



Prudential

Notice and Consent for AIDS virus (HIV) Antibody/Antigen Testing

Pruco Life Insurance Company
The Prudential Insurance Company of America
Corporate Offices, Newark, New Jersey

To evaluate your insurability, the Insurer named above has requested that you provide a sample of your bodily fluid(s) for testing and analysis to determine the presence of Human Immunodeficiency Virus (HIV) antibodies. By signing and dating this form you agree that this test may be done and that underwriting decisions will be based on the test result. A series of tests will be performed by a certified laboratory through a medically accepted procedure.

Many public health organizations have recommended that before taking an AIDS-related test, a person seek counseling to become informed concerning the implications of such a test. Because of the serious nature of HIV related illnesses, you may wish to consider counseling, at your expense, prior to being tested. The Commonwealth Department of Health (1-717-783-0479) or your local Health Department is available for HIV counseling.

Confidentiality of Test Results. All test 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, and its employees to whom disclosure is reasonably necessary in the ordinary course of business to carry out the purposes for which that disclosure is authorized or required. 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 test abnormality. The test results may also be disclosed to any member company that receives an application for health or life insurance on your life. If your HIV test is normal, no report will be made about it to the MIB, Inc. The organizations described in this paragraph may maintain the test results in a file or data bank. Except as noted below, the Insurer will make 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. Positive test results of other significant abnormalities will adversely affect your application for insurance. This means your application may be declined, that an increased premium may be charged or that other policy changes may be necessary.

Notification of Test Results. If your HIV test is positive, we will not disclose the results to you. You are to designate a physician, the Commonwealth Department of Health, your local Health Department or a local community based organization to whom we can disclose the positive findings. If the test is negative, we will disclose it to you only if you indicate below that you wish to be so notified. Otherwise we will not disclose the negative results. Check here if you wish to receive a report of negative findings. 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 him or her tell you the test result and explain its meaning.

Name of physician or person for reporting the test result: _____

Address: _____

If you do not designate a physician or health care provider personal face-to-face counseling is available through the Pennsylvania Department of Health or your local health department. Additional information concerning AIDS or HIV infection can be obtained by calling the Pennsylvania Health Department at 1-717-783-0479.

Consent and Testing and Disclosure of Test Results. I have read and I understand this Notice and Consent for AIDS virus (HIV) Antibody/Antigen Testing. I voluntarily consent to the withdrawal of my bodily fluid(s), the testing of the specimen(s) provided 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.

Signature of Proposed Insured _____ Date _____





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