

**CALIFORNIA 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 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 oral fluid and/or withdraw blood and order laboratory tests only in regard to your present application for 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 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 HIV viral practices. 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 or kidney disorders, diabetes, and immune disorders, and the presence of nicotine, certain prescription medications and drugs of abuse.

The oral fluid test is optional. 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 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. 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. Federal authorities say that persons who are HIV antibody/antigen positive should be considered infected with the AIDS virus and capable of infecting others. 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.

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 directed 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.

NAME OF PROPOSED INSURED (PLEASE PRINT)

DATE OF BIRTH (MM/DD/YYYY)

STATE OF RESIDENCE

NAME OF DESIGNATED PHYSICIAN	STREET ADDRESS	
CITY	STATE	ZIP CODE

SIGNATURE OF PROPOSED INSURED OR PARENT/GUARDIAN

DATE (MM/DD/YYYY)

SEND ORIGINAL WITH APPLICATION/EXAM — GIVE A COPY TO PROPOSED INSURED
THE HOME OFFICE WILL ACCEPT A FAX TRANSMISSION OF THIS ORIGINAL, SIGNED DOCUMENT



NB-229-1

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NAME OF PROPOSED INSURED (PLEASE PRINT) DATE OF BIRTH (MM/DD/YYYY) STATE OF RESIDENCE

NAME OF DESIGNATED PHYSICIAN	STREET ADDRESS	
CITY	STATE	ZIP CODE

SIGNATURE OF PROPOSED INSURED OR PARENT/GUARDIAN DATE (MM/DD/YYYY)

SEND ORIGINAL WITH APPLICATION/EXAM — GIVE A COPY TO PROPOSED INSURED
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HIV INFORMATION FORM FOR INSURANCE APPLICANT

ABOUT AIDS

Acquired Immunodeficiency 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 is infected with HIV.

A person with a positive test should:

- Have a regular medical check-up 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 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 any one of the following AIDS hotlines:

In Southern California 1-800-922-2437 In Northern California 1-800-367-2437
National AIDS Hotline 1-800-342-AIDS

AIDS counseling is available at these and other locations:

San Francisco AIDS Foundation

25 Van Ness Avenue, Suite 660
San Francisco, CA 94102
(415) 864-5855

Sacramento AIDS Foundation

1900 K Street, Suite 201
Sacramento, CA 95814
(916) 448-2437

Central Valley AIDS Team

P.O. Box 4640
Fresno, CA 93744
(209) 264-2436

AIDS Project Los Angeles

3670 Wilshire Blvd., Suite 300
Los Angeles, CA 90010
(213) 380-2000

AIDS Service Foundation of Orange County

1685 A-Babcock Street
Costa Mesa, CA 92627
(714) 646-0411

San Diego AIDS Project

3777 Fourth Avenue
San Diego, CA 92103
(619) 543-0300

AIDS Project-East Bay

400 40th Street, Suite 20
Oakland, CA 94609
(415) 420-8181

AIDS Project

595 Millich Drive, Suite 104
Campbell, CA 95008
(408) 370-3272