



Columbus Life Insurance Company

A member of Western & Southern Financial Group

400 EAST FOURTH STREET • CINCINNATI, OHIO 45202-3302 • 1-800-677-9696 • WWW.COLUMBUSLIFE.COM

NOTICE AND CONSENT FOR AIDS-RELATED BLOOD TESTING – PENNSYLVANIA

To evaluate your insurability, we request that you provide a sample of your blood or other bodily fluid for testing and analysis to determine the presence of human immunodeficiency virus (HIV) antibodies and other tests which may include tests for cholesterol and related blood lipids, diabetes, liver or kidney disorders, immune disorders or the presence of medications, drugs, nicotine or their metabolites.

By signing and dating this form you agree that these tests may be done and that underwriting decisions may be based on the test results.

Positive HIV antibody test results will adversely affect your application for insurance. This means that your application may be declined, that an increase premium may be charged, or that other policy changes may be necessary.

The result of an HIV-related test will be disclosed in accordance with the terms of this form and the confidentiality of the result of such test will be governed by the terms of this form.

Human Immunodeficiency Virus (HIV)

The HIV virus causes a life-threatening disorder of the immune system called Acquired Immune Deficiency Syndrome (AIDS). Antibodies to HIV are found in the blood and other bodily fluids of people who have been exposed to the virus. You do not have to have AIDS to have the antibodies against HIV. The virus is spread by sexual contact with an infected person, by exposure to infected blood (as in needle sharing during intravenous drug use or, rarely, as a result of a blood transfusion), or from an infected mother to her newborn infant.

Regarding the HIV test, a series of three tests will be performed by a licensed laboratory through a medically accepted procedure. The consent you give by signing this form authorizes us to withdraw blood and order laboratory tests only in regard to your present application for insurance.

Pre-Testing Consideration

Many public health organizations have recommended that before taking an AIDS-related blood 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. Information on HIV counseling and testing sites may be obtained by contacting the Pennsylvania Department of Health, phone (717) 783-0479.

Test Results

This 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. Your private physician, the Pennsylvania Department of Health, or an AIDS information organization in your city might provide you with further information on the medical implications of a positive test.

HIV test results are highly reliable but not 100% accurate. If the test gives a positive result you should consider retesting in order to confirm the result. If the test gives a negative result, there is still a small possibility you may be infected with HIV. This is most likely to happen in recently infected persons. It takes 4 to 12 weeks for a positive test result to develop after a person is infected, and may take as long as 6 to 12 months.

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 preparation of statistical reports that do not disclose the identity of any particular person.

Notification of Test Results

Unless indicated below, no routine notification will be sent to you if your test result is negative.

CHECK ONLY IF DESIRED

☐ Please notify me in writing if my HIV-related test result is negative.

The Commonwealth of Pennsylvania prohibits insurers from disclosing positive test results directly to you. A positive test result may be disclosed to a physician of your choice, a local health department, or the Pennsylvania Department of Health.

Physician's Name: _____

Address: _____

Phone Number: _____

The following organizations have been designated by the Pennsylvania Health Department as organizations from which you may choose to have a positive test result sent in lieu of a personal physician. **Please check one of the blocks listed if you did not designate a physician.**

☐ Pittsburgh AIDS Task Force
141 South Highland Avenue
Pittsburgh, PA 15206
(412) 363-2437

☐ Congreso de Latinos Unidos, Inc. Programa Esfuerzo
704 West Girard Avenue
Philadelphia, PA 19123
(215) 228-3880

☐ Philadelphia Community Health Alternatives
1642 Pine Street
Philadelphia, PA 19103
(215) 735-1911

☐ BEBASHI
5205 North Broad Street
Philadelphia, PA 19141
(215) 546-4140

IF YOU FAIL TO MAKE A DESIGNATION, ANY POSITIVE TEST RESULT WILL BE RELEASED TO THE PENNSYLVANIA DEPARTMENT OF HEALTH.

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 by needle from a vein, the testing of that blood, and the disclosure of the test results as described above. I have read the information on this form about what a test result means and understand that I should contact a local AIDS service group or my private physician for further information and counseling if that test result is positive.

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.

In the event the applicant is a minor, this authorization must be approved by a parent/guardian of the applicant in the space provided.

Name of Proposed Insured

Date of Birth

X _____
Signature of Proposed Insured or Parent/Guardian

Date Signed

State of Residence



Columbus Life Insurance Company

A member of Western & Southern Financial Group

400 EAST FOURTH STREET • CINCINNATI, OHIO 45202-3302 • 1-800-677-9696 • WWW.COLUMBUSLIFE.COM

NOTICE AND CONSENT FOR AIDS-RELATED BLOOD TESTING – PENNSYLVANIA

To evaluate your insurability, we request that you provide a sample of your blood or other bodily fluid for testing and analysis to determine the presence of human immunodeficiency virus (HIV) antibodies and other tests which may include tests for cholesterol and related blood lipids, diabetes, liver or kidney disorders, immune disorders or the presence of medications, drugs, nicotine or their metabolites.

By signing and dating this form you agree that these tests may be done and that underwriting decisions may be based on the test results.

Positive HIV antibody test results will adversely affect your application for insurance. This means that your application may be declined, that an increase premium may be charged, or that other policy changes may be necessary.

The result of an HIV-related test will be disclosed in accordance with the terms of this form and the confidentiality of the result of such test will be governed by the terms of this form.

Human Immunodeficiency Virus (HIV)

The HIV virus causes a life-threatening disorder of the immune system called Acquired Immune Deficiency Syndrome (AIDS). Antibodies to HIV are found in the blood and other bodily fluids of people who have been exposed to the virus. You do not have to have AIDS to have the antibodies against HIV. The virus is spread by sexual contact with an infected person, by exposure to infected blood (as in needle sharing during intravenous drug use or, rarely, as a result of a blood transfusion), or from an infected mother to her newborn infant.

Regarding the HIV test, a series of three tests will be performed by a licensed laboratory through a medically accepted procedure. The consent you give by signing this form authorizes us to withdraw blood and order laboratory tests only in regard to your present application for insurance.

Pre-Testing Consideration

Many public health organizations have recommended that before taking an AIDS-related blood 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. Information on HIV counseling and testing sites may be obtained by contacting the Pennsylvania Department of Health, phone (717) 783-0479.

Test Results

This 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. Your private physician, the Pennsylvania Department of Health, or an AIDS information organization in your city might provide you with further information on the medical implications of a positive test.

HIV test results are highly reliable but not 100% accurate. If the test gives a positive result you should consider retesting in order to confirm the result. If the test gives a negative result, there is still a small possibility you may be infected with HIV. This is most likely to happen in recently infected persons. It takes 4 to 12 weeks for a positive test result to develop after a person is infected, and may take as long as 6 to 12 months.

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 preparation of statistical reports that do not disclose the identity of any particular person.

Notification of Test Results

Unless indicated below, no routine notification will be sent to you if your test result is negative.

CHECK ONLY IF DESIRED

☐ Please notify me in writing if my HIV-related test result is negative.

The Commonwealth of Pennsylvania prohibits insurers from disclosing positive test results directly to you. A positive test result may be disclosed to a physician of your choice, a local health department, or the Pennsylvania Department of Health.

Physician's Name: _____

Address: _____

Phone Number: _____

The following organizations have been designated by the Pennsylvania Health Department as organizations from which you may choose to have a positive test result sent in lieu of a personal physician. **Please check one of the blocks listed if you did not designate a physician.**

☐ Pittsburgh AIDS Task Force
141 South Highland Avenue
Pittsburgh, PA 15206
(412) 363-2437

☐ Congreso de Latinos Unidos, Inc. Programa Esfuerzo
704 West Girard Avenue
Philadelphia, PA 19123
(215) 228-3880

☐ Philadelphia Community Health Alternatives
1642 Pine Street
Philadelphia, PA 19103
(215) 735-1911

☐ BEBASHI
5205 North Broad Street
Philadelphia, PA 19141
(215) 546-4140

IF YOU FAIL TO MAKE A DESIGNATION, ANY POSITIVE TEST RESULT WILL BE RELEASED TO THE PENNSYLVANIA DEPARTMENT OF HEALTH.

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 by needle from a vein, the testing of that blood, and the disclosure of the test results as described above. I have read the information on this form about what a test result means and understand that I should contact a local AIDS service group or my private physician for further information and counseling if that test result is positive.

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.

In the event the applicant is a minor, this authorization must be approved by a parent/guardian of the applicant in the space provided.

Name of Proposed Insured

Date of Birth

X

Signature of Proposed Insured or Parent/Guardian

Date Signed

State of Residence

HIV Antibody Test

Information Form 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 man, intravenous drug users, hemophiliacs, and sexual contacts of 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 — 50% 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 though 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 at least 4—12 weeks for a positive result to develop after a person is infected.
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.** A positive test result 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.
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, including those authorized by consent forms that you may have signed as part of your overall application. Your test results may be provided to the Medical Information Bureau, a national insurance data bank. Your insurance agent will provide you with additional written information about this subject at your request.
7. **Prevention.** Persons who have 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.
8. **Information.** Your personal physician, local Health Department, or local chapter of the American Red Cross can provide you with additional information concerning HIV infection, the testing process, the interpretation of test results, the availability of counseling, and the availability of medical evaluation. You are strongly encouraged to contact any of these sources if you have any questions or desire additional information.