



Prudential

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

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

Policy number: _____

In order to evaluate your application for insurance, we request a sample of your bodily fluid(s) to test for the presence of antibodies to the Human Immunodeficiency Virus (HIV), also known as the AIDS virus. If the initial HIV test is positive for the presence of HIV antibodies, that test will be repeated. If the second test is also positive, a different test will be performed on the same bodily fluid(s) to make sure that the results of the preceding HIV tests were correct. These tests are very reliable and false positives are rare. All tests will be performed by a licensed laboratory.

All test results will be treated confidentially. They will be reported by the laboratory to us. When necessary for business reasons in connection with insurance you have or have applied for with us, we may disclose test results to others involved solely in the underwriting process such as our affiliates, reinsurers, employees or contractors. As a member of the Medical Information Bureau (MIB, Inc.), and if the test results for HIV antibodies is other than normal, we will report to the MIB, Inc. a generic code which signifies only a non-specific test abnormality. 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. There will be no other disclosure of test results or even that tests have been done except as may be required or permitted by law or as authorized by you.

Notification of Test Results

If your HIV test results are negative and/or your other test results fall within normal range, no routine notification will be sent to you. If, however, your HIV test results are positive or indeterminate, or the non-HIV test results fall outside of the normal range, you are entitled to that information if you so desire. Because a medically trained person should deliver that information so that you can understand clearly what the test results mean, you are asked to list your private physician, health care provider or another person to whom the Insurer will report the test results and who may explain their meaning.

Physician or other person to whom positive or indeterminate test results will be reported:

_____ Name	_____ Address:
	_____ City State Zip

Meaning of Positive HIV Test Result

The HIV 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 test result does not mean that you have AIDS but that you are at significantly increased risk of developing problems with your immune system. Your private physician, a public health clinic, or an AIDS information organization in your city might provide you with further information on the medical implications of a positive test or provide for further independent testing.

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.

For further information about AIDS, the meaning of HIV related test results and the availability and location of HIV counseling services call the New York State Department of Health toll-free Hotline number **1-800-541-AIDS**.

Consent for 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.

Name of Proposed Insured (*please print*)

Signature of Proposed Insured or Parent/Guardian

Date signed





Prudential

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

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

Policy number: _____

In order to evaluate your application for insurance, we request a sample of your bodily fluid(s) to test for the presence of antibodies to the Human Immunodeficiency Virus (HIV), also known as the AIDS virus. If the initial HIV test is positive for the presence of HIV antibodies, that test will be repeated. If the second test is also positive, a different test will be performed on the same bodily fluid(s) to make sure that the results of the preceding HIV tests were correct. These tests are very reliable and false positives are rare. All tests will be performed by a licensed laboratory.

All test results will be treated confidentially. They will be reported by the laboratory to us. When necessary for business reasons in connection with insurance you have or have applied for with us, we may disclose test results to others involved solely in the underwriting process such as our affiliates, reinsurers, employees or contractors. As a member of the Medical Information Bureau (MIB, Inc.), and if the test results for HIV antibodies is other than normal, we will report to the MIB, Inc. a generic code which signifies only a non-specific test abnormality. 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. There will be no other disclosure of test results or even that tests have been done except as may be required or permitted by law or as authorized by you.

Notification of Test Results

If your HIV test results are negative and/or your other test results fall within normal range, no routine notification will be sent to you. If, however, your HIV test results are positive or indeterminate, or the non-HIV test results fall outside of the normal range, you are entitled to that information if you so desire. Because a medically trained person should deliver that information so that you can understand clearly what the test results mean, you are asked to list your private physician, health care provider or another person to whom the Insurer will report the test results and who may explain their meaning.

Physician or other person to whom positive or indeterminate test results will be reported:

Name	Address:		
	City	State	Zip

Meaning of Positive HIV Test Result

The HIV 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 test result does not mean that you have AIDS but that you are at significantly increased risk of developing problems with your immune system. Your private physician, a public health clinic, or an AIDS information organization in your city might provide you with further information on the medical implications of a positive test or provide for further independent testing.

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.

For further information about AIDS, the meaning of HIV related test results and the availability and location of HIV counseling services call the New York State Department of Health toll-free Hotline number **1-800-541-AIDS**.

Consent for 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.

Name of Proposed Insured (*please print*)

Signature of Proposed Insured or Parent/Guardian

Date signed