

Notice and Consent for Blood, Urine or Saliva Testing Which May Include AIDS Virus (HIV) Antibody/Antigen Testing

INSURER

Fidelity and Guaranty Life Insurance Company Americom Life and Annuity Insurance Company

Examiner

Insurer

Address

Address

To determine your insurability, the Insurer named above has requested that you provide a sample of your blood, urine or saliva for testing and analysis. All tests including HIV antibody/antigen testing as described below, will be performed by a licensed laboratory unless you otherwise request, by checking here , to have the HIV antibody/antigen testing performed by a testing site operated or funded by Pennsylvania's state, county or municipal health departments. (Under this scenario, it will be necessary for you to provide the two blood samples for testing and analysis.)

Unless precluded by law, tests may be performed to determine the presence of antibodies or antigens to the Human Immunodeficiency Virus (HIV), also known as the AIDS virus. The HIV antibody test that we perform is actually a series of tests done by a medically accepted procedure. The HIV antigen test directly identifies AIDS viral particles. These tests are extremely reliable. Other tests which may be performed include determinations of blood cholesterol and related lipids (fats) and screening for liver or kidney disorders, diabetes and immune disorders.

Confidentiality

All test results will be treated confidentially. They will be reported by the testing facility 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 Medical Information Bureau (MIB, Inc.), and if the test results for HIV antibodies/antigens are other than normal, the Insurer will report to the MIB, Inc. 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, Inc. Other test results may be reported to the MIB, Inc. 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.

Notification of Test Results

If your HIV test results are normal, no routine notification will be sent to you unless you request to be so notified by checking here . If the HIV test results are other than normal, the Insurer will contact you. The Insurer may also contact you if there are other abnormal test results which, in the Insurer's opinion, are significant. The Insurer may ask you for the name of a physician (or other health care provider) or, alternatively, one of the community-based organizations listed on page 2 of this form to whom you may authorize disclosure and with whom you may wish to discuss the result.

Significance of Positive Test Results and Effect on Application for Insurance

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 antigen test results or other significant test abnormalities may 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 charges may be necessary.

I have read and I understand this Notice of Consent for blood, urine or saliva testing which may include AIDS virus HIV antibody/antigen testing. I voluntarily consent to withdrawal of blood sample from me by needle or the submission of a urine or saliva sample by me, the testing of that sample and the disclosure of the test results as described above.

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.

Proposed Insured (print)

Date of Birth

X

Signature of Proposed Insured or Parent/Guardian

Date

Address and State of Residence

Because of the serious nature of HIV-related illnesses, you may wish to obtain counseling before undergoing HIV-related testing. If you so desire to do this, do not sign this form until after you have obtained such counseling. Information on HIV counseling and testing sites may be secured by contacting:

Fidelity and Guaranty Life Insurance Company Baltimore, MD • **Americom Life and Annuity Insurance Company** Houston, TX

