

**HIV Consent Form**

Insurer: **LLOYD'S OF LONDON / PRO FINANCIAL SERVICES, LLC**
Address: 500 West Madison Street, Suite 2660, Chicago, Illinois 60661

NOTICE AND CONSENT FOR AIDS-RELATE BLOOD TESTING

To evaluate your insurability, the Insurer named above (the Insurer) has requested that you provide a sample of your blood or oral specimens obtained for testing and analysis 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 three tests will be performed by a licensed laboratory through a medically accepted procedure according to approval by the Federal Food and Drug Administration.

**HIV Antibody Test
Information For Insurance Applicant**

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). Persons at high risk of contracting AIDS include males who have had sexual contact with another male, intravenous drug user, hemophiliacs and persons who have had 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. An infected person has a significant chance of developing AIDS over the next 10 years.

The HIV Antibody Test:

Before consenting to testing, please read the following important information:

1. **Purpose:** This test is being run to determine whether you may have been infected with HIV. If you are infected, you are probably not insurable. This test is not a test for AIDS; AIDS can only be diagnosed by medical evaluation.
2. **Positive Test Results:** If you test positive, you should seek medical follow-up with your personal physician. If your test is positive, you may be infected with HIV.
3. **Accuracy:** An HIV test will be considered positive only after confirmation by a laboratory procedure that the state health officer has determined to be highly accurate. Nonetheless, the HIV antibody test is not 100% accurate. Possible errors include:
 - a. **False positives:** The test gives a positive result, even if you are not infected. This happens only rarely and is more common in persons who have not engaged in high-risk behavior. Retesting should be done to help confirm the validity of a positive test.
 - b. **False negatives:** The test gives a negative result, even though you are infected with HIV. This happens most commonly in recently infected persons; it takes 4-12 weeks for a positive result to develop after a person is infected.

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4. Side Effects: A positive test result may cause you significant anxiety. A positive test may result in uninsurability for life, health, or disability insurance policies you may apply for in the future. Although prohibited by law, discrimination in housing, employment or public accommodations may result if your test results were to become known to others. A negative result may create a false sense of security.
5. Disclosure of Results: All final positive test results will be disclosed to you. You may choose to have information about your HIV test results communicated to you through your physician, through the county health department, or directly. Please indicate below:

☐ My physician: _____
Address: _____

☐ The county health department

☐ Me directly

If your test results are negative, no routine notification will be sent to you.

6. Confidentiality: Like all medical information, HIV test results are confidential. An insurer, insurance agent or insurance-support organization is required to maintain the confidentiality of HIV test results. However, certain disclosures of your test results may occur however, including those authorized by consent forms that you may have signed as part of your overall application. Your test results may be provided to affiliates, reinsurers, employees and contractors of the insurer in relation to the underwriting of the insurance application. In addition, a positive result from a blood or oral specimen test may be reported to the Medical Information Bureau, a national insurance data bank, as a non- specific abnormality determined by the testing of blood or oral specimen.
7. Prevention: Persons who have had a history of high-risk behavior should change these behaviors to prevent getting or giving AIDS, regardless of whether they are tested. Specific important changes in behavior include safe sex practices (including condom use for sexual contact with someone other than a long-term monogamous partner) and not sharing needles.

Consent

I have read and I understand this Notice and Consent for AIDS-Related Blood Testing. I voluntarily consent to the withdrawal of blood from me, the testing of that blood, and the disclosure of the test results as described above. This consent authorization is limited to 6 months from the date it is signed. If the test is not performed within six months or re-testing is necessary after 6 months, a new consent authorization form must be obtained.

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 Covered Individual

Name of Covered Individual

Address

Date Signed