



NOTICE AND CONSENT FOR HIV-RELATED TESTING (CALIFORNIA)

Acquired Immunodeficiency Syndrome (AIDS) is a life-threatening disorder of the immune system. It is caused by a virus called Human Immunodeficiency Virus (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. It may take a few weeks to many years for symptoms to appear but they usually include fever, diarrhea, tiredness and enlarged lymph glands.

To evaluate your insurability, the insurer named above (the “Insurer”) has requested that you provide a sample of your bodily fluid(s) for testing and analysis to determine the presence of HIV antibodies. Antibodies to HIV are produced by the body of a person who has been infected with HIV. Antibodies are the body’s way of fighting the infection. By signing and dating this Consent, you agree that this test may be done.

THE HIV ANTIBODY TEST

A series of tests will be performed by a licensed laboratory through a medically accepted procedure. The most commonly used tests are the ELISA or “EIA” and the Western blot. If the ELISA shows the sample is positive for HIV, then the Western blot is done to confirm that initial result.

The HIV antibody test is extremely accurate. However, in rare instances the test may be positive in persons who are not infected with the virus. Additionally the test may be negative in persons who are infected with HIV.

MEANING OF TEST 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. A positive HIV antibody test result will probably mean you will be declined for the insurance for which you are applying.

A negative test result means no antibodies to the HIV virus were found. Because of varying incubation periods, absence of HIV antibodies does not mean that you have not been infected with the virus. Absence of HIV antibodies does not mean that you cannot get the virus in the future.

COUNSELING

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. Public health authorities urge that everyone become educated about how to protect themselves from HIV infection. If you have questions or concerns, you may wish to consult your physician or health care provider. A list of counseling resources is provided for your information. Other counseling services may also be available to you.

Continues on page 2

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 or claims decisions on behalf of the Insurer, or to outside legal counsel who needs such information to effectively represent the Insurer. Negative test results may be disclosed to a reinsurer, if the reinsurer is involved in the underwriting process. The test results 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 specifically disclose that you were subject to testing related to the human immunodeficiency virus. The release for disclosures discussed in this paragraph will be effective for 2 1/2 years from the date you sign this Consent.

NOTIFICATION OF TEST RESULTS

If your test results are negative, no routine notification will be sent to you. If your test results are other than negative, you are entitled to that information. Because a trained person should deliver that information so that you can understand clearly what the test result means, you are asked to list your physician or health care provider so that the Insurer can have him or her tell you the test result and explain its meaning. If you do not have a private physician, the test results can be sent directly to you, marked "Personal & Confidential", at your residence address.

Name of physician or health care provider: _____

Street: _____

City: _____ State: _____ Zip Code: _____

CONSENT

I have read and I understand this Notice and Consent for HIV-Related Testing. I voluntarily consent to provide a sample of my bodily fluid(s), the testing of my bodily fluid(s) for HIV antibodies, and disclosure of the test results as described. 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.

Name of Proposed Insured (*Please Print*)

Date of Birth

Signature of Proposed Insured

Date Signed

COUNSELING RESOURCES LIST

As required by California law, the following list of counseling resources is being provided to you. It was compiled from publicly available information, which is subject to change without notice to Sons of Norway. Therefore, Sons of Norway makes no representations or warranties that this information is accurate as of the date you receive this list. Also, Sons of Norway makes no representations or warranties about the quality or nature of any services these resources may provide.

This is not a complete list of all resources that may be available to you. We suggest you contact your own physician or health care provider, your county health department, or your local chapter of the American Red Cross for further information.

HIV/AIDS HOTLINE — National

(800) 342-2437 English
(800) 222-9432 Spanish
(800) 243-7889 TTY/TDD users

HIV/AIDS HOTLINE - California

(800) 367-2437 English, Spanish & Filipino
(888) 225-2437 TTY users

California Dept. of Health Services

(916) 449-5905

Alameda County HIV/AIDS Services

(510) 873-6500

Contra Costa County AIDS Program

(925) 313-6771

Fresno County Human Health Services

(559) 445-3434

Kern County Dept. of Health

(661) 868-0503

Los Angeles County

(213) 351-8000
Long Beach (562) 570-4320
Pasadena (626) 794-6025

Marin County HIV Services

(415) 499-7804

Monterey County Dept. of Health

(831) 647-7932

Orange County Health Care

(714) 834-7700

Riverside County HIV/AIDS Hotline

(800) 243-7275 or (909) 358-5307

Sacramento County Department

(916) 874-7720

San Bernardino County Health Department

(800) 255-6560 or (909) 383-3060

San Diego County Office of AIDS Coordination

(619) 296-3400

San Francisco

(415) 863-2437

San Joaquin County AIDS Project

(209) 468-3821

San Luis Obispo County - HIV Prevention Project

(800) 544-6016 or (805) 781-5540

SAN MATEO COUNTY AIDS PROGRAM

(650) 573-2588

SANTA BARBARA COUNTY PUBLIC HEALTH DEPARTMENT

(805) 681-5120

SANTA CLARA - HIV/AIDS PREVENTION PROGRAM

(408) 494-7870

SANTA CRUZ COUNTY - AIDS PROJECT PROGRAM

(831) 427-3900

SOLANO COUNTY PUBLIC HEALTH

Fairfield (707) 428-1131
Vallejo (707) 553-5331

SONOMA COUNTY

(707) 545-4551

STANISLAUS COUNTY HIV/STD PROGRAM

(209) 558-8866

VENTURA COUNTY PUBLIC HEALTH SERVICES

(805) 652-6583