

From:

State of Texas
Notice and Consent for Testing of Blood and/or Bodily
Fluid Which May Include Testing for AIDS Virus (HIV)
Antibody/Antigen and Other Communicable Diseases



FARMERS
 LIFE INSURANCE

To evaluate your insurability named above (the insurer) has requested that you provide a sample of your blood, oral fluid extracted from cheek and gum tissues, or urine 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. Other tests may include, but are not limited to, determinations of blood cholesterol and related lipids; and screening for liver or kidney disorders, diabetes and immune disorders.

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 Positive Test Results

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. This means that your application may be declined, that an increased premium may be charged, or that other policy changes may be necessary.

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 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 may be released to an insurance medical information exchange under procedures that are designed to assure confidentiality, including the use of general codes that also cover results of tests for other diseases or conditions not related to AIDS, or for the preparation of statistical reports that do not disclose the identity of any particular person.

Notification Of Test Results

If your test results are negative, no routine notification will be sent to you. If your test results are reported by the laboratory to the insurer as being positive, you will receive written notification of such results from a physician you have designated or, on the absence of such designation, from the Texas Department of Health. Because a trained person should deliver that information so that you can understand clearly what the test result means, please list your private physician below so that the insurer can have him or her tell you the test result and explain its meaning.

In the event the test is positive, and you are denied coverage because of that fact and you request the reason for the denial, the insurer may require you to name a physician at that time in order to receive the information. If the test indicates a positive result, but you do not designate a private physician, the test results will be provided to you by a representative of the Texas Department of Health. The testing laboratory and/or insurer may also be required to report positive tests for other communicable diseases, such as Hepatitis B and C, to the Department of Health Services. The Department of Health Services may contact you about your results, if positive.

Consent

I have read and I understand this Notice and Consent for HIV-Related Testing. I voluntarily consent to the collection of a sample of blood, oral fluid extracted from cheek and gum tissue, or urine from me, the testing of that sample, and the disclosure of the test results as described above. I have read the information on this form about what a test result means.

I understand that I have the right to request and receive a copy of the authorization. A photocopy of this form will be as valid as the original.

I authorize the release of my test results, which may include positive or abnormal HIV, Hepatitis B and/or Hepatitis C results, to my Physician, Health Care Provider or Health Care Agency.

 Name and address of Physician, Health Care Provider or Agency

 Name of Proposed Insured

 Address

 Signatures of Proposed Insured or Parent/Guardian

 Date Signed

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Variable Policy Service Office: PO Box 724208, Atlanta, GA 31139 / 1-877-376-8008