.

A person with a positive test should:

- Have a regular medical checkup and get counseling.
- Not donate blood, sperm or organs.
- Not share needles with others.
- Avoid exchanging body fluids during sexual activity.
- Not share toothbrushes, razors or anything that could be contaminated with blood.

A negative test result is not a guarantee that a person is not infected. It takes several weeks for a positive test result to develop after a person is infected. Persons with a negative test result should begin, or continue, to practice safe sex (including condom use for sexual contact with someone other than a long-term monogamous partner) and not engage in high risk behavior, such as sharing needles.

INFORMATION AND COUNSELING RESOURCES

Further information about HIV testing and AIDS can be obtained by calling the following AIDS hotline:

National AIDS Hotline 1-800-232-4636



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

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Three horizontal lines for entering the name and address of the designated physician.

Signature of Proposed Insured or Parent/Guardian Date State of Resident

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