

KENTUCKY
NOTICE AND CONSENT FOR AIDS-RELATED MEDICAL TESTING

Union Security Insurance Company
2323 Grand Boulevard
Kansas City, MO 64108

PURPOSE OF THIS FORM

To evaluate your eligibility for insurance, it is requested that you consent to be tested to determine the presence of antibodies or antigens to the human immunodeficiency virus (HIV). By signing and dating this form, you agree that these tests may be performed and that underwriting decisions will be based on these test results. A series of tests will be performed by a certified laboratory through a medically accepted procedure.

PRE-TESTING CONSIDERATIONS

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 tests. You may wish to consider counseling, at your expense, prior to being tested.

DISCLOSURE OF TEST RESULTS

All test results will be treated confidentially. The results of the tests will be reported to the insurer identified above. Results of the tests will not otherwise be disclosed except as required or allowed by law. [If the insurer desires to obtain the applicant's consent to disclosure of the test results to the persons permitted to receive results under Kentucky law, those persons should be listed here.]

MEANING OF POSITIVE TEST RESULTS

While positive HIV antibody test results do not mean that you have AIDS, they do mean that you are at increased risk of developing AIDS or AIDS-related conditions. The tests are tests for antibodies to the HIV virus, the causative agent for AIDS, and show whether you have been exposed to the virus.

Positive HIV antibodies test results will adversely affect your application for insurance. This means that your application will probably be declined.

NOTIFICATION OF TEST RESULTS

A positive test result will be disclosed to a physician you designate. If you do not designate a physician, a positive test result will be disclosed to the Cabinet for Human Resources. 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 your private physician tell you the test result and explain its meaning.

Name and address of physician for reporting positive test result: _____

CONSENT

I have read and I understand this Notice and Consent form. I voluntarily consent to testing and disclosure as described above. I understand that I have the right to request and receive a copy of this form. A photocopy of this form will be as valid as the original.

Name of Proposed Insured
Address _____

Proposed Insured or Parent/Guardian

Date Signed

EXAMINER _____
ADDRESS _____

INSURER _____
ADDRESS _____

**NOTICE AND CONSENT FOR BLOOD TESTING
WHICH MAY INCLUDE AIDS VIRUS (HIV) ANTIBODY/ANTIGEN TESTING**

To determine your insurability, the Insurer named above (the Insurer) has requested that you provide a sample of your blood for testing and analysis. All tests will be performed by a licensed laboratory.

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.

All tests results will be treated confidentially. They will be reported by the laboratory 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.

If your HIV test results are normal, no routine notification will be sent to you. 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 will ask you for the name of a physician or other health care provider to whom you may authorize disclosure and with whom you may wish to discuss the results.

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 blood abnormalities will adversely affect your application for insurance. This means that your application may be declined, or that an increased premium may be charged.

I have read and I understand this Notice of Consent For Blood Testing Which May Include HIV Antibody/Antigen Testing. I voluntarily consent to the withdrawal of blood from me by needle, the testing of that blood, and the disclosure of the test results as described above.

In the event of a positive test result, I authorize disclosure to the following physician:

Name: _____

Address: _____

I understand that if no physician is designated above, the Insurer is required to notify the Cabinet for Human Resources of a positive test result.

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

Date of Birth

Signature of Proposed Insured
Or Parent/Guardian

Date

State of Residence