



**Life Customer Service Office**  
3900 Burgess Place  
Bethlehem, PA 18017

**Disability Customer Service Office**  
700 South Street  
Pittsfield, MA 01201

- THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA**
  - THE GUARDIAN INSURANCE & ANNUITY COMPANY, INC.**
  - BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA**
- (Please check appropriate company)

## **NOTICE OF AIDS VIRUS (HIV) ANTIBODY TESTING AND CONSENT FOR TESTING**

### **The Tests**

To evaluate your eligibility for insurance benefits, the insurer named above (the Insurer) has requested that you provide a sample of your blood or other bodily fluid for testing and analysis. One of the tests to be performed on this sample would be a test to determine the presence of antibodies to the Human Immunodeficiency Virus (HIV), also known as the AIDS Virus. The HIV antibody test is actually a series of tests done by a licensed laboratory using a medically accepted procedure, which is extremely reliable.

### **Pre-Testing Considerations**

Many public health organizations have recommended that before taking an HIV-related test, a person should seek counseling to become informed of the implications of such a test. You may wish to consider counseling, at your own expense, prior to being tested.

### **Meaning of Test Results**

This 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 HIV antibody test result does 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 positive should be considered infected with the AIDS virus and capable of infecting others. 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.

An HIV test will be considered positive only after a confirmation by a laboratory procedure which is extremely reliable. Nonetheless, the HIV antibody test is not 100% accurate. Possible errors include:

**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.

**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 to 12 weeks for a positive test result to develop after a person is infected.

Your private physician, a public health clinic or an AIDS information organization in your city may be able to provide you with further information concerning the medical implications of a positive test result. We are providing you with a list of AIDS Counseling Services where you can obtain assistance in understanding the meaning of the test and its results.

### **HIV and AIDS**

Acquired Immunodeficiency Syndrome (AIDS) is a life-threatening disorder of the immune system, caused by a virus, HIV. Many people do not have any symptoms when they first become infected by HIV, though some people do experience a flu-like illness that may include fever, headache, tiredness and enlarged lymph nodes. 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 sexual contact with another man, intravenous drug users, hemophiliacs, and persons having sexual contacts of any of these persons. Individual who have a history of high-risk behavior should change those behaviors to prevent getting or giving AIDS or the HIV virus, regardless of whether they are tested. Specific important changes in behavior include safe sex practices including condom use for sexual contact with anyone other than a long-term monogamous partner and not sharing needles.

**Confidentiality of Test Results**

All test results will be treated confidentially. The results of the test will be reported by the laboratory to the Insurer. The results also may be reported to that insurance company’s affiliates, and to employees of the Insurer who have the responsibility to make underwriting decisions on behalf of the Insurer or to legal counsel who needs such information to effectively represent the Insurer in regard to your application. The test results may be disclosed to a reinsurer, if the reinsurer is involved in the underwriting process. In addition, if your HIV antibody test is abnormal (positive), a generic code signifying a non-specific test abnormality may be made known to the Medical Information Bureau (MIB, Inc.) as described in the notice given you at the time of application. The fact that the test has been done and the results of the test will not be otherwise disclosed except as may be required by law or as authorized by you.

**Notification of Test Results**

If your HIV antibody test is negative, no routine notification will be sent to you. If your test results are reported by the laboratory to the Insurer as being positive, 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 name a private physician so that the Insurer can have him or her tell you the test result and explain its meaning.

Name and address of physician for reporting a possible positive test result:

\_\_\_\_\_

Address: \_\_\_\_\_

If you do not designate a physician to receive this information and the Insurer reports any positive test result directly to you, we urge you to contact a private physician, the county department of health, the State Department of Health Services, a local medical society, or an alternative testing site for appropriate counseling after you receive your result.

**Consent**

I have read and I understand this Notice of AIDS Virus (HIV) Antibody Testing and Consent for Testing. For my information, I have been given written material about AIDS. I voluntarily consent to the withdrawal of blood from me by needle or to the providing of another bodily fluid sample, the testing of that blood or other bodily fluid for HIV antibodies, and the disclosure of the test results as described above. I understand that my consent may be withdrawn at any time before blood or other bodily fluid is actually obtained. I have read the information on this form about what a test result means and understand that I should contact one of the individuals or agencies mentioned above for further information and counseling if the test result is positive. I understand that I have a 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)

\_\_\_\_\_  
Signature of Proposed Insured or Parent/Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date Signed

**FIRST COPY: PROPOSED INSURED - SECOND COPY: INSURANCE COMPANY - THIRD COPY: AGENCY**