

PROTECTIVE LIFE INSURANCE COMPANY

P.O. Box 830619

Birmingham, AL 35283-0619

NOTICE AND CONSENT FOR AIDS VIRUS (HIV) TESTING

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). Persons at high risk of contracting AIDS include males who have had sexual contact with another man, intravenous drug users, hemophiliacs, and sexual contacts with any of these persons. 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. Infected persons have a 25 percent to 50 percent chance of developing AIDS over the next 20 years. Symptoms which may develop include fever (including night sweats), weight loss, swollen lymph glands, fatigue, diarrhea and white spots or unusual blemishes in the mouth.

- PURPOSE OF THE HIV TEST.** To evaluate your insurability, the Insurer named above, Protective Life Insurance Company, has requested that you provide a sample of your blood or urine for testing and analysis to determine the presence of human immunodeficiency virus (HIV) antibodies. This is not a test for AIDS; AIDS can only be diagnosed by medical evaluation.
- HIV-RELATED TESTING AND COUNSELING.** Because of the serious nature of HIV-related illnesses, many public health organizations have recommended that before taking an AIDS-related test, a person seek counseling to become informed concerning the implications of such a test. You may secure additional information on alternative HIV testing sites and counseling by calling the Pennsylvania Health Department at (717) 783-0479 or by writing to Bureau of HIV-AIDS, P.O. Box 90, Harrisburg, PA 17106.
- METHOD AND ACCURACY OF THE HIV TEST.** The HIV antibody test that is to be performed is actually a series of tests done by a medically accepted procedure. Your laboratory sample will first be subjected to a test known as ELISA (enzyme-linked immunosorbent assay). If the result of this test is positive, the ELISA test will be repeated. If this repeat ELISA test is also positive, your specimen will then be subjected to another, more specific technique called the Western Blot test, for confirmation. Your test result is considered positive only after positive results are obtained on two ELISA tests and a Western Blot test.

The HIV antibody test is extremely accurate. However, in rare instances the test may be positive in persons who are not infected with the virus (a false positive). This may include persons who have not engaged in high risk behavior. These individuals are encouraged to seek retesting to help confirm the validity of the positive test. Additionally, the test may occasionally be negative in persons who are infected with HIV (a false negative) especially when the infection occurred recently; it takes at least 4-12 weeks for a positive test result to develop after a person is infected.

- CONFIDENTIALITY OF HIV 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 and if the test results for HIV antibodies are other than normal, the Insurer will report to the MIB, LLC a generic code which signifies only a non-specific laboratory test abnormality. If your HIV test is normal, no report will be made about it to the MIB, LLC. Other test results may be reported to the MIB, LLC 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.
- POSITIVE TEST RESULTS.** Positive HIV antibody 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 positive should be considered infected with the AIDS virus and capable of infecting others.

Positive HIV antibody test results or other significant laboratory test abnormalities will adversely affect your application for insurance. This means that your application may be declined, or that an increased premium may be charged.

- NOTIFICATION OF HIV TEST RESULTS.** If the test results are negative, no routine notification will be sent to you. Positive or indeterminate test results will be provided to the personal physician you indicate below:

Physician's Name

Physician's Address

Other organizations that the Pennsylvania Health Department has designated for notification of positive test results, in lieu of a personal physician, are listed below (check box):

**PENNSYLVANIA DEPARTMENT OF HEALTH
Bureau of Communicable Disease**

- | | |
|--|---|
| <input type="checkbox"/> PA Department of Health
Division of HIV/AIDS
Insurance Section
P.O. Box 90
7 th & Foster Streets
Harrisburg, PA 17108 | <input type="checkbox"/> Sara Sievila, RN
Supervising Public Health Nurse
Chester County Department of Health
601 Westtown Road, Suite 180
West Chester, PA 19382 |
| <input type="checkbox"/> Vicky Kistler
AIDS Program Coordinator
Allentown Bureau of Health
Alliance Hall
245 North 6 th Street
Allentown, PA 18102 | <input type="checkbox"/> Kathy Fatica
Erie County Department of Health
606 West 2 nd Street
Erie, PA 16507 |
| <input type="checkbox"/> Ruth Rugua
Bucks County Department of Health
Health Building
Neshaminy Manor Center
Doylestown, PA 18901 | <input type="checkbox"/> Anita Culver, RN
Montgomery County Health Department
P.O. Box 311
1430 DeKalb Street
Norristown, PA 19404 |
| <input type="checkbox"/> Jose Cruz
AIDS Prevention Coordinator
Bethlehem Bureau of Health
10 East Church Street
Bethlehem, PA 18018 | <input type="checkbox"/> Patricia McNulty
Wilkes Barre City Health Department
16 East Northampton Street
Wilkes Barre, PA 18701
570-208-4268 FAX: 570-208-4272 |
| <input type="checkbox"/> Mr. William Smith
Public Health Administrator
Allegheny County Health Department
3441 Forbes Avenue
Pittsburgh, PA 15213 | <input type="checkbox"/> Patricia Bass / Joseph Cronauer
Co-Directors
AIDS Activities Coordinating Office
1101 Market Street – 9 th Floor
Philadelphia, PA 19107 |
| <input type="checkbox"/> Barbara Kovacs
York City Bureau of Health
One Market Way West, 3 rd Floor
P.O. Box 509
York, PA 17401 | |

CONSENT:

I have read and I understand this Notice and Consent for HIV (AIDS)-Related Testing. I voluntarily consent to testing and disclosure as described above. I understand that I have the right to withdraw this consent prior to being tested and that I may request and receive a copy of this form. A photocopy of this form will be as valid as the original. In addition, I authorize Protective Life Insurance Company or its reinsurers to make a brief report of any personal health information to the MIB.

Proposed Insured (Print)

Date of Birth

Signature of Proposed Insured or Parent/Guardian

Date

State of Residence