

- ☐ Monumental Life Insurance Company
- ☐ Stonebridge Life Insurance Company
- ☐ Transamerica Life Insurance Company
- ☐ Western Reserve Life Assurance Co. of Ohio

4333 Edgewood Road NE, Cedar Rapids, IA 52499

**Notice and Consent for
HIV-Related Testing
FLORIDA**

To evaluate your insurability, the Insurer designated above ("the Insurer") has requested that you provide a sample of your bodily fluid(s) for testing and analysis. This is 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 tests will be performed by a certified laboratory through a medically accepted procedure.

Pre-Testing Considerations

Many public health organizations have recommended that before taking an HIV-related 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.

Meaning of a Positive Test Result

The test is not a test for AIDS. It is a test for antibodies to the HIV virus, the causative agent for AIDS, and shows whether you have been exposed to the virus. A positive test result does not mean that you have AIDS but that you are at significantly increased risk of developing problems with your immune system. The test for HIV antibodies is very sensitive. Errors are rare, but they do occur. Your private physician, a public health clinic, or an AIDS information organization in your city might 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.

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; or may be disclosed to outside legal counsel who needs such information to effectively represent the Insurer in regard to your application. The results may be disclosed to a reinsurer, if the reinsurer is involved in the underwriting process. The test results may be reported to an insurance medical information exchange under procedures that are designed to assure confidentiality. This might include the use of general codes that also cover results of tests for other diseases or conditions not related to AIDS. Information might also be reported for the preparation of statistical reports that do not disclose the identity of any particular person.

Notification of Test Results

A positive test result will be disclosed to a physician you designate. If you do not designate a physician, a positive test result will be disclosed to the Florida Department of Health. A trained person should deliver that information so that you can understand clearly what the test result means. Please list your private physician so that the Insurer can have him or her tell you the test result and explain its meaning.

Name and address of physician for reporting a positive test result:

Name	Address
Phone Number	City, State, Zip Code

Consent

I have read and I understand this *Notice and Consent for HIV-Related Testing Which May Include AIDS Virus (HIV) Antibody/Antigen Testing*. I voluntarily consent to providing a sample of bodily fluid(s), the testing of my bodily fluid(s) 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 authorization. A photocopy of this form will be as valid as the original.

Proposed Insured (Please Print)	Date of Birth
Signature of Proposed Insured or Parent/Guardian	State of Residence
Date	