



Service Office:
Life New Business
197 Clarendon Street
Boston, MA 02116-5010

Notice and Consent for HIV-Related Testing

John Hancock Life Insurance Company (U.S.A.)
(hereinafter referred to as "The Company")

PROPOSED LIFE INSURED

1. a) Name _____
First Middle Last

b) State of Residence _____ c) Date of Birth ____ / ____ / ____
month day year

To evaluate your insurability, The Company named above has requested that you provide a sample of your blood, oral fluid extracted from cheek and gum tissue, 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 that 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.

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 Result

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. . You may refuse to be tested; however, such refusal may be used by The Company as a reason to deny coverage.

Confidentiality of Test Results

All test results are required to be treated confidentially. They will be reported by the laboratory to The Company. The test results may be disclosed as required by law or may be disclosed to employees, affiliates or contractors of The Company 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. Other test results may be reported to an insurance medical information exchange 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 HIV test results or even that the tests have been done except as may be required or permitted by law or as authorized by you.

Notification of Test Results

If your test results are negative, no routine notification will be sent to you by The Company. 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, in 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 so that the Insurer can have him or her tell you the test result and explain the meaning.

Name: _____
First Name Last Name

Address: _____
Street No. and Name Suite No. City State Zip Code

Telephone Number: _____

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.

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 this authorization. A photocopy of this form will be as valid as the original.

Signature of Proposed Insured (or Parent/Legal Guardian)

Date: ____ / ____ / ____
month day year