

INFORMED CONSENT

I hereby authorize the Insurer and its designated medical facilities to draw samples of my blood or other bodily fluid for the purpose of laboratory testing to provide applicable medical information concerning my insurability. These tests may include but are not limited to test for: Cholesterol and other related blood lipids; diabetes; liver or kidney disorders; infection by the Acquired Immune Deficiency Syndrome (HIV) virus (if permitted by law); immune disorders; or the presence of medications, drugs, nicotine or other metabolites. The tests will be done by a medically accepted procedure which is extremely reliable.

If an HIV Antibody Screen is performed, it will be performed only by a Home Office Reference Laboratory and according to the following medical protocol:

1. An initial ELISA blood or other bodily fluid test will be done.
 - a. If the initial ELISA blood or other bodily fluid test is positive, it will be repeated.
 - b. If the initial ELISA blood or other bodily fluid test is negative, a negative finding will be reported by HOREL to the Insurer.
2. If the initial ELISA blood or other bodily fluid test is positive, it will be repeated.
 - a. If the second ELISA blood or other bodily fluid test is also positive, a Western Blot blood or other bodily fluid test will be performed to confirm the positive results of the two ELISA blood or other bodily fluid tests.
 - b. If the second ELISA blood or other bodily fluid test is negative, a third ELISA blood or other bodily fluid test will be performed. If the third ELISA blood or other bodily fluid test is positive, a Western Blot blood or other bodily fluid test will be performed to confirm the previous positive results. If the third blood or other bodily fluid test is negative, a negative result will be reported to the company.
3. Only if at least two ELISA blood or other bodily fluid tests and Western Blot blood or other bodily fluid test are all positive result will be reported as a positive. All other results will be reported as negative to the company.

Without a court order or written authorization from me, these results will be made known only to the Insurer and/or its reinsurers (if involved in the underwriting process). The Insurer will provide results of all tests to a physician of my choice. Positive test results to the HIV Antibody Screen will be disclosed only as I direct below. In addition, the Insurer may make a brief report to MIB, Inc. in a manner described in the Pre-notice which I received as a part of the application process. All the Insurer will report to MIB, Inc. is that positive results were obtained from a blood or other bodily fluid test. The Insurer will not report what tests were performed or that the positive results was for HIV antibodies.

These organizations will be the only ones maintaining this information in any type of file except as required by law. Positive HIV Antibody Screen results are to be reported to:

(elect one) _____ the Alternative Testing Site or _____ my physician

(name and address of attending physician)

This authorization will be valid for 90 days from the date below.

Date at: _____ Day _____ Month _____, 20_____

Witness _____ Proposed Insured: _____
Agent (Signature) (Signature)