AIDS:
Acquired Immune Deficiency Syndrome (AIDS) is a life threatening disorder of the immune system, caused by a virus, HIV. 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 intravenous drug use). Persons at high risk of contracting AIDS include males who have had sexual contact with another male, intravenous drug users, hemophiliacs, and sexual contacts of any of these persons. AIDS does not typically develop until a person has been infected with HIV for several years. A person may remain free of symptoms for years after becoming infected. Infected persons have a significant chance of developing AIDS over the next 10 years.

THE HIV TEST:
Before consenting to testing, please read the following important information:

1. **Purpose.** These tests are performed to determine whether you may have been infected with HIV. If you are infected, you are not insurable. These tests do not diagnose AIDS.

2. **Positive Test Results.** If your urine, saliva or blood test is HIV positive, you should seek medical follow-up with your personal physician. A positive test result may mean you are infected with the HIV virus.

3. **Accuracy.** An HIV test will be considered positive for the purpose of determining your insurability only after confirmation by a laboratory procedure that the state health officer has determined to be highly accurate. However, no HIV test is 100% accurate. Possible errors include:
   a. **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.
   b. **False negatives:** The test gives a negative result, even though you are infected with HIV. This happens most commonly in recently infected persons. It may take at least 4-12 weeks for a positive test result to develop after a person is infected.

4. **Side Effects.** A positive test result may cause you significant anxiety. A positive test may result in your being uninsurable for life, health, or disability insurance policies for which you may apply. Although prohibited by law, discrimination in housing, employment, or public accommodations may result if your test results were to become known to others. A negative result may create a false sense of security.

5. **Disclosure of Results.** An HIV positive test result will be disclosed to you. You may choose to have this information communicated to you through your physician, through the county health department, or directly to you.

6. **Confidentiality.** Like all medical information, HIV test results are confidential. An insurer, insurance agent, or insurance-support organization is required to maintain the confidentiality of HIV test results. However, certain disclosures of your test results may occur, including those authorized by consent forms that you may have signed as part of your overall application. If your test result is HIV positive, Standard will report a generic code signifying a nonspecific abnormal urine, oral fluid (saliva) or blood test to the Medical Information Bureau (MIB), which operates an information exchange on behalf of its member insurance companies. The Disclosure Notice in your Standard application for insurance gives information about the MIB.

7. **Prevention.** Persons who have a history of high risk behavior should change their behavior to prevent getting or giving AIDS, regardless of whether they are tested. Specific important changes in behavior include safe sex practices (including condom use for sexual contact with someone other than a long-term monogamous partner) and not sharing needles.

8. **Counseling Information.** Counseling for HIV testing and AIDS is available from the Virginia Department of Health. You may obtain information regarding counseling, as well as additional information on AIDS or HIV infection, by contacting your local health department or the Virginia Department of Health at 1-800-533-4148.
I authorize Standard Insurance Company of Portland, Oregon, its employees, its agents and other entities acting on
its behalf to conduct and evaluate urine, saliva and blood tests as Standard determines necessary to determine
whether I am infected with the HIV (human immunodeficiency virus). I understand and agree to the following:

1. The results of these tests will be used to determine my insurability in connection with my application to
   Standard for insurance.

2. If any test result is HIV positive (unfavorable), Standard will report a generic code signifying a nonspecific
   abnormal urine, oral fluid (saliva) or blood test to the Medical Information Bureau (MIB), which operates an
   information exchange on behalf of its member insurance companies. The MIB may maintain the test results
   in a file or data bank. When necessary for business reasons in connection with insurance I have or have
   applied for with Standard, Standard may disclose test results to others such as its affiliates, reinsurers,
   employees or contractors. When necessary for business reasons in connection with insurance I have or
   have applied for with Standard, these organizations or persons may also have access to may insurance file.
   Names of specific individuals or organizations having access to my file, or to whom test results are disclosed
   pursuant to my application, are available from Standard on request.

3. This Authorization is valid for six months from the date below. A photocopy is as valid as the original.

4. Standard will disclose any HIV positive test result to me through a physician or county health department of
   my choice, named below. If I do not name a physician or health department for this purpose, Standard may
   disclose such results directly to me. In this event, I understand that personal face-to-face counseling is
   available to me through the Virginia Department of Health, as outlined on the HIV Antibody Test Information
   Form (below).

   Name of Physician or County Health Department

   Street Address    City, State    Zip Code

5. Standard will not mail any notification of a negative HIV test result unless I so elect. I desire to receive
   notification of a negative HIV test result, and I request that notification be mailed (check one):
   (a)___to the physician or county health department identified in number 4, above; or
   (b)___to me (This may be checked only if no physician or county health department is named in number 4, above.)
   If neither (a) nor (b) is checked, no notification of a negative HIV test result will be mailed.

6. I have received a copy of the Human Immunodeficiency Virus (HIV) Test Information Form.

________________________________________________________________________

Signature of Proposed Insured    Date

Name of Proposed Insured (Please Print)

YOU HAVE A RIGHT TO RECEIVE A COPY OF THIS AUTHORIZATION ON REQUEST.