

If you have any difficulties in understanding this document, you may ask the nurse, laboratory assistant or doctor to explain it to you.

## What are my rights?

You have the following rights:

1. Not to be tested for HIV without your free and informed consent.
2. To be given all relevant information regarding the harms, risks and benefits of taking, or not taking, the HIV test.
3. To refuse to take the test. If you do this, your application for insurance may be denied. You may, however, wish to consider alternatives such as specialist life products offered by some companies, endowment or other 'pure' financial products. Consult your financial adviser for further information on the options available to you.
4. To receive pre-test counselling which is private and confidential, and which will inform you more fully about the test and its implications before you give consent.

If you are in any way unfamiliar with the issues involved, you are strongly advised to seek pre-test counselling. You are also within your rights to waive any personal pre-test counselling.

5. To have your test result treated confidentially. An abnormal test result will be made available to your doctor and this test result will also be stored on the database operated for and on behalf of the life offices by an applicable life assurance association in an encoded form.

This information can only be accessed by other insurance companies with your consent. You also have the right to access this information to check that it is correct.

6. To post-test counselling if the test is positive, at the expense of Unisure.

## Why do life insurance companies test for HIV?

Underwriting is the basis of insurance. It allows insurance firms to make sure that each applicant pays a premium appropriate to their risk. The insurance company requires information from the applicant to help it assess the risk of granting the insurance and to establish an appropriate premium.

Insurance companies screen applicants for serious diseases or habits that may affect their state of health. They may do this through questionnaires, medical examinations and other tests, including a test for HIV.

## Is the test always correct? Can there be mistakes?

Even though the tests are very accurate, and are performed by registered laboratories, they must be regarded as screening tests only and not as diagnostic. If your test result shows that you may be infected with HIV, you can have this confirmed by having further examinations carried out.

As with any biological test, a false 'positive' result may occur in a small number of cases, i.e. the test shows positive when the person is not infected with the virus. This is not the fault of the laboratory or the insurance company.

The true HIV status of the person can be determined by conducting further tests. The insurance companies and laboratories follow a strict protocol to eliminate potential mistakes. To minimise false 'positive' results, three different tests are performed.

## What does it mean if the test is negative?

If your test result is negative, it means that you are not currently infected, but does not mean that you may not become infected in the future. There is a period of about six weeks after the infection before an HIV test result will be positive.

Your risk of becoming infected increases if you have more than one sexual partner or if you engage in unprotected sex.

It is also important to get prompt treatment for other sexually transmitted diseases (eg syphilis and gonorrhoea) that make you more susceptible to HIV.

## What does it mean if the test is positive?

If your test result is positive, it means that you may be infected with HIV and your application for insurance will be declined.

All existing cover will remain valid unless the insurance company requires periodical retesting for HIV.

Some insurance policies may have an HIV exclusion clause. This means that if you develop any HIV-related illness, the insurer will not pay the claim.

Existing policies that do not have an HIV exclusion clause will not be invalidated because the test results are positive.

Discuss the implications of a positive test with your doctor. If it is shown that there was a false 'positive' result, the company will reconsider a further application for insurance.

## Notification of results

**If your test result is negative:** the insurer will grant cover if all other requirements have been met.

**If your test is positive:** a trained professional should discuss the information with you so that you can understand clearly what the test result means.

Consequently, it is of the utmost importance that you think carefully about the doctor you nominate to receive your test results. If the test result is positive, you will be advised to contact this doctor.

However, please note that in the event that you receive a letter asking you to contact your nominated doctor, this does not automatically mean that the HIV test result is positive. There are many other medical impairments that may lead to the refusal of an insurance application which your doctor may wish to discuss with you.

Your doctor will be fully informed about the results of your medical testing and will consult with you accordingly.

**Section A: Informed consent to HIV antibody testing (This section must be filled in if an HIV test is carried out)**

I understand the information in this consent document.

I voluntarily consent that a sample of my blood be drawn. I voluntarily consent to the testing of that blood.

I understand that the results of my tests will be kept confidential, except for the disclosure of any reactive result to the doctor\* whom I have named below.

I have read the information on this form about what the test results mean.

I understand that I should contact my nominated doctor for further information and counselling if required.

If the test result is positive, I understand that Unisure will pay for one session of post-test counselling with a doctor of my choice, if I desire it.

I understand that I have the right to request and receive a copy of this form.

I understand that the applicable life assurance association will ensure that the details of a positive test result remain confidential.

|  |  |             |  |
|--|--|-------------|--|
| *Name of Nominated Doctor                            |  |             |  |
| Address  |  |             |  |
| (including street name, town, area code and country) |  |             |  |
|  |  | Postal Code |  |
| Telephone  |  |             |  |

**Section B: Identification of Insured Life (This section must be completed)**

|  |   |             |  |   |   |   |   |   |   |   |   |
|--|---|-------------|--|---|---|---|---|---|---|---|---|
| Quotation Reference Number                           |   |             |  |   |   |   |   |   |   |   |   |
| Identity No./Passport No. of person to be tested     |   |             |  |   |   |   |   |   |   |   |   |
| Name of person to be tested                          |   |             |  |   |   |   |   |   |   |   |   |
| Address  |   |             |  |   |   |   |   |   |   |   |   |
| (including street name, town, area code and country) |   |             |  |   |   |   |   |   |   |   |   |
|  |   | Postal Code |  |   |   |   |   |   |   |   |   |
| Signature  |   | Date        | <table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> | D | D | M | M | Y | Y | Y | Y |
| D  | D | M           | M  | Y | Y | Y | Y |   |   |   |   |

**Section C: Identification of and declaration by person drawing sample (This section must be completed)**

|  |  |             |  |
|--|--|-------------|--|
| Name of person drawing blood sample                  |  |             |  |
| Practice Number                                      |  |             |  |
| Address  |  |             |  |
| (including street name, town, area code and country) |  |             |  |
|  |  | Postal Code |  |

I have satisfied myself that the person being tested has received the Informed Consent Document. I have verified the identity of the Insured Life and that he/she has freely consented to have a blood sample drawn and tested for HIV antibodies.

I have inspected the following document of the Insured Life to verify his/her identity (please tick one of the following):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Valid identity document   | <input type="checkbox"/> Valid temporary identity document | <input type="checkbox"/> Valid passport |
| <input type="checkbox"/> Card-type driving licence | <input type="checkbox"/> Foreign passport                  |   |

|  |   |      |  |   |   |   |   |   |   |   |   |
|--|---|------|--|---|---|---|---|---|---|---|---|
| Signature of person drawing the sample |   | Date | <table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> | D | D | M | M | Y | Y | Y | Y |
| D                                      | D | M    | M  | Y | Y | Y | Y |   |   |   |   |

