



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:

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

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. 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.

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 HIV antigen test directly identifies AIDS viral particles. These tests are extremely reliable. Occasionally, however, false results may occur. A false positive is very rare, and is most common in persons who have not engaged in high risk behavior. False negative results occur most commonly in recently infected persons; it takes 4-12 weeks for a positive result to develop after a person is infected. Other tests which may be performed include, but are not limited to, determinations of blood cholesterol and related lipids (fats) and screening for liver and kidney disorders, diabetes, and immune disorders, and the presence of nicotine, certain prescription medications and drugs of abuse.

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. 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. 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 a sample of your urine or oral fluid is tested to determine the presence of HIV, the insurer may at a later time request a specimen of your blood for further HIV testing. The results of any test of oral fluids for the presence of HIV will not be reported to MIB, Inc. or any other person or entity. All abnormal blood test results for HIV antibodies/antigens will be reported to MIB, Inc., by a generic code which signifies only a non-specific blood test abnormality. If the HIV test is normal, no report will be made about it to the MIB, Inc. Other non HIV-related 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 will be no other disclosure of test results or even that the tests have been done except as may be required or permitted by law or as authorized by you, including but not limited to the release of information to the Department of Health Services as may be provided by law.

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. The insurer will ask you for the name of a physician or other health care provider to whom you may authorize disclosure and with whom you may wish to discuss the results. Reactive (positive) HIV antibody/antigen test results do not mean that you have AIDS, but that you are at significantly increased risk of developing AIDS or AIDS-related conditions. Reactive (positive) HIV antibody or antigen test results or other significant oral fluid or blood abnormalities will adversely affect your application for insurance. This means that your application may be declined, that an increased premium may be charged, or that other policy changes may be necessary.

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_____ Proposed Insured _____ Date of Birth

Name and address of designated Physician:

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

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ABOUT AIDS

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