

PROTECTIVE LIFE INSURANCE COMPANY

P.O. Box 830619

Birmingham, AL 35283-0619

NOTICE AND CONSENT FORM FOR AIDS VIRUS (HIV) TESTING

To evaluate your eligibility for insurance or insurance benefits, it is requested that you consent to be tested for the AIDS virus (HIV). By signing and dating this form, you agree that this test may be performed and that underwriting decisions will be based on the test results.

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 such as its affiliates, reinsurers, employees or contractors. If the Insurer is a member of the MIB, LLC (MIB), and if the test results for HIV antibodies/antigens are other than normal, the Insurer will report to the MIB a generic code which signifies only a non-specific blood test abnormality. If your HIV test is normal, no report will be made about it to the MIB. Other test results may be reported to the MIB 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.

If the HIV test results are positive or indeterminate, post-test counseling will be required and the Insurer will contact the physician you have designated. If no physician is designated, the test results will be referred to the local health department for interpretation and post-test counseling. Positive or indeterminate test results shall not be sent directly to you.

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.

Positive HIV antibody or antigens test results or other significant 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.

Pre-test counseling is available through Washington's state AIDS Hotline at 1-800-272-2437 or a list of resources compiled by the Department of Health and Human Services Office of the State of Washington is available on request.

Physician: _____ Address: _____

I have read and I understand this Notice of Consent for HIV Antibody/Antigen testing. I voluntarily consent to the HIV testing and disclosure of test results as described above. In addition, I authorize Protective Life Insurance Company or its reinsurers to make a brief report of any personal health information to the MIB.

Name of Proposed Insured (Print)

Date of Birth

Signature of Proposed Insured or Parent/Guardian

Date

State of Residence